

Including the Disabled  
**Breaking Barriers to One Just Society**

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## INTRODUCTION

## Needing a Just Society

*What kinds of people are we and what kind of society do we wish to develop?*<sup>1</sup>

What is a just society? The people's general understanding of a just society is one where a member gets what he deserves, as a consequence of what he does and what he has (Lerner, 1980). It is where a person earns the fruits of his effort, utilizing his means and assets. This very idea of entitlement, however, can itself be a source of injustice, because some members may gain advantage over others with help of more socially prized factors, like competent skills acquired through better education, prestigious social status through accumulated wealth, or simply superior physical strength and beauty. The concept of deserving must thus be qualified with equality, not in the sharing of wealth in the society, but in the access to opportunities and resources that bestow the capabilities or enhance the attributes so the person may attain the best for himself.

To millions of disabled persons in the world who have endured all possible cruelty, humiliation, and disregard, this kind of just society is what they need, what they call for, and what they now strive to attain. Denied proper education and health care, ostracized in social circles, and derided as freaks, disabled people have a history of painful isolation in social and physical wastage. In a just society, disabled people will be considered equally as persons who have capacities, as individuals who have rights, and as human beings who have aspirations and dignity. In a just society, disabled people will live independently as others, share freely the comforts of modernity, and contribute positively to common welfare and better quality of life for all. In a just society, disabled people will be valued and included as any other member in the

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<sup>1</sup> A. Gartner & D.K. Lipsky, "Beyond special education: Toward a quality system for all students" in T. Hehir and T. Latus (Eds.), *Special Education at the Century's End, Evolution and Practice since 1970*, 150 (1992).

collective development march towards transforming to reality the utopian dream of prosperity, peace and equality.

The relation of disability to poverty, deprivation, and human rights violation has been established in numerous studies. While raised public awareness of disability issues has spurred economic and social involvement of the disabled in many developed countries, the sad plight of the disabled has not substantially improved. For instance, over 60% of disabled people in both Britain in America still live below poverty line (Miles, 1999). Particularly in less developed regions, the disabled remain the most marginalized people, vulnerable to neglect, exploitation and abuse with hardly any access to basic government services and protection (Sullivan, 1999). They have been excluded from public activities, gainful employment, social benefits and leisure, and the privilege of interacting with other non-disabled in the community of men. Most recently, the leading international institutions (United Nations, World Bank, and Asian Development Bank) have launched at year-end 2002 worldwide initiatives and campaign to include disability issues in the planning of economic and social development of nations and regions of the world. A common thread in all, however, is the importance of education and training not only in empowering disabled people to realize their potential and become productive persons, but also in orienting the rest of society on including the disabled in their midst. Although in the initial stages yet, these are huge steps towards recognition of the disabled people who make up a neglected 20% of global population, and of the need to make them part of one whole world.

#### Statement of Problem and Study Framework

This study looks into the general problem of how the disabled people can be included in society so they may be equal members who can share its benefits and contribute to its common welfare. In examining this problem, the study sets the following objectives:

1. To present an overall view of disability, and how disability affects society in terms of the members' well being, and in terms of resource distribution, leading to conflict.
2. To analyze societal attitude to disability that result to discriminatory practices and tendencies against the disabled people;
3. To explore change and cooperation areas where resolution of conflicts in including the disabled may be approached constructively.

The study has three parts. Part I discusses Concepts and Key Issues. Disability facts are established, and disability theories from different perspectives – cultural, social, political, and economic- are analyzed in order to first deconstruct causes for exclusion of the disabled, and then piece together an overall picture of a society that discriminates against the disabled. The critical issues of identity, justice, and moral exclusion that link disability and conflict are also examined here. This section then delves into major areas of policy and cooperation where opportunities exist to promote inclusion of the disabled. Part II presents the Application Case: Breaking Barriers for the Disabled in the Philippines, which features the experience of a developing country in including the disabled through initiatives in the policy and cooperation areas, utilizing participatory processes and focusing on inclusive education. The case study shows lessons in both successes and failures of inclusion. Part III of Implications and Conclusions draws implications of the study findings and recommends approach to the resolution of disability-related conflict.

The methodology to accomplish Part I is literature and documents search for studies and best practices on disability, and on related subjects of development, inclusion, and conflict. The application case in Part II utilized several data collection techniques. Primary data on inclusive

education was gathered through interview of teachers, administrators, and student of inclusive education programs, using unstructured interview questions. Secondary data comprised of factual information and statistical records on disability in the country were sourced from published materials and reports from government agencies (Special Education Division of the Department of Education, National Council for the Welfare of Disabled Persons of the Dept. of Social Welfare) and from private organizations (Disabled Peoples' International). Field observation and interviews of project managers were made to analyze two disability projects: (1) the Breaking Barriers Project, a nationwide internationally-funded project on support services and education for disabled children; and (2) the multiple handicapped education program at the Phil School for the Deaf, a public school initiative funded by partnership with a private organization. Personal interviews were conducted with the following: (1) Director of Special Education, Department of Education; (2) Special education (SPED) center coordinator in Pio del Pilar Elementary School, a large city school that has adopted inclusive education; (3) a blind student who attends regular classes in Pio del Pilar Elementary School; (4) president of a national organization for parents of disabled children; (5) president of an umbrella organization for disability groups in the Philippines; (6) teacher in multiple handicapped education program at Philippine School for the Deaf; and (7) congressman who heads the education committee of the Philippine House of Representatives. Inputs from the interviews and field observation were used in looking at possibility of legislative mandate that can provide legal basis and funding for the disabled education and training in the country.

## CONCEPTS AND ISSUES

Who Is Disabled?  
*Who do they say we are?*<sup>2</sup>

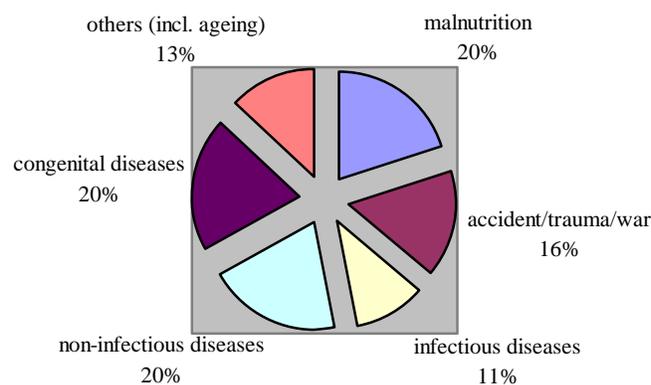
The importance of definition lies in the meanings that are attached to the words because they describe objects and situations in way that prescribe behavior. The disabled people protest the way they are negatively portrayed in media and popular culture and they resent words that connote they are sick, pitiful, or dependent. The term “disabled,” which indicates inability due to barriers, has in recent years been the choice within the disability community itself, replacing “handicapped,” which focuses on the person’s impairment that prevents full performance of a role or function. Many prefer the term “people with disability” as it places the individual before the condition, following the “People First” movement for self-advocacy of people with mental retardation who started the crusade to make their own decision about themselves and everything else (Shapiro, 1993). This campaign for self-determination has become the cry for other disabled people who have long been underrated and degraded as inferior kind: see us as “people first” before you look at our deficiency. The argument against the phrase “people with disabilities,” however, is that it removes the focus of attention from the environmental and social barriers encountered by disabled people in society and the need for change, and implies that disability is property of the individual, not of society (Oliver, 1998). It also undermines the “disabled identity” that has emerged after disability movements, and instead puts emphasis on the culture values of the dominant able-bodied persons who are seen the “people” or the “everybody else” with whom disabled people are buying integration (Finkelstein, 1987). The word “disabled” before “people” has come to signify a collective political identity for all disabled persons.

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<sup>2</sup> C. Cook-Huffman, “Who do they say we are? Framing social identity and gender in church conflict.” In P.G. Coy & L.M. Woethle (Eds.). *Social conflicts and collective identities*, 115-132 (2000).

The controversy surrounding definition of disability has prompted the World Health Organizations (WHO) of United Nations to issue a new version of International Classification of Functioning and Disability that organizes information according to three dimensions of body, individual and society, and also incorporates an environmental factors impacting on those dimensions (Elwan, 1999). This recognizes disability as interaction between functional limitations that arise from a person’s physical, emotional, and mental condition, and the social and physical environment. For purposes of this study, a more compact definition is adopted for disability as “ long-term impairment leading to social and economic disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community.” (Department of International Development, 2000, p.2). Figure 1 below shows the causes of impairment, defined as loss or irregularity of psychological, physiological, or anatomical structure of function that lead to disability. In addition to impairment, however, disability has also become a broader generic term that refers to inability to perform activities, share in the relationships, or play roles customary for people of same age and sex in a society

Figure 1: Causes of Impairment



Source: UN Figures in Overcoming Obstacles to the Integration of Disabled People, UNESCO, DAA, March 1995 (DFID, 2000, p.3)

(Townsend, 1979 cited in Oliver, 1998) due to imposed social restrictions. Therefore, those that have conditions which may not be limiting but cause stigma, like AIDs or disfiguring diseases, can also come under the disability category.

World estimate of the number of disabled people is at one out of every twenty, and three fourths of them live in developing countries (Asian Development Bank, 2002), indicating the link between disability and poverty. While overall, there are more disabled men than women, incidence of disability is higher among women aged 15-44 than men, which suggests greater risk for women in child-bearing age group. The actual count of disabled people has not been accurately reported because the norms of activity against which disability is measured, as well as impairments considered as disabling, vary by countries. Observation of certain disabilities is also subjective depending on the assessment by the members in the individual's social setting. Moreover, there are problems arising from multiplicity and validity of the disability instrument and their measurement scales in different domains of functioning, i.e., daily living activities, physical mobility, cognition, social roles, occupational abilities, and participation and effect of stigma. National and regional comparisons of disability figures may thus be misleading given the methodological considerations. For instance, the rate of disability in developed countries is reported higher than developing countries. The 1990 United Nations Disability Statistics Compendium showed Peru, Ethiopia, Pakistan and Sri Lanka have disability rates of only 1 % but Australia, Great Britain, Canada, and Spain have 11% and above, with Austria having the highest incidence at 21%. This may run contrary to the general view connecting disability and poverty, but may be explained by greater reporting rigor, higher survival rate of disabled, and older age structure in developed countries. Other conditions prevalent in industrial countries, like learning disabilities or behavioral and emotional problems, are likewise not regarded as disabling

in other countries. Urban bias towards impairment within all societies is also suggested by figures because of more available rehabilitation services, greater risk of industrial or road injury, and the possibility of earning income through begging which creates the criminal incentive for maiming children. There is however, much variation in rural areas, as the over 30% of the community afflicted with river blindness in Zaire, or the high number of people in Cambodia with missing limbs due to land mines (Oliver & Barnes, 1998).

### Diversity and Different Needs

There are numerous kinds of disabilities. Some are congenital like rubella syndrome with multiple problems of blindness, deafness and heart defects resulting from German measles virus. Some are progressive like muscular dystrophy, cystic fibrosis, or some forms of vision loss; some are episodic like seizure conditions; and some are both episodic and progressive like multiple sclerosis. In addition, some conditions are static, like the loss of limbs; while some can disappear, like temporary paralysis or cancer. Some are hidden, like diabetes; and some are “perceived” or thought by others to be disabling like stuttering or obesity. Ageing likewise produces different disabling chronic conditions, like cardiovascular and Parkinson’s disease, or rheumatoid arthritis (Elwan, 1999).

Disability also comes in differing degrees of severity. Some low vision persons may read large print while those with severe vision impairment may require Brailled reading materials; some autistic persons may need institutional care while some may go to regular schools. But regardless of the different types or severity of disability, the disabled people cannot be considered a homogenous group which can be accommodated easily in a society that ignores their individual or collective need, with differences in gender, age, abilities, wealth, access to work and many other factors that are characteristic of the general population. Their situations

cannot be understood or transformed by any theory based on traditional notions of normality and the existence of a single set of culturally-dominant values (Oliver & Barnes, 1998).

### Violent Conflict and Disability

The present day conflict is largely intrastate affair characterized by governance concern of different groups, or identity issues, and by increased minor armed struggle mostly taking place in poorer developing countries (Lederach, 2002). These trends have resulted in disabling injuries, not only to fighting soldiers, but also to civilians at risk from sniping, shelling, and landmines but also from terrorist bombing. Refugees from conflict areas are likewise vulnerable to disabling health and safety conditions during their journey to camps or purported havens. Conflict consequences are diffuse, with psychological problems among adults higher than rates of physical problems, but there are no existing reliable estimates of the resulting disability rates (Elwan, 1999). For instance, the number of victims in reported maiming and rapes committed by indigenous groups against people of Chinese descent in Indonesia has never been estimated.

Those who are already disabled or have been disabled during conflict are subject to rapidly deteriorating health, with the difficult move to safer conditions and inability of helpers to assist. Health care and social security systems break down during conflict, and preventive pre-natal or immunization programs are disrupted so that mothers and children are more exposed to diseases. The incidence of disability from the trauma and fighting are often unrecorded or remain undiagnosed. Based on recent study carried out in 206 communities in Afghanistan, Bosnia, Cambodia, and Mozambique (Elwan, 1999), landmine incident rates in surveyed areas ranged from 1.9% in Afghanistan to 0.5% in Mozambique. Disability rates were 0.9% in both Afghanistan and Cambodia, and 0.3% in Mozambique. In Cambodia, 48% of landmine victims were civilians, and there were an estimated number of 45,000 amputees or 1 per 266 Cambodian

citizens, the highest in the world caused by deadly weapons alone (Hak, 2002). In the 4-country study, the population at highest risk was the economically active men. Highest proportion of child victims was in Afghanistan, and in Mozambique, a quarter of victims were women (Elwan, 1999). It is obvious that in conflict situations, the danger of abuse for the already vulnerable groups of disabled women and children who cannot physically defend themselves multiplies, and in post-conflict times, improvement of their precarious conditions will only depend on the cooperation for provision of appropriate assistance and services.

#### Disability from Different Lenses

*We refuse any longer to hide our differences. Rather we will explore, develop, and celebrate our distinctness and offer its lessons to the world.*<sup>3</sup>

To understand the experience of disability in current society, there is a need to look at the deeper rationale for the exclusionary practices with respect to the disabled people. This section looks at how disability is viewed from different perspectives and how society responds to disabled people, given the changing times and environment.

#### Cultural Perspective

Culture is the totality of what a certain group of people is. It is a group's manner of doing things, their perceptions, their collective experiences and beliefs, their expectations and hopes, their responses to stimuli, their religion, their lifestyle. The consolidation of disabled people into a group which has demanded equality of rights, also led to the recognition of a group consciousness, which did not exist before they assumed visibility along with the other groups of Afro-Americans, women, homosexuals and other minorities fighting for their civil rights in the 1970s. Sharing a common bond of oppression and resilience, they have developed their own disability culture though they generated art, music, literature and other expression of their lives as people whose disabilities are part of their identity (Brown, 1998).

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<sup>3</sup> C. Gill, "A Psychological View of Disability Culture," *Disability Studies Quarterly*, 1995, p. 6.

Minority group in a multicultural society. Diverse groups in a multicultural society each has its own particular way of doing things, its own definitive characteristics, and its unique contribution to social and political life. This is recognized in the existence of Black music, women's theater, gay and lesbian club, or working men's association (Finkelstein, 1987). The groups are however, not equal in their power and influence. One group foists its own culture as dominant and takes control over decisions in entitlement and allocation of resources in the society. Many writers have argued that the status relations between the dominant and subordinate groups determine the latter's identity problems. Subordinates are said to internalize a wider social evaluation of themselves as inferior or lower class and the consensual inferiority is reproduced as self-derogation (Tajfel & Turner, 1986).

In the world that the disabled are part of, the dominant group comprises the entire able-bodied people who set the norms that the disabled people are measured against. As dominant group members believe that their approaches to things are right, they are likely to be unaware of other people's mindset and realities, so that negotiating with those outside of their own culture can cause misunderstanding and conflict (Kimmel, 1985). When a subordinate minority group is not recognized or understood by the dominant majority, the majority's attitude vacillates from tolerance to intolerance, and the minority group will always have to struggle for respect and equality even for matters that are regarded as basic necessity. This prevents the minority group from expressing its potential cultural richness (Widell, 1994) and also hides the importance of the abilities of its members (Ladd, 1994).

A particularly illuminating example of the conflict between the dominant and minority group is the hearing people's view of the deaf as deviants whose inability to hear sounds and use the spoken word obstructs the smooth functioning of the whole society (Nemeth, 1986).

Pressure to conform to majority view has been demonstrated in the suppression of the American Sign Language (ASL) which is the natural language of the deaf and its replacement by Signed English in teaching deaf students, and the promotion of the oralist approach among deaf people to use spoken language as means of communication with hearing persons. However, according to Nemeth (1986), the minority group need not choose only between conformity and passive resistance, but can have answers of their own and influence the majority. Rather than accept the functionalist view of social interaction where they must adapt to the given environment, a group can instead take the genetic model and develop the capacity to assimilate selectively and create new ways of thinking (Muscovici, 1976). The deaf people have chosen the latter stance and are fighting for their language and right to live their life the way they, and not others, think they should. A public documentary, "Sound and Fury," was recently aired on television featuring the refusal of a deaf couple to give their deaf daughter cochlear implant, a surgical intervention that would allow her to hear. The film not only presented the deaf view on the highly sensitive issue of conformity and assimilation of deaf people, but also exposed the entire Deaf culture, its language, traditions, behavior, morality, and hope to a wider audience previously unaware of the perceptions and deeper feelings running through the deaf community.

### Social Construction of Disability

In the social model of disability, disability is not simply a medical condition of an injury, illness, or congenital impairment but rather a complex system of social restrictions imposed by a highly discriminatory society (Miles, 1999). The restriction can be environmental like physical barriers of inaccessible public transport and inappropriately designed buildings, or attitudinal, which is manifested in fear, condescension, low expectation, unease, and other negative feelings on the part of other people towards the disabled (see Figure 2). According to American

sociologist Albrecht (Oliver & Barnes, 1998), disability is constituted both by impairments and disabling environment, and the concept of disabling environment acknowledges that disabilities are physically based but socially- constructed.

Figure 2: The Social Model of Disability



Source: *Naomi Crosby & Rob Jackson 1988 (revised 2000)* The Derbyshire Coalition for Inclusive Living with disabled people for positive change

The social model of disability is a focus on the environmental and social barriers that exclude disabled people from mainstream society. It directs attention on the aspects of the disabled people's lives that require changes. It does not deny impairment, or importance of medical intervention but it holds that the disabled persons are not themselves primarily responsible for the deprivations they experience (Oliver & Barnes, 1998). Society can be so constructed that certain groups are restricted in the availment of certain opportunities that can provide them with participation in all areas of life. This could include the features of a built environment, and the dominant attitudes and expectations that cause conscious or unintended discrimination (Miles, 1999), and subsumes or disregards the needs and different abilities of a particular group, in this case the disabled persons. The recognition of the role that society plays in disabling some groups of individuals should change the negative view of burden or charity toward disability

Social identity of the disabled. The sense of identity is constructed on the basis of other people's definition, and how a disabled child with congenital impairment adapts to societal perceptions of disability are initially influenced by interactions within his family. This social learning process for people with devalued identities was analyzed by social psychologist Erving Goffman (Oliver & Barnes, 1998) in his moral analysis of changes in self-perception of socially stigmatized individual. According to him, the first stage relates to learning the values of the mainstream society and what is generally viewed as abnormal. The second stage is when the disabled individual learns they are viewed this way and discover the consequences. The interaction between these two stages determines an individual's ability to respond to his particular circumstances. The conventional disabled identity associated with poverty, social stigmatization, and second-class citizenship lead to self-devaluation and for some disabled persons can be rationale for their own failure.

The devaluation of disability is what is also known to disabled people as ableism. Ableism is defined by Rasher and McLintock (1996, cited in Hehir, 2002) as "a pervasive system of discrimination and exclusion that oppresses people who have mental, emotional, and physical disabilities... Deeply rooted beliefs about health, productivity, beauty and the value of human life, perpetuated by the public and private media combine to create an environment that is often hostile to those physical, mental, cognitive, and sensory abilities... fall out of the scope of what is defined as socially acceptable." From an ableist perspective, the denigration of disabled people results in societal attitudes that it is better for a child to walk than roll, speak than sign, read print than Braille (Hehir, 2002); in other words, it is always better to do things the non-disabled way. Disabled persons in order to conform and measure up must overcome their

deficiency to function and perform as non-disabled persons and since they will never be able to as well by such standards, they are forever conferred inferior status.

The social identity theory by Tajfel and his colleagues (Tajfel & Turner, 1986) most notably reflects the social milieu as an influence in a person's identity. It contends that mere perception of belonging to two distinct groups can sufficiently trigger discrimination that favors the in-group, and create intergroup conflict as the pressure to evaluate one's group positively through group comparisons lead to differentiations (Tajfel & Turner, 1986). The realistic group conflict theory, however, compounds this problem when heightened competition for community resource causes negative stereotyping of the less-favored group (Fisher, 2000). The disabled, who are perceived by non-disabled persons to have inferior physical and intellectually capability in performing certain tasks, are deemed to have lesser claim to public investment like education, housing and health services than the non-disabled. In the education of disabled children in the US, for instance, labeling the disabled child further into categories like mentally retarded (MR) or learning disabled (LD), boxes them into those specific categories with lower expectation and downgraded individualized program, and can thus damage their self-esteem and future life chances. The identification classifies the child as inferior and consigns him to a "second class life" (Gartner & Lipsky, 1987, p.146). Such labeling also dumps many Black and other minority children, whose culture and socio-economic conditions cause their deviation from school standards, into learning disabled categories (Ysseldyke, 2000) that restrict their opportunities and cloud the real political and social issues underlying their plight. Minow (1997) writes that identity politics, which locates the problem in the identity group rather than the social relations that produce identity groupings, makes it easier for White people to abandon and even

blame people of color for their circumstances. Blacks and minorities therefore suffer a worse case of double discrimination with their race and their disability.

### Disability Politics

Disability may be viewed by disabled people themselves as a personal tragedy or as a form of social oppression. If the central concern is that they suffer from personal tragedy, then the call for change in the way society deals with the disabled is through the compensatory approach that is provision of care and compensatory sources or forms income. If awareness, however, is focused on oppression, then the action to demand change would need to be “emancipatory,” and with concurrent emphasis on equality, civil rights and entitlements. The welfare orientation of the first approach was behind the objectives of earlier interventions for disabled people, as well as the objectives of older disability organizations. This was embodied in the residential institutions where the disabled persons like the mentally impaired were committed in abject conditions until physical death, and in segregated educational services like the specialized schools for the disabled. Disability as oppression originated in the materialist theory advanced by clinical psychologist and disability activist Vic Finkelstein, exiled from South Africa to UK, who linked capitalist production to devaluation of disabled people, and foresaw an eventual liberation through development and technology, as disability is recognized as merely social restriction (Oliver & Barnes, 1998). This latter view promoted the social interpretation of disability and was the rallying point of radical disability movements that fought for equal rights of the disabled to dignity, opportunities, and benefits.

Disability movements in the march to freedom. The disability movements, which had British and Norwegian roots in emancipatory struggles (Finkelstein, 2001), made worldwide impact with the prominence of disability activism in the USA. Three events stand out associated with

landmark legislations that changed the future of the disabled in America, and helped establish the disabled identity. The first occurred in April, 1977, when disability groups led by disability rights leader Judith Heumann occupied for several days the offices of the Dept. of Health, Education, and Welfare (HEW) in San Francisco and Washington to force the signing of regulations implementing (i) the Section 504 of the Rehabilitation Act of 1973 that made it illegal for any institution receiving public funding to discriminate against anyone solely by reason of handicap; and (ii) the Education for all Handicapped Children's Act of 1975 (later re-titled Individuals with Disabilities Education Act or IDEA) that ensured the best education for the disabled children, both of which had been blocked by HEW for fear that unwanted groups would use it for their interest (Shapiro, 1993).

The second event occurred in March 1988 when the students at Gallaudet University, the premier college for the deaf, protested the bypassing of deaf candidate for university president by closing down the school and barricading the campus (Hehir, 2002). The students' courage and determination in battling prejudice found support not only in deaf communities and schools around the country, but also among people in business, the law profession, the media and politicians. This was major victory for deaf people who had been fighting for their own Deaf culture, arguing that they have their own language and group history distinct from the hearing culture.

The third event occurred two years later in March 1990, when an alliance of groups representing all the major disabilities, including the mental illness and other less known disabilities like Tourette's or chronic fatigue syndrome, mobilized a "hidden army" of supporters from their families, professionals and politicians and created a political force that rallied for the passage of the Americans with Disabilities Act, the sweeping law that extended to people with

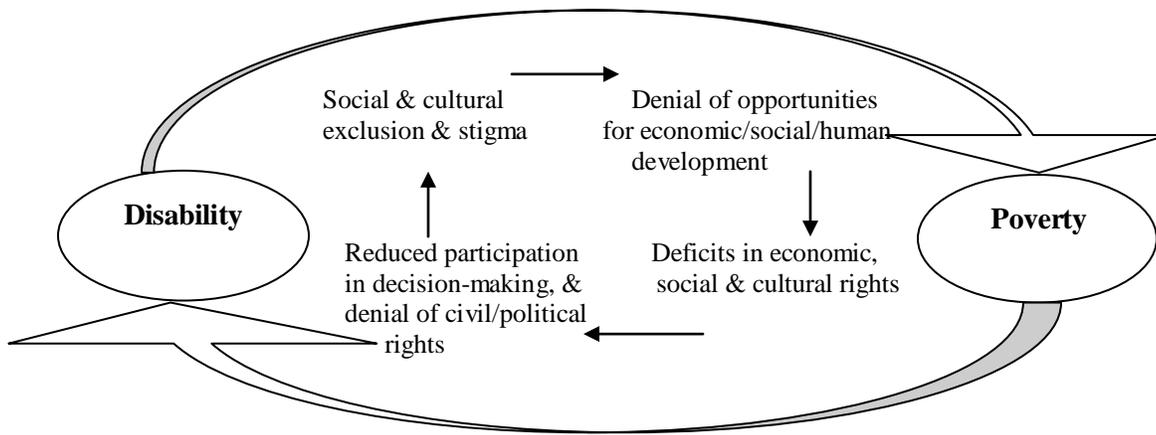
physical and mental disabilities the same protection against discrimination that were given to minorities and women under the Civil Rights Act of 1964 (Shapiro, 1993). This gave recognition to the disabled as a minority group that has equal rights to participation as others, and influenced the fight for the same of the disabled around the world. As noted by Oliver and Barnes (1998), the move towards self-organization has prompted increasing number of people to adopt a shared political identity, which has inspired new confidence to demand change. No longer the passive hapless smattering of individual cripple or beggar, the disabled as a group have found strength in collectiveness and have discovered that strategies including direct action and civil disobedience may be used to pursue their demands.

### Economics of Disability

The link between disability and poverty has been probed in many studies. It has been established that disabled people are poorer as a group than general populations, and that conversely, people living in poverty are more likely to be disabled (Elwan, 1999). The incidence and impact of disability and impairment are graver in developing countries at an earlier development stage as a consequence of poverty-related factors such as: high proportions of overburdened and impoverished families; illiteracy and little awareness of health and education measures; absence of accurate information on disability and causes; complete absence of or barrier to existing services; and lack of development strategies to deal with disability. They are also less likely to enjoy welfare support system or provisions from the state. Where poverty is widespread, inadequate diets, dangerous living and working conditions, bad sanitation, low access to health programs, and environmental contamination all compound the risk of disability. In turn, disability exacerbates poverty by adding strain on family's income and relationships. The

result is a vicious cycle of disability and poverty that disabled persons find very hard to escape (see Figure 3).

**Figure 3:** The Vicious Cycle of Poverty and Disability



Source: DFID, Poverty, Disability and Development, February 2000.

As a consequence, people with disabilities are among the poorest of the poor, and their literacy rates are lower than the general population. In Asia where 2/3 of the world's disabled population lives, they constitute 20% of the poorest poor (Edmonds, 2002). Because they are less likely to physically defend themselves from abuse or articulate the facts of abuse, children and women suffer more than the others (Miles, 1999). They get less education and health services, and are more vulnerable to physical and sexual abuse. Mortality for children with disabilities may be as high as 80% in countries where under-5 mortality as a whole has decreased to below 20%. This could indicate a "weeding out" of disabled children (Harris-White, 1999 in DFID, 2000).

According to United Nations Statistics, 20 % of all impairments are caused by malnutrition and a further 11% by infectious disease, both of which are related to poverty and can be preventable or treatable. The link between poverty and disability, however, holds even in developed countries, as it has been estimated that over 60% of disabled people live below poverty line in UK, Canada, and the US (Miles, 1999).

There are differences that should be noted between the patterns in and distribution of disability in the developed and developing countries that bear on the poverty and disability discussion. First, the importance of early detection and intervention is not recognized, and/or services are inadequate and not available. Second, disabled people with severe impairments are likely to die so there is higher ratio of those with only mild to moderate impairments. Third, children constitute a larger population of the disabled in the poor countries, compared to larger prevalence of age-related impairments in the developed countries. These considerations impact on the resource allocation and on the approaches to disability in both rich and poor countries, in terms of access, participation, and the type and quality of intervention.

Costs and benefits of disability. Disability does not just affect the individual but his family, the community, and the whole society. The cost of excluding the disabled from participation in economic and social activities is the losses in productivity and human potential. Much of the literature on economics of disability focuses on quantitative impact of disability on educational achievement and earnings, and on the costs and benefits of rehabilitation and vocational employment programs (Elwan, 1999). The United Nations estimates that disability affects as much as 25% of the entire nation's population when families and others involved the services for the disabled are accounted for (Despouy, 1993 in DFID, 2000). Costs have 3 components: (i) direct cost of treatment, including travel and access; (ii) indirect costs to care givers; and (iii) opportunity costs of income foregone from incapacity. Direct costs include medical expenses, equipment (crutches, wheelchairs, vision or hearing aids, etc.), adaptations to housing, specialized services (nursing, therapies), etc. In the US, total per capita medical expenditures are four times greater for people with activity limitations than for people with no limitations. In India, a recent survey found that direct cost of treatment and equipment for the

disabled varied from 3 days to 2 years' income, with a mean of 2 months income. Survey of 4 countries in 1995 revealed that 12 to 60% of landmine victims had to sell assets or go into debt to pay their medical bills. The cost of providing care may be borne by the disabled person, by the family and supporters, or by the government or other institutions assisting them. The cost to carers, particularly the loss of earnings, as well as reductions in standard of living of other family members due to reduced income, are also being recognized. A study in the United Kingdom estimated that raising a severely disabled child costs 3 times as much as a non-disabled child. The mothers are much likely to work fewer hours and receive less paid work than others (Elwan, 1999). A Tanzanian survey has shown that mean consumption of a household with a disabled member is less than 60% on the average, implying that disability is a "hidden face of African poverty" (White, 1999 in DFID, 1999, p.5).

The Disability Adjusted Life Year (DALY) is one indicator frequently used to quantify the burden of disease in a country or region. It combines estimates of healthy life lost because of premature mortality with those lost due to disability or morbidity (Elwan, 1999). The World Bank estimates that long-term disabilities were responsible for over a third of DALYs lost worldwide in 1990 (Department for International Development, 2000). The future burden will grow geometrically with presently increasing social unrest, violence and conflict.

The measurable benefits of reduced morbidity and rehabilitation to the economy include enhanced overall productivity, expanded employment and better job opportunities for many, and longer working lives. The intangible benefits of including the disabled persons in mainstream economic activities, however, are better quality of life, not only for the disabled people and their families but also for the whole community, and a more open atmosphere conducive to cooperation and healthy interactions.

Conflict Issues in Disability  
*No matter what we do, we remain disabled.*<sup>4</sup>

Conflict results from the divergence or incompatibility in the parties' interests and activities, or in the means of achieving similar goals. Because it involves a mixture of motives, values, behavior and attitudes in a continuum of various relationships, conflict is a common but extremely complex occurrence that is specific to the concerned parties. While normal conflict situations involve interests of persons or groups that may be negotiated (for instance, conflicts in organizations that are driven by ambition, personal dislikes or authority relationships and are transitory, commercial or role-related), deep-rooted conflicts that occur in the social relationships involve profound emotions, values and needs that are not bargained and may result in alienation and bitterness affecting the whole society. They are not settled by orders from outside parties, and may be resolved only through problem solving analysis that probes into the roots of the conflict and requires attitudinal changes that alter interactions between parties.

The stereotypical construction of the disabled people as passive and dependent implies that they need external advice to articulate their interests, and that they require various services to support them. This image puts them at the disposition of non-disabled people who determines not only what they need and consequently how much resources they get in terms of goods and services, but also what they are. The conflicts that arise between the disabled people and non-disabled majority, therefore, goes beyond the classic theory of competitive struggle for resources, but also involve in another plane the issues of personal and social relationships, fairness and justice, and power and equality.

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<sup>4</sup> S. Brown, 1998. "‘Poster Kid No More’: Perspectives about the no-longer emerging (in fact, vibrant) disability culture," *Disability Studies Quarterly*, 18 (Winter), 5-19.

### Social and Moral Exclusion: Who cares?

The term social exclusion is credited to Rene Lenoir who in 1974 identified the “excluded” as a tenth of the French population and included the “mentally and physically handicapped; suicidal people; aged invalid; abused children; substance abusers; delinquents; single parents; multi-problem households; marginal, asocial people; and other social misfits” (Sen., 1999, p.1). It should be explicitly noted that number one in this first listing of excluded people are the mentally and physically handicapped, and the rest of the list are those who presently would fall under the disabled category (including the substance abusers because many mentally disabled persons have been made dependent on certain drugs by their care providers, and the delinquents who now are diagnosed with behavioral problems) and their families, who as their extensions and by association with them are also to certain extent discriminated against. Furthermore, Hillary Silver in 1995 listed “few of the things that literature say people may be excluded from” (Sen., 1999, pp. 4-5) and these were the following: livelihood; secure permanent employment; earnings; property, credit, or land; housing; minimal or prevailing consumption levels; educational skills and cultural capital; the welfare state; citizenship; legal equality; domestic participation; public goods; the nation or dominant race; family and sociability; humanity, respect, fulfillment, and understanding. Nobel economist Amartya Sen (1999) embeds social inclusion in a wider perspective of basic- capability deprivation and thus links it to poverty and other types of deprivations from different experiences of diverse economies in Asia.

The exclusion of the disabled, is however, more complicated than explained above for it occurs not only at the physical and social plane, but also in a deeper moral dimension. Susan Opatow defines moral exclusion as occurring “when individuals or groups are perceived outside the boundary in which moral values, rules and considerations of fairness applies.” (Opatow,

1990, p.1). There exists for people a scope of justice, which determines the relationships with each one, and the beliefs about the entitlements. The moral boundary for justice is adjusted by two factors: the severity of conflict depending on perception of situation, and the feeling of unconnectedness, depending on perception of relationships (Opatow, 1990). As stress and conflict increase, group boundaries are reinforced and concern for fairness between groups diminishes. The threat to non-disabled's monopoly of high employment positions can lead to exploitation of the disabled, for instance denying them training and keeping them in menial and dirty jobs so they remain subjugated. But more than others, it is the element of unconnectedness that has allowed the continued practice of many prejudicial acts against the disabled. Perceiving another as unconnected can trigger negative attitudes, destructive competition, and aggressive behavior (Opatow, 1990). The image of the disabled as wretched, pitiful, weak, dependent, or troublesome has been propagated in literature (Charles Dickens' helpless lame Tiny Tim, William Shakespeare's twisted hunchback Richard III, John Steinbeck's troublesome and retarded Lenny), in popular culture (the diabolical Freddy Krueger, celebrated freaks like the Siamese twins Chang & Eng), and even in the Bible that cast the disabled as cursed or possessed (Shapiro, 1993), at best pitiable. They were not like "normal" people, and were so outside their sphere of fairness. Who cares if they rot in hospital and school basements as idiots and retardates? This sense of moral superiority and privilege by the non-disabled majority over the weaker group of disabled people legitimizes their exploitation and unfair treatment of others who deviate from their normative standards of appearance or behavior (Deutsch, 2000).

#### Justice: Is it for All?

Issues of justice according to Morton Deutsch (2000) give rise to conflict, which in turn can lead to changes that reduce injustice. There are two types of justice: distributive justice,

which is concerned with the criteria for fair outcome; and procedural justice, concerned with the fairness in making and implementing decisions that determine the outcome. The sense of deprivation is experienced when there is perceived discrepancy between what a person gets, what she wants and what she believes she is entitled to. The disadvantaged party often tends to be more aware of the injustice, with consequent emotions of anger, resentment, oppression, or a sense of helplessness that is typical for marginalized groups that have long submitted to victimization. The self-depreciating response of most disabled persons is painfully stated by Micheline Mason (cited in Oliver, 1998, p. 67), a disabled mother and activist:

Once oppression has been internalized, little force is needed to keep us submissive. We harbor inside ourselves the pain and the memories, the fears and the confusion, the negative and the low expectations, turning them into weapons with which to injure ourselves every day of our lives.

Activation of a sense of injustice happens when feelings when victims, as well as victimizers, are exposed to new models, ideologies or reference groups that support the hope that the injustice may be eliminated (Deutsch, 2000). This was what happened when disability groups in America in the turbulent end of the 60s and beginning of the 70s saw the potential social change with the burning civil rights movements, on which they latched their own rights struggle to ride on the power of the protest momentum.

The ultimate rationale for inclusion, however, according to Gartner and Lipsky (1987), is not based on law but on values. This coincides with Deutsch's concept of justice that concerns the distribution of the conditions and goods and affects the well being of individuals in a group or community. The essential values of justice are those that foster effective social cooperation to promote individual welfare (Deutsch, 2000). The more competitive the people in the groups are, the more likely they are to use equity or proportional outcome to input, rather than equality or need as the guiding principle in distributive justice. The western predisposition for economic

orientation has been promoted by capitalist values in new democracies, and by globalization, both of which emphasize productivity and profit maximization that create more bias against employing the low-performing disabled. In education, the leaning towards equity that Deutsch notes, is most evident in the present preoccupation of American schools with high-stakes learning, where student promotion is based on test scores. Disabled children have consistently scored lower than their non-disabled counterparts, in view of inappropriate accommodations and inadequate support services given to them. In 2001, 70% of children with special needs failed English compared to 25% of the other children nondisabled students, with similar discrepancy in math tests (Minow, 2001). This has led many to criticize the spending allocation for their education disproportionately large against their achievement. The caring orientation, on the other hand, focuses on need as the central quality in distributive justice, i.e., those who need more of the benefit should get more than those who need it less. It is characterized by more explicit responsibility for the personal development and welfare of others in the group, and accepts dependents with unequal status as well as those of equal status (Deutsch, 1975). More recently, this is seen to emerge in many societies with heightened disability awareness that is largely credited to the advocacy of disability organizations, and greater visibility of the disabled themselves. Schools with their legal duty are now undergoing attitude change towards a more responsible and caring stance, like the 20 school districts in the San Francisco Bay Area serving over 2000 students with severe disabilities (Gartner & Lipsky, 1987), where classroom, school and community-based learning are mixed to provide service to disabled students in integrated settings. In most developing countries that are not legal bound by the state to equally provide education and working opportunities for disabled persons, public concern for disability is usually low and services and care for voiceless disabled people also remain token.

Power: Children of Lesser God No More

Power is relational; it does not reside in an individual but rather in his relation to his environment. It is determined both by characteristics of the situation and his own (wealth, physical strength, weapons, intelligence, respect, affection, etc.). The possession of power increases the chances of getting what one desires, and therefore low-power groups which are dependent on the action of others face discontent among its members whose frustration may act as instigator for change if they are sufficiently organized and cohesive (Deutsch, 1973).

The issue of power is at the center of oppression. As argued by Paulo Freire (cited in Minow, 1997), the true focus of revolutionary change is never merely the oppressive situation, but also the piece of the oppressor implanted within each person and which knows only the oppressor's tactics and relationships. The same strand runs through Jacque Ranciere's observation that emancipation is never the simple assertion of identity but the denial of identity given by the ruling order (Minow, 1997). Rather than seeking assimilation in the non-disabled world by accepting the expectations and identity imposed on them, the disabled sought to validate their difference and challenge the institutions that devalue those who own to the difference. They found strength in the shared experiences and interests, organized against their denigration as inferior or lower status, and reclaimed the degraded characteristics as source of pride (Minow, 1997). When Gallaudet University yielded to the deaf students' protest and appointed as its new deaf president I. Jordan King who was a Deaf folk hero, King's famous message "Deaf people can do anything" (Erting, 1994, p. xxvi) was a proclamation to all people that not just the Deaf but the rest of the disabled now stand to claim their rightful place as anyone's equal in society.

Language has been acknowledged as having both unifying identity functions and as instrument for political suppression of minorities. In asymmetrical power relations, language is the first line of attack by the more powerful since the supplanting of the low-power group language by their own imposes the continuance of their values and culture (Harris, 1995). The pedagogical and rehabilitative oppression earlier discussed that are meant to transform the deaf child into a hearing one have been aggressively resisted now as the Deaf have connected with each other and found strength is their unity. The Deaf have also found strong allies beyond their own ranks, as the 1997 revised IDEA (Individuals with Disabilities Education Act) law, upon urging of the Deaf community, has provided that the Individual Education Plan of a deaf child should assess his communication needs, opening the way for greater use of bilingual approaches to education of the deaf child (Hehir, 2002). As Nemeth (1986) has stated, if the minority maintains its position over time, then it is possible that at least some majority members may become uncertain and change their position. Indeed, the disabled people in America have shown the world how, along with their armies of families, friends and supporters, they were able to win their struggle for equal rights through persistence and connections with influential members of the non-disabled majority.

#### Scope for Change

*We must move away from platitudes and more aggressively towards action.*<sup>5</sup>

The past three decades have witnessed dramatic changes that have significantly affected the lives of disabled people around the world. The greatest achievement of the courageous disability activists in the late 60s in America is not that they were able to secure protection and entitlements for the disabled people in their country, but that they were able to blaze the trail to equality for all the disabled persons in the world. Persons with different disabilities have been

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<sup>5</sup> J. Heumann, "Challenges and opportunities for inclusion of disability issues in economic development," ADB Regional Workshop on Disability and Development, Asian Development Bank, Manila, (2002), October 2-4.

encouraged to adopt the disabled identity and become direct participants in political action, employing various social techniques as mass demonstrations, rallies, and the use of media and even the arts to express their need for changes. As a result, heightened public awareness of the rights of the disabled has gathered support from non-governmental and civic organizations for disabled people in many communities. The United Nations (UN) took the lead in international recognition of the disabled with its Declaration on the Rights of Disabled Persons in 1975, recommending that international organizations and agencies should include provisions in their programs to ensure effective implementation of these rights. Subsequently, the UN General Assembly proclaimed 1983-1992 the UN Decade of Disabled Persons, and adopted in 1993 the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (Oliver & Barnes, 1998). Although the rules are not compulsory, they showed a commitment of the member states to improve the welfare of the disabled people. However, the slow progress in the removal of legal, attitudinal, and structural barriers remains an economic and human problem (Heumann, 2002). The following section discusses the action areas where opportunities may be explored for more effective inclusion of disabled persons in society.

### Policy and Legislation

Policy is defined as a statement of actions that are preferred in the pursuit of one or more objectives (Reimers & McGinn, 1997). A clear government policy articulates what it wants to do and provides its citizens the action they should do in order to achieve certain objectives.

Traditional policy-making has been executive-led, by elite group from the top who design the policy agenda and content, and thus also determine the kinds of conflict that would meet the policy (Grindle, 2000). A more recent trend has been the participatory approach to policy and decision-making that considers from the start the ideas and needs of those who are affected by the policy. For instance, allowing political leaders and interest groups to have a proactive rather

than just reactive roles in the policy formulation process can generate wider support for the policy. Such approach shares the “ownership” of the policy and also assures its greater acceptance and implementation success (Reimers & McGinn, 1997). Crucial in the policy-making process, however is the inclusion of the disabled people themselves in all aspects of policy debates. Since the inception of the idea that governments must make policies to respond to the needs of disabled people, there has been wholesale exclusion of disabled people from the policy making process (Oliver & Barnes, 1998), but increasingly in the last thirty years, the disabled people have insisted in participating and making their voices be heard, including discussion on how they should be defined or classified. The barrier to full involvement of disabled people in decision-making is traced by Dee (Daniels, 2000) to structural inequalities in the economy and the society, where options are manipulated to accommodate changes in labor market or funding levels, e.g., access to training or further accommodation or services may be varied according to government priorities. Throughout Europe, organizations of disabled people have become more and more angry about the lack of involvement of disabled people in the planning and delivery of services. They protest against dependency-creating welfare services that are dominated and dictated by professional service provider, and against the system where the needs of the disabled client is determined by the professional and users have no rights to service choice or to grievance procedures.

Government policy in support of disabled persons sets the tone of recognition for the disabled people and opens the door to their inclusion. Creating the legal framework to uphold rights establishes the basis for entitlements and backs up the demand for benefits and services. In Japan, policy to improve employment opportunities for disabled persons is supported by national legal framework that prescribes employee quota system, which sets at disability employment 2%

of total for government and private organization. Japan also has financial assistance scheme and vocational and placement services for the disabled (Matsui, 2002). The IDEA law which obliges states receiving federal funding to provide free and appropriate education to disabled children in the USA has no equivalent in Asia, except in Australia, and although many Asian countries have express policy for education of the disabled, the lack of legal mandate and funding hampers implementation of the intent. Apart from policy supporting the disabled, implementation procedures and monitoring system have to be in place to ensure that policy is carried out effectively.

One important aspect in policy making is the development of reliable data. In many developing countries, there is a glaring paucity and inaccuracy in the statistical data on disability and the disabled persons (Elwan, 1999). This omission, which is both factual and symbolic, has hindered government planning for any support to the disabled because no accurate assessment of existing situation can be made without reliable data. Part of an inclusion policy should be serious effort to strengthen knowledge about disability by counting it as an important part of the information system that can be available to everyone.

Policy on access will remove physical barriers and other environmental barriers to buildings, roads, information, recreation, etc. that restrict mobility and the pursuit of knowledge and other finer things in life, like arts and culture, for disabled people. Mainstreaming the use of universal design guidelines for products and the environment that will suit a broad range of users produces benefits for everybody by creating access features that are flexible for people with diverse abilities, easy to use with simple instructions and tolerance for error, and require minimum physical effort (Wee, 2002). For instance, ramps and railings can aid old people and children, and contribute to more efficient navigation for carts and rollers along sidewalks and

streets. Bright colored objects can help fatigued vision or drivers in bad weather, double-leaf doors allow right or left hand access, adjustable work spaces suit different users' needs, automatic shut-offs and prominent warning signs minimize hazards for all and free rolling castors reduce effort of carrying baggage.

### Social and Human Resource Development

Benefits are greater when services are provided within existing socio-economic structures for health, housing, education, and labor (DFID, 2000) so as to take advantage of presently available resources and avoid unnecessary additional costs and duplication of functions. Again, it is essential that procedures are established for including the disabled target groups in the planning and decision-making in order to take account of what is actually useful and desired by the clients, and to minimize wastage and future conflicts.

Inclusive education. This is the most powerful tool for including disabled people, particularly the children who are the most vulnerable among the disabled, because it will not only empower them from earliest possible stage to make full use of their potential, but will also allow them to grow and learn about life with non-disabled people. As opposed to mere inclusion that refers to the disabled student being in the ordinary classroom with other students following the same curriculum at same time (Norwich, 2000), inclusive education means “providing to all students, including those with significant disabilities, equitable opportunities to receive effective educational services, with the needed supplementary aids and support services, in age-appropriate classrooms in their neighborhood schools, in order to prepare the students for productive lives as full members of society.” (Grenot-Scheyer, et.al., 2001, p. 2).

The US, which leads in the education of the disabled, provides for inclusive education of disabled children in the comprehensive law Individuals with Disabilities Education Act or IDEA.

The IDEA (original law and subsequent amendments, particularly 1997) mandates that all states provide all children with disabilities access to free, appropriate public education (FAPE), following an individualized education program (IEP), which maps out the education program, and related services to meet the individual needs of a child with disability. Both the child and the parents must be involved in the IEP process. The learning should occur in the least restrictive environment (LRE), meaning the regular classroom with proper aids and support, along with non-disabled peers in the school the child would attend if he were not disabled, unless the student's IEP requires otherwise. Before this law, more than one half of children with disabilities in the US did not receive appropriate educational services, and over 1 million children were excluded entirely from the public school system (Ysseldyke, 2000). A far more dismal situation is exists in Asia where even at present, only 5-10% of disabled children have access to education (Perry, 2002). IDEA revolutionized the learning of all disabled children throughout the world, by challenging not only the exclusion of disabled children from education, but also their segregation into separate settings (Minow, 2001). By providing supplementary aids and support services that will allow disabled children access to the curriculum and education standards in regular schools, and gives them the chance to grow and develop in the same environment as other children. Inclusive education thus bestows disabled child the opportunity to learn as much as he can for himself, and to contribute to other children's education by enhancing their human capacities to care and grow with diversity.

Among disabled children, those who are severely handicapped and those with multiple disabilities, i.e., moderate to severe mental retardation, autism, sensory handicaps as blindness or deafness, and severe physical and health impairments, present greater difficulties, given their various impairments and accompanying behavioral or psychological problems. Because they are

so few (in the US they comprise only 10% of disabled children in the education system, and no estimate is available for Asia where 5% of total population have severe disabilities), they are virtually unnoticed and their needs are set aside in favor of others who are larger in number. Children with severe and multiple disabilities, however, can be the most isolated and loneliest persons, the depth of whose needs even they may not fathom. Because of their complicated circumstances, however, they could require learning under conditions different than those in regular classrooms. Fuchs and Fuchs (1995) gives justification to this special need: a meta analysis of 50 independent studies of special classes showed that special education classes were inferior to regular for students with below average IQ, but superior to regular classes for those with behavioral disorders, emotional disturbance and learning disabilities. Some of the reasons why learning outside the regular classroom may be more beneficial to some disabled students (and to their non-disabled classmates) are: limitation on skills and concepts that can be learned, the need for more practice, and the difficulty ranges that differ with each disabled child (Brown, et.al., 1991). The deaf, for instance, continue to resist learning in regular classroom for language and cultural reasons. Thus, while fully inclusive education generally yields concrete (in terms of learning achievements) and intangible (social and ethical values) benefits to the disabled child and to the rest of society, there could be still be ways that it can merge with special education and other innovative learning system so that the disabled child can be best served.

Inclusive education entails basic requirements. Foremost is the commitment of the state to uphold the rights of disabled children to equal education as non-disabled children. No child should be refused admission to school because of his disability, and every effort should be made by the school to help the disabled child obtain appropriate education. Second is the accessibility of the education system. Apart from physical accessibility of buildings and facilities, the

curriculum should facilitate development of more inclusive settings by allowing adaptations in the local context and for the individual learner (Olsen, 2002). Third is training for school administrators and teachers. Teachers require training for child-friendly practices and innovative techniques that will help explore the capabilities of the disabled child, and stimulate his learning along with other children in the class. Administrators for their part should cultivate a school environment that promotes learning and cooperation for all students, including disabled children, and support teachers in risk-taking approaches to improve learning. Fourth is community involvement to mobilize resources that already exist in order to supplement school needs in terms of pedagogical or even financial support (Olsen, 2002). A more important aspect of this is the building of acceptance for disabled children and their families within the community and their integration in local activities with other community members.

Health and employment. Inadequate health care, like poor sustenance and sanitation, can exacerbate disease outcomes and result into potentially disabling conditions. Mothers exposed to diseases can give birth to babies with physical and mental deficiencies, and child malnutrition can adversely affect mental development. Without accessible medical services, many remedial impairment can turn into permanent disability (Elwan, 1999). Education of general population especially parents, access to health information, and basic public health service like vaccines and safe water are essential interventions to prevent diseases and further impairments, and should be available to all. Training health center personnel in providing service to disabled persons can allow the disabled persons access to primary health care providers and will also expand their interaction with other community members.

Community-based rehabilitation (CBR) is widely acknowledged to be the most affordable and appropriate way of providing a range of services to disabled people (Miles, 1999).

Starting with delivery of primary rehabilitation therapy to disabled people in communities, CBR programs have become multisectoral assistance in all areas where improvement of the quality of life for disabled people can be made. It is implemented through provision of appropriate health, education, vocational, and social services by governmental and non-governmental agencies to persons with all types of disability (physical, sensory, psychological, and mental), and involves the combined efforts of disabled people, their families, and the community. CBR focuses on providing assistance to disabled people of all ages, and on creating positive attitudes towards disabled people so they can be motivated into supporting and participating in CBR activities (ESCAP, 1997).

For many countries, though, CBR coverage is patchy and does not go beyond specific programs. Although described as community-based, it is often imposed on communities and because the rehabilitation knowledge and techniques are simply transferred from professionals, often a team of medical and social practitioners, there tends to be little value placed on indigenous knowledge and practices. The key is to “unlock ” existing expertise and work with communities to develop their own CBR (Miles, 1999). CBR should be implemented with a social model of disability approach, with an understanding of the need to overcome barriers in the environment. It should also fully involve the disabled people in self-determination programs so that they could not only support each other in rehabilitation, income generation and advocacy. self-determination, but they could also have control over CBR initiatives.

Employment is an important factor in empowering disabled people, whose unemployment rate is usually double that of the general population, and often go up to as high as 80% or more (Perry, 2002). In addition to providing them with income that could buy them what they want, employment raises the disabled people’s sense of worth and independence. Being

positive contributors to economic productivity also improves their social acceptance and enriches their interaction with the community. Human resource development through education and inclusive training can facilitate development and enhancement of skills for disabled that will be relevant in present labor markets. Governments may be encouraged to take into account the training needs of the disabled, along with all other workers, and could formulate legislation and labor standards that respect the rights of the disabled (DFID, 2000). Examples of such laws are anti-discriminatory legislation specific to disabled persons, quota parameters to set proportion of disabled persons in work force, wage subsidies and financial support to both disabled employee and his employer, job placement services to find work suitable to skills, and partnership programs with businesses for job training and employment. Social security for self-employed, home workers, and those working in informal sectors should also be considered, as much as occupational safety and health of the disabled worker (Perry, 2002) so they may work well with others.

Many disabled persons have capability to run businesses and much can be done to help them manage or start their own small enterprises, which have been proven to help people get out of poverty (Perry, 2002).

### Cooperation and Partnership

Multi-level cooperation is critical to ensure that not only are the disabled accepted but also welcomed in the communities where they live and places where they work. The first place to start is top-level dialogue and agreement between governments and international community to ensure that the rights of the disabled are upheld and protected, and that they are considered in their economic and social development planning. The underlying causes of exclusion and oppression globally should be understood. International debt, economic policies of structural

adjustment, and power of multinational companies represent major barriers to inclusion of disabled people in their societies. Strategies to remove these barriers include promotion of human development, reduction of poverty and wealth imbalance, and promoting respect for other cultures (Miles, 1999). Development programs should take into account disability as a crosscutting issue, integral in its base line assessments and in project design, implementation, and review (DFID, 1998). On the next level, national governments should coordinate with local governments on the implementation of policies and programs. While general policies and rules concerning disability may be generally formulated at the top, they are brought down to the local levels for implementation and depending on the system's decentralization of authority, decisions are carried out as directed or altered to suit the discretion and priority of local body. Sometimes, because of limitations on the decision-making authority capacity at local levels, or because of lack of funds or personnel problems, programs may only be partly implemented, if at all. It is therefore crucial to maintain good coordination between the national and local government levels so progress of plans may be monitored, and implementation problems be worked out early. In inclusive education for instance, given the diversity in the national system, much autonomy may be given to provinces, districts or schools to decide on the curriculum, pedagogy, schedules and teacher qualification and training (Reimers & McGinn, 1997). Among various local organizations, i.e., local government, NGOs, disabled people and parents organizations, schools and businesses, there is also a need to coordinate and cooperate so they may complement each other's capabilities and maximize total resources that can be used to assist the disabled more efficiently and effectively, according the expressed need of the disabled clients and the conditions prevailing.

Capacity building. Strengthening the capacity of institutions and civil society in dealing with disability is one of the best ways to achieve long-term sustainable changes. Government agencies should provide the basic services whenever possible, but civil society has a role in ensuring that the disabled are included in the recipients of those essential support. International organizations and non-governmental organizations (NGOs) in the developed countries can help build the capacity of NGOs, disability organizations and governments in the developing countries to address the needs of disabled people. By sharing their experience and knowledge, NGOs in developed countries can assist civil society organizations in third world countries, which lack organizational development and project management skills. NGOs can also support disability organizations to advocate for good governance and human rights protection. As disabled people's organizations (DPOs) can be dominated by powerful leaders, often physically disabled men, they also need help with capacity building to ensure that other members, particularly the women, children and the elderly are not further marginalized (DFID, 1999).

Partnerships. Partnerships between families, schools, business entities, higher education (universities/colleges) institutions, organizations of disabled people, civic and religious groups enrich the capacities of communities to meet the needs of disabled persons. The partners complement each other's expertise and knowledge, and by pooling strengths and tapping each other's capabilities, they expand and enhance the available resources to serve people with and without disabilities. Furthermore, partnerships open possibilities for inclusion in these different structures and also expose circumstances inhibiting inclusion that otherwise would remain unexamined and continue to be limiting. Partnership between schools and universities can address need for teacher preparation and school improvement. . In partnerships between schools, students, and families, students gain experience in self-determined participation in

making decisions about their life, while schools gain insights into the needs of students and ways to meet these needs (Smith, et. al., 1998). In partnership between schools or training centers and businesses, students can get training or employment in business establishments, while businesses can develop better trained manpower and promote acceptance into the community of disabled workers. In partnerships between NGOs and communities, as in community-based rehabilitation, communities receive the service and transferred skills, while NGOs get volunteer work force and assistance in income generation.

One of the most effective ways to promote social change is to support people's movements to campaign for equality of opportunities (Miles, 1999). Partnership between government and NGOs with disabled people's organizations (DPOs) will strengthen DPO's self-advocacy for its disabled members, and inform the government and NGOs about actual needs of the disabled and techniques in meeting them. For instance, disabled people can mentor other students and families in securing their needs, and can provide as role models for disabled children in independent living centers or in rehabilitation centers ((Smith, et.al. 1998).

Media and communications are now being used increasingly to draw attention to disability issues. Television, radio, and the press can play active role in reversing negative stereotypes, pressing for equal rights and changing unfavorable attitudes of society towards disabled people. In Britain, for instance, ATV produced the Link program, which is staffed almost entirely by disabled people and featured disability issues slanted towards the "social model" approach. Other disability programs later followed and there is anecdotal evidence that these developments had considerable impact on disabled people's consciousness by presenting identities and circumstances they can associate with. Media can also inform disabled people in

developing countries about available services and resources, and can help bring them into society's fold with information and practical advice on their problems (DFID, 2000).

APPLICATION CASE: BREAKING BARRIERS FOR DISABLED PEOPLE  
IN THE PHILIPPINES

We Are The Disabled  
*What are you, deaf or retarded or something?*<sup>6</sup>

Before my daughter Monica was born 19 years ago, I do not recall having known a disabled person. Where were they? Except for the frog girl in the carnival showing during the fiesta, the blind guitarist/singer begging near the theater in Manila, and the legless sweepstakes ticket vendor wheeling on an improvised cart, there was really no disabled person around. Not in the school, the playground, the restaurants, the movie houses, certainly not in the office. They were invisible. If any family has a relative who was disabled, she was kept home and distant from friends who visited. Sure there were those tiny lame kids carried by women hustling for alms in the traffic lights, but they did not seem to be really disabled, or if they were, who cared?

Then I had my daughter. She was pretty and alert, but she was deaf and she had heart defect, complications from the Rubella I contracted when I was pregnant with her. From her ear doctor, I discovered there were many other deaf children who communicate with sign language, and even attend school. Well, I thought my child would be fine. Although Monica was deaf, she was a smart and happy girl. My family liked to think she was still growing up normally with her cousins and playmates who also learned basic sign language from her home tutor. But at age three, as she was beginning to attend Southeast Asian Institute for the Deaf (SAID), a private deaf school run by the regular school her sister was going to, Monica was operated on for brain abscess that resulted in her blindness, and right-side paralysis. She couldn't hear, she couldn't see, she couldn't move. Suddenly she became severely disabled, and so did we, her family. No longer would she be, as we had hoped, part of the normal world, and nor would we. We were

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<sup>6</sup> J. Kinsley and M. Levitz, *Count Us In, Growing Up With Down Syndrome*.

out, alone in the dark, as were the other disabled people I did not see or care to see before we became them.

How many disabled are there in my country? Given the estimate of the World Health Organization (WHO) that 1 in every 10 Filipinos has some form of impairment, there are around 7.5 million disabled persons in the Philippines of whom 22% of whom are children ages 0-14. Some 75% live in rural areas, where there is little access to services. How many are actually in each category? I have no idea, and neither has the government. Though made in the same census year by the same government agency, the disability categories used for the total disabled persons were different from those used for the children, and both were different from the WHO classifications. What was clear here was that if government were to include the disabled in their planning, the first thing to do is to get a reliable profile of their situation by adopting a standardized data collection and reporting. The other thing I was certain of was that most of the disabled children came from poor families, as do most other disabled children from Asia, and also like them have little or no access to medical, education and other social services.

#### Inclusion Initiatives

*The disabled community doesn't need to prove that we belong to the society because we do belong.<sup>7</sup>*

Although the sweeping tides of change that dramatically altered the lives of disabled people in America came rolling in the 1960s, we in the Philippines did not catch the tails of the disability rights movement until after 30 years when initiatives for inclusion of disabled people were undertaken. Government policy and legislation recognizing the rights of the disabled, advocacy of disability organizations and parents groups, and disability projects using participatory approach took off only in the 1990s, the period when social development issues,

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<sup>7</sup> Rocelle Ambubuyog, 2001, in Villagomez, K., "Rocelle at first sight," *The Manila Bulletin*, February 13, 2001.

like poverty, women, and the marginalized sectors came to attention of policy-makers and development funders in Asia.

In looking at the inclusion initiatives, I used three methods or a combination of them in some instances. First was documents search to obtain information on existing laws and government policies on disability. Second was personal interview with authorities or relevant persons in inclusion initiatives in the country, focusing mainly on inclusive education and on two disability projects with participatory approach utilizing cooperation and partnerships with international and local institutions and organizations. Third was field observation, where I sat in classes of schools with inclusive education projects, and talked with school/program administrators, teachers and students about their feelings and problems regarding the inclusive education program. I also went to see the two disability projects, Breaking Barriers for Children (BBC) and the Education for Multi-handicapped (MH) program at the Philippine School for the Deaf.

### Policy and Legislation

A Philippine Plan of Action was drawn up in 1993 by the government to involve all segments of society in planning and implementation processes of disability policies in the country. This was part of agreement that the Philippine government signed in the UN resolution 48/3 which adopted the Agenda for Action for the Asian and Pacific Decade for Disabled Persons 1993-2002. It required participation of several agencies like the Department of Health for disability prevention efforts, the Department of Social Welfare and Development for provision of support services and vocational training, Department of Trade and Industry for livelihood skills training and final assistance to livelihood projects, Department of Education for establishment of SPED classes and teachers training, and Department of Interior and Local

Government for allocation of funds to disability programs at local level. The National Council for Welfare of Disabled Persons (NCWDP) was the lead agency coordinating implementation of plans. The commitment of government to facilitate integration of disabled into mainstream society is embodied in the programs and services of the agencies involved (Ilagan, 2000).

The National Anti-Poverty Council (NAPC) under the Office of the President has a committee on the persons with disabilities sector, and it has formulated a 3-year plan for the disabled sector called Barrier-Free Philippines, not just in physical, but also in political, social, economic, and human rights areas. The concerns are making the disabled visible in day-to-day activities and decision-making of society in general; improve their quality of life through education, livelihood training; create environment for involvement of children in all activities of sector and foster cooperation among persons with different disabilities. These are big ideas but the council, together with NCWDP, had prepared a comprehensive plan with schedules, monitoring system and deliverable tasks. To start the new year, the President of the Philippines called a huge meeting on January 19, 2003 for disabled people in the Luneta National Park, in connection with this NAPC plan. It was attended by thousands of disabled persons and their different organizations that all gathered in a national rally, and landed on front page of newspapers the next morning. It could be political strategy to generate mass support for President Arroyo in the coming presidential election, but the fact that the government has recognized the disabled persons as a potent group was all that matters.

Disability laws. The Philippines has one of the most comprehensive legal systems in the world, a legacy from American colonizers at the beginning of the 20<sup>th</sup> century. Filipinos have great respect for authority and they generally abide by the law and do not break rules, unless they

find a way to without getting caught. The two important laws in the country relating to disability are the Magna Carta for Disabled Persons and the Accessibility Law.

(a) Magna Carta for Disabled Persons. The Magna Carta for Disabled Persons or Republic Act 7277, enacted in 1995, acknowledges the rights and privileges of the disabled in the areas of employment, education, health, auxiliary social services, telecommunications, accessibility, and political and civil rights. Its provisions specify how PWDs could be assisted so they could fully participate in State affairs through elimination of discrimination in employment, transportation and public accommodation. The law was primarily aimed to integrate the disabled into mainstream society through rehabilitation and promotion of self-development and self-reliance.

The disabled persons, however, remain neglected and ignored in those areas mentioned in the law. Disabled persons, even if they are as qualified as other non-disabled work applicants still get least attention compared to others because work offices are not trained to deal with disabled workers. Only 5% of disabled children have access to education, and very few receive appropriate medical services because there are not enough trained health personnel or facilities to handle disabled patients and their needs. Society did not seem to care, and most of the disabled certainly had no information about the law, or if they did, many did not understand what it meant to them or did not think it would change anything in their lives. I belonged to the latter, weary of government promises that only remained such. After news items reported its passage, Magna Carta became just another law stashed away and conveniently forgotten.

(b) Accessibility Law. The Accessibility Law or Batas Pambansa 344 targeted to break environmental barriers for the disabled. It contains specific requirements to make the structure of buildings, institutions, and establishments accessible to the disabled. It also provides for the

accessibility of public utilities for transport and communications. The Department of Public Works has directed all his district engineers to comply with Accessibility Law in future and ongoing civil projects, and to conduct inspection of public and private buildings to determine the need of accessibility by the disabled persons. The implementation of this law is however to be tested, for in one news item last year, a disabled person sued 3 business establishments for lack of ramps and disabled-friendly toilets but it was dismissed by the Department of Justice (Favis, 2002). I have yet to see a public transport bus that can take wheel-bound passengers, and most sidewalks do not have ramps yet. Very few buildings have ramps and lifts for the disabled, Brailled lift signs for the blind, and disabled-friendly toilets. The newly constructed buildings of the Department of Education ironically did not have them, but curiously the three biggest shopping malls in the Metro Manila area have lifts and designated toilets for the disabled.

#### Social and Human Resource Development

I had been aware in the early 1990s of the growing visibility of some disabled people or those connected with disabled groups. There was Art Borjal, the popular hard-hitting columnist of a daily newspaper, pictured and publicly seen in wheelchair, who was president of the influential national association of newspapermen and also party-list representative of the disabled interest group to Philippine Congress. In print and on TV, he pushed concerns of the disabled and was a prime mover in the Magna Carta for Disabled Persons passed in 1991 defining rights of the disabled against discrimination. There was Julie Esguerra, president of a deaf school promoting auralism, and daughter of a pioneer in special education, who had marshaled support of her friends in the academe and high government offices in huge fund-raising campaigns for the deaf. The wives of politician have also organized well-publicized help groups for the disabled. There was Aga Muhlach, matinee idol and top-rated actor in the country

who in his endorsements of a popular hamburger chain was featured signing with deaf children. There was El Shaddai, a Catholic group with mammoth following and tremendous government influence (its head being spiritual adviser to Philippine presidents) that had TV broadcasts of weekly gatherings at the Luneta National Park captioned with deaf interpreters. There was Stella Bonoan, the deaf and mentally retarded daughter of a corporate CEO, whose Van Gogh-like paintings from her Paris study were exhibited at the elite Hotel Intercontinental, sponsored and attended by the crème de la crème of Manila's high society. There was Rocelle Ambubuyog, blind girl who graduated valedictorian in a highly rated regular public school, and went to study on scholarship at the most exclusive Jesuit-run university Ateneo de Manila, later graduating summa cum laude in Mathematics in 2001. The disabled was no more the scorned hidden poor freak but just a different person who can also be talented, and someone you can be proud to know. The Catholic church had also adopted in masses a popular song that was being signed as well, making it cute and "in" for young people to know the sign language. These were changing the negative perception of the whole society toward the disabled. Much of the growing awareness about disabled persons, however can be credited to the world-wide publicity of the UN Decade of the Disabled (1982-1992), which caught greater public interest towards the end, as the government and private sector began to take up programs on disability prevention, rehabilitation, and equalization of opportunities for the disabled (Philippine Plan of Action 1993-2002).

Inclusive Education. The Philippines does not have any comprehensive law like the IDEA in the US that requires provision of free and appropriate education in the least restrictive environment, which is the regular public school, and supports legal recourse of parents in the case of disagreement with school regarding the child's individualized education plan. In our

country, the only legal basis for education of the disabled is the provision for special education in the Magna Carta for Disabled Persons (Chapter 2, Section 14) saying that:

The State shall establish, maintain and support a complete, adequate and integrated system of special education for the visually impaired, hearing impaired, mentally retarded persons and other types of exceptional children in all regions of the country. Towards this end, the Department of Education shall establish education classes in public schools in cities, or municipalities. It shall also establish where viable, Braille and record Libraries in provinces, cities or municipalities.

The national Government shall allocate funds necessary for the effective implementation of the special education program nationwide. Local government units may likewise appropriate counterpart funds to supplement national funds.

Even before this law was passed in 1995, there were as of 1990/91 about 97 elementary schools with integrated classes for disabled children, plus 25 special schools catering exclusively to disabled children. This was part of the Philippine Action Plan (1990-2000) that focused on education of specific groups (rural/urban poor, cultural minorities, and disabled as well as gifted children), following the World Declaration on Education for All (EFA) at Jomtien, Thailand in 1990. In 1997, the Department of Education in support of Magna Carta issued a directive requiring public schools to establish SPED Centers to provide inclusive education to disabled children. The resulting Handbook on Inclusive Education (Department of Education, Culture and Sports, 1999), defines inclusion as providing all students with mainstream appropriate education programs that are geared to their capabilities and needs as well as any support and assistance they or their teachers may need to be successful in the mainstream. One important statement in the Handbook that was distributed to all public schools is that inclusive education recognizes and responds to the diversity of children's needs and abilities, including

differences in their ways and paces of learning. This has led to the unique type of inclusive education for the disabled being practiced in the schools. It is not a fully inclusive model like that in America where disabled children attend all regular classes using assistive devices (like talking computers) and support services (like deaf interpreters and Brailled text), but one that depends on the capability of the disabled child. The schools follows a phased system where inclusion is done in stages, gradually in one or two classes until the time the child is deemed ready for full inclusion in all classes. For example, the severely handicapped (mentally retarded or multiply-handicapped) are placed in special education (SPED) centers where there is socialization. Autistic children are also placed in special classes, where they start with socialization activities, then one or two academic subjects, and then programmed to take more classes. The SPED centers are required to be established in each school division and administered by principals of the regular schools where they are housed. The SPED centers, numbering about 144 centers throughout the country, handle all education requirements of the disabled children from assessment to preparation of teaching materials. For schools without SPED centers, a SPED teacher (meaning one trained in special education) may go to the school to provide support – sit down with the regular teacher, discuss strategies, and teaching techniques.

(a) *View from the DepEd.* On January 27, 2003, I interviewed Dr. Yolanda Quijano, chief of Special Education Division of the Bureau of Elementary Program in the Department of Education (DepEd), on the implementation status of inclusive education in the country. According to her, each division already has an organized division/school-based assessment team with a set of evaluation procedures in place. There are 61 out of total 157 divisions, which have inclusive education programs. No additional funding is allocated for inclusion and the budget

allocated to the SPED Division is thus utilized for inclusion activities. Because of this funds constraint, the schools have been more creative in finding resources to supplement their budget. For the purchase of equipment, donations are sought from NGOs and civic organizations, like Rotary Club and the Resources for the Blind, which provide equipment (like Braillers) and training for teachers and administrators. They also search for other fund sources like the President's social fund, which contributes to the fund for autistic children. Mostly it is the parents who usually ask for donations, mainly from local government units (LGUs), which pay volunteers about P2,000 (US\$ 45.00) per month as honorarium. This approach to inclusion is fully participatory, and Dr. Quijano admits that without community participation, they will have no money to run the program. According to her, "Schools cannot ask for money, because the teaching is supposed to be their function. Parents are the main advocates. What we do is provide training for parents. SPED teachers are also very good advocates – when they go out, they share their experiences with the children."

(b) *View from the House.* On January 28, 2003, I attended as observer the congressional hearing of the proposed "Special Education Act of 2002" at the House of Representatives. The proposed house bill seeks establishment of at least one special education (SPED) center for each school division and at least 3 SPED centers in big school divisions for children with special needs. Among its many objectives are to provide access to basic education (at least 6 years of elementary and 4 years of secondary schooling) among CSN; and to involve parents and other caregivers, private groups, local governments and other agencies in education of CSN. It also proposes to create a Bureau of Special Education that will administer appropriate curriculum for functional literacy of CSN. The Bureau will provide CSN with financial assistance (scholarships and allowances) and with special equipment (wheelchair, crutches, hygiene requirements,

hearing aids, and eyeglasses) to optimize their education, free or at discounted rates. The SPED Center shall function as Resource Center for implementation of inclusive education that will accept all children in regular schools. When the bill came up for approval, the Chairman of the Appropriations Committee said that there was unanimous agreement among representatives present as to the intent of the bill and they were set to pass it, but one congressman wanted only to clarify the definition of small and big districts. The Undersecretary who responded said it would depend on several things, and because he could not answer the question directly, the Chairman decided that the bill would be shelved until definite criteria could be agreed on. After the session was adjourned, I approached Congressman Edmundo Reyes, chairman of the Education Committee of the House and one of the bill's sponsors, to ask if I could get his view on an IDEA-like education law for disabled children in the Philippines. I briefly explained the law, how extensive is the coverage, and how it empowers children and parents to intervene in educational planning for the disabled child. He was very receptive to the concept, but his immediate concern was the funding. He said, "That is all very good. But the problem is the finances." He commented wryly that even for regular students, the government does not have enough money so how could it support such elaborate schemes for the disabled. He enthusiastically welcomed any comments or proposed changes in the bill, which he said was just the shell of other things that could be done later. Congressman Reyes introduced me to the chairman of the Appropriations Committee, Congressman Rolando Andaya, Jr., who made a similar remark regarding the funding. He said that although they ask government agencies to make the budget proposals for their projects, they themselves slash the budget when it is presented to them because of set government priorities in the overall budget consideration.

c) *View from the School.* On February 7, 2003, I visited Pio del Pilar Elementary School, which houses the first SPED Center in the city of Makati, and has an inclusive education for 80 disabled children. The school has a total student population of 2,000 and 80 teachers. The SPED Center currently serves 32 disabled children in preparatory kinder level. I observed one blind student, Analyn Villanueva, who is fully included in regular Grade 6 classes, attend her Science subject. Analyn has been included since Grade 2, and her mother even included her in the regular nursery school of the *barangay* (community). In the room, Analyn was seated in the first row, right side of the U-arranged desks so she could hear what the teacher was saying. Her head was bowed all the time but she seemed to be listening intently, as she was also laughing at the funny remarks of the teacher. The teacher was talking about climatology and was using diagrams and drawing on the board to explain his subject. The teacher spoke in a very loud voice, and asked her periodically if she understood. According to the teacher, this strategy also benefits the slow learners in his class. Analyn did not participate in the discussion, but the teacher called on her to answer a question. It was phrased in such a way that she could answer Yes easily. When the class was dismissed, she gathered her things and went out with her classmates. I asked the teacher, Lito Guarino, how she was doing and he replied that she is even in the upper half of the class. I did not see her take notes and Lito said her sister who is her classmate takes notes for her. She also takes notes herself using a stylus on Braille paper, although Analyn said it was tiring. According to the SPED Coordinator, Sally Calabucal, they employ a buddy system to help the included disabled children. In Analyn's case, a classmate agrees to take notes for her if her sister is not around. The tests are brought down to the SPED Center to be Brailled and she takes her tests there. She does not have a Brailled textbook. Every grading period, the teacher discusses with the SPED coordinator Analyn's progress. No tutoring

is done at the school as the teachers treat her as a regular student. Her mother who has learned Braille, tutors her at home and also Brailles the lessons for Analyln. Analyln said she prefers being in the regular classes, “*Masaya po,*” (It’s fun). According to Sally, her teachers and classmates have a tendency to pamper her.

Inclusive education seems to work for Analyln, but sadly it did not for one other student, Manuel (Manny) Macalinao, a 23-years old wheelchair- bound spastic who attends Grade 4. His mother was illiterate, and was encouraged to go to school by Sally about five years ago when Manny started at Grade 1. Both still go to school. Manny who was included in Grade 3, is now back in the SPED Center because Grade 4 classes are in the fourth floor of the building, and the new principal did not want to assume responsibility if Manny met any accident while being carried upstairs by the janitors. He was being carried upstairs (also to the fourth floor) by the janitors daily while he was in Grade 3 but such practice was allowed by the previous principal. According to Sally, the SPED coordinator, it was really painful for her to see him go back to the Center as he enjoyed being in the regular classes and he was good (he jumped from Grade 1 to Grade 3 after taking the accreditation test). The school does not have elevator or ramps, as Sally said the Mayor would not pay for facilities “that benefit only a few.” This is ironic, since she is the same mayor who donated the talking computer with Braille.

Health and employment services. The Magna Carta for Disabled Persons (Section 6) mandates the government to provide disabled persons with primary, secondary and tertiary health services in government health centers, free to indigents and at discounted rates to others. The Department of Health (DOH) signed a memorandum of agreement establishing medical rehabilitation centers in provincial hospitals, and train health personnel in treatment and assisting disabled persons. In 1998, the DOH immunized 87% of the 2.2 million population of children to

prevent disabling illnesses (like measles, polio or cataract), and was targeting 91 municipalities and 6 cities in the 33 provinces (out of the total provinces in the country) for community-based rehabilitation services. The government hospitals and centers however, remain sadly lacking in medical facilities and trained personnel, and a large part of this service need is met by local and international NGOs operating both in urban and in rural areas, where resides an estimated 75% of the estimated 7 million disabled Filipinos (Ilagan, 2002).

There are hundreds of NGOs in the Philippines that provide various kinds of assistance to disabled persons in terms of medical and rehabilitation service, education, skills training, and even financial loans for livelihood projects. For example, the Resources for the Blind, Inc. (RBI) which started as a mission producing Filipino Brailled bibles, provides a full spectrum of counseling, rehabilitation, education, and training services to blind persons nationwide. It is also actively involved in preventing blindness and in restoring sight whenever possible. The leading cause of blindness among adults in the Philippines is cataract, accounting for around 400,000 cases. The treatment for cataract is simple and effective but is not readily available or affordable for those living in the rural areas. In 1999, RBI began offering a preschool program for blind children in the Metro Manila area, to help prepare blind children in enrolling as integrated students in regular elementary schools. There could be up to 40,000 blind children in the Philippines who are unable to go to school, mainly due to the lack of teachers trained to include the blind child in the regular classroom. RBI also provides this training for teachers, by organizing graduate level training courses since 1992 for over one hundred teachers each summer at universities in Manila, Cebu, and Davao, for the mainstreaming of blind students in regular classes with sighted students. In the last few years, over 1500 blind students have been able to enroll in school as a result of this training.

The Magna Carta (Chapter 1, Section 5) also specifies that no disabled person shall be denied access to suitable employment, and that a qualified disabled employer would have the same terms and conditions of employment, including salaries and benefits, as other persons. The same section mandates that 5% of all casual, emergency and contractual employees of all government agencies providing social services shall be reserved for disabled persons. The Department of Social Welfare and Development (DSWD) and the Department of Labor and Employment (DOLE) presently design and implement vocational skills training program for the disabled. The DOLE estimated that in year 2000, there were about 106,000 employable persons with disabilities who were registered in their *Tulay sa Pag-unlad* (Bridge to Progress) program since 1994, and that some 11,000 were placed in wage employment and 4,000 in self-employment as of year 2000 (NCWDP, Fact Sheet). In the Philippines, there are many faith-based groups, involving numerous Catholic organizations, and also churches of other denominations that begin with religious or charity missions but later evolve into capacity-building and self-advocacy goals for the disabled. The RBI gives rural blind adults small capital loans to set up businesses, as *sari-sari* (variety) stores, *tinapa* (fish smoking), hog raising, and rice buying, often in their own homes. Ephpheta Foundation for the Blind, Inc. is an NGO founded by Jesuits and the Christian Family Movement in 1969 to bring Christmas cheers to students in the Philippine National School for the Blind. It grew to include blindness prevention and treatment, economic/livelihood activities (soap and box making, massage and reflexology, musical skills), and housing program for the blind. It partnered with Christoffel Blinden mission of Germany, Rotary Clubs, and recently with the government office Philippine Charity Sweepstakes Office (PCSO), which donates food subsidies for the blind trainees at the Rehabilitation and Training Center for the Blind. Ephpheta also established Livelihood

Resource Center, a resource complex along side its housing units to provide some of the blind individuals means to earn a decent living. Other NGOs provide skills and sheltered employment to specialized disabilities like Cupertino Sheltered Workshop for children with Down's syndrome, and *Tahanang Walang Hagdan* (house with no steps) for wheelchair bound people or those with limb loss, recognizing that people with different disabilities have different training needs and capabilities.

On January 23, 2003, I interviewed Mr. Rizalio (ZalDY) Sanchez, Chief of Information, Education and Communication Division of the National Council for the Welfare of Disabled Persons (NCWDP), on the coordination and implementation of major disability programs in the country. The NCWDP, in addition to coordinating and monitoring all government activities and policies related to the disabled, also conducts training on advocacy to parents and caregivers, on education of the disabled for administrators and school officials, and on training for disability assistance to trainers. In year 2000, for instance, they conducted advocacy program to school administrators, superintendents and supervisors for the education of disabled in different regions. When I asked ZalDY about the problems they encounter in NCWDP, he said that the main difficulty is in coordinating with the other government agencies, because they do not submit timely reports and they send lower level staff to meetings so nothing much is accomplished. This underscores the issue of commitment because although the government mouths the importance of helping the disabled, in reality this is given low priority.

#### Cooperation and partnerships

The government is not alone is pushing the implementation of plans for the disabled. Partnerships have been formed between government and international organizations, NGOs, disability organizations, higher government institutions, business corporations, and the

community to promote the rights of disabled persons and empower them through self-help and community participation.

In October 2002, the Asian Development Bank (ADB) held an unprecedented workshop on Disability and Development where disabled people and representatives of disability organizations were invited to dialogue with officials of international organizations and government leaders on the agenda of including disability issues in development planning. I attended as observer without high expectations about participation of the disabled. But to my surprise, instead of the smattering of timid and unsure disabled persons who could be overwhelmed by the formal, dark-suited executives in a pompous, international setting, I found bold and articulate disabled people from different Asian countries who were able to voice their concerns and even criticize existing discriminatory set-ups and programs. Where did these people come from? I was the one who was overwhelmed by my ignorance of what was happening in our own disability community, and I had to look back hard and long. When I did not have any personal involvement in disability, I did not bother about the disabled people, and when my child became one, although I became aware of the disabled, I was concerned only about those with the similar disability. I was wrapped up in our limited deafblind corner and did not know about the other disabled. I barely knew about the many religious groups helping the disabled children, and I was ignorant of the advocacy groups fighting for disabled rights. I was uninvolved in the whole disability community because my concerns were specific. I had 3 officemates who had disabled children, and we often communicated with each other but neither they were aware about other disabled people outside their own group. The disconnect, I presumed, was the same one that had caused fragmentation of the disability groups and was the reason why no great strides were made on improvement of the disabled lot for a long time. I was

greatly surprised at what has happened in the disability movement in our country in the last five years, the recent three of which I have been away on study leave in the US with my deafblind child.

Disability organizations. On January 29, 2002, I interviewed Ms. Venus Ilagan, President of KAMPI (literal translation is ally but the acronym stands for *Kapisanan ng mga may Kapansanan sa Pilipinas* or Association of Disabled People in the Philippines) and now also first Filipino Chairman of Disabled Peoples' International (DPI). Venus noted that single-disability organizations like those of the blind (Philippine Union for the Blind) and of the Deaf (Philippine Federation for the Deaf) have many activities to help their members but they are too fragmented and hampered by bickering among members to be effective in pushing forward their collective needs. One group that has managed to bring together the disabled persons under one organization is KAMPI, an umbrella group for cross-disability organizations. Starting in 1990, it now has 241 local cross-disability organizations, and is the only organization affiliated with the international disability group Disabled Peoples' International (DPI). It does not accept specialized groups so as not to favor any disability, but rather it promotes association of diverse groups because it believes the disabled can be stronger if they work as one, not as separate groups. According to Venus, "We have same needs. Unlike other rich countries that have money for the different groups, our government has very limited resources and would rather look at the collective need of the disabled people rather than individual demands." KAMPI has effectively formed cooperation with foreign donors in creating projects for rehabilitation of disabled children, most notable of which is the Breaking Barriers Project (discussed below), in providing training and financial support to livelihood projects of disabled persons, and has joined with communities in leadership and advocacy training for parents and caregivers. Disability

organizations have become vibrant participants in the inclusion of disabled persons especially at community level.

Parents. Parents are a very potent force to advocate for rights of and benefits for their disabled children. When my child Monica at age 4 was ready to go back to school a year after her operation, Southeast Asian Institute for the Deaf refused to take her back in because it had no capability to teach a deaf child who was also blind. We searched for two years but there was no deafblind program in the Philippines at that time in 1987, and teachers did not have any experience of teaching deafblind children. The initiatives for deafblind education largely came from us parents who pushed for creation of the program. We collaborated with educators to source materials from abroad (Perkins School for the Blind in Massachusetts) and find experts to construct the curriculum, and even contributed in paying teachers' salaries and other expenses. The commitment of the principals of both the Blind and the Deaf schools was, however, invaluable in opening their doors and seeking support for the program from officials in the Department of Education. But we hardly had any other help as the two other students in the deafblind program at the Philippine National School for the Blind had no one to stand for them: one was a girl left by her mother working as dancer in Japan and whose father later died, leaving her in the care of her poor and illiterate grandmother; the other was a deafblind girl with a hunchback who was abandoned by her parents and found at a roadside by nuns who adopted her.

Parents of disabled kids in our country today have very different situation than we had years ago. Now they have organized into local and national groups, working together for the welfare of their children on all fronts, i.e., medical, education, social, and even utilizing political involvement to achieve their goals. A cross-disability organization for parents called National Federation of STAC Parents of the Philippines, Inc. has been formed with assistance from

KAMPI. From a starting group of 2,000 in 1998, they now number 6,600 and are registered with Securities and Exchange Commission as a non-profit association. They help mobilize resources at national and grassroots level, raising awareness for the disabled through workshops among parents and other concerned groups, and engage in fundraising activities to sustain projects and their operations. According to Venus, their parents groups are very strong advocates, meeting with other organizations in the community and working very closely with local government units (LGUs). For instance, in municipal budget hearings, parents come to make sure they get allocation for rehabilitation and education projects. They also actively network with each other and provide group support to parents who need it, conducting training and workshops to help parents deal with their disabled children, and also livelihood training to help them and their families economically.

With Venus' help, I was able to interview on January 30, 2003 some parent members and the president of STAC Parents, Ms. Alma Pamitan, in one of the Stimulation and Therapeutic Activity Centers (STAC) of the Breaking Barriers Project of KAMPI. Alma is the widowed mother of Ara, a 13-year old deaf girl studying in an inclusive education program in P. Burgos Elementary School in Manila. Alma is soft spoken but articulate, and she shows a competent hand in managing the large national organization. According to Alma, their main activity at the national level is coordination of efforts to get supplemental funds that will sustain Breaking Barriers operations. For parent training, starting this year, they have made an agreement with Christoffel Blinden Mission, a German mission for the blind, to conduct free training, and their counterpart share is providing the venue. Funds that they raise during December (Christmas time in the Philippines is when people are most generous since it is gift-giving season and workers get their extra money with year-end bonuses) through solicitation, plus the annual fee that they

collect from each member are used in their operations. An important regular activity is the organizing and holding of the one-day forum in July during the Disabilities Prevention Week, where professionals are invited to speak to parents about different disabilities. It is a day to network and learn. Each center does its own fundraising and they are encouraged to tap local resources.

Disability Projects with Community and Business Partners. I visited two different disability projects that have both employed multi-level cooperation and partnership in their successful operations to serve the poor and most marginalized disabled children. One is the Breaking Barriers for Children project that involved local institutions and resources in the community-based rehabilitation of poor children in urban and rural areas. The other is the multi-handicapped children's program in the Philippine School for the Deaf, which caters to the underserved multiple-handicapped sector of the disabled children in the Philippines, and which was funded by an unlikely business partner.

(a) *Breaking Barriers for Children.* The project started in 1995 to provide free comprehensive rehab to poor disabled children aged 0-14. KAMPI partnered with the Danish Society of Polio and Accident Victims (PTU). Funded by the Danish Foreign Ministry (DANIDA), the Breaking Barriers Project (BBP) was a ground-breaking initiative wherein the experience and expertise of disability NGOS in a developed country like Denmark were effectively utilized to provide funding and technical support to corresponding organizations in developing countries like the Philippines (Ilagan, 2002). In the BBP, disabled persons were involved in the planning, conceptualization and day-to-day project operations. Non-disabled persons (physical and occupational therapists, social workers, SPED teachers and other staff) provided technical expertise and knowledge to run the project. The activities of BBP included

disability awareness campaign; advocacy in employment, accessibility, health care, and education; provision of assistive devices to disabled clients; provision of livelihood training and capital to parents of disabled children; and generation of support from LGUs to eventually absorb the BBP project facilities. BBP was continued into Breaking Barriers for Children for 5 more years (1998-2003) and the project expanded to 60 community-based rehabilitation centers spread over 5 regions, serving more than 7,000 disabled children in the country. One unexpected but welcome benefit is that 25 colleges and universities have designated STACs as training centers for graduating PT/OT and social work students, and this has not only augmented the center's manpower but also generated added revenues by way of minimal fees from student interns.

The Breaking Barriers project is truly cooperative in many levels and participatory in different ways in promoting inclusion of the disabled in the Philippines. First, it fosters international relations between governments by linking a developed country with a Third World nation to develop the latter's capacity in disability assistance. Second, it generates wide cooperation from different agencies of the national government in provision of different services and assistance to the disabled. For instance, the Dept. of Social Welfare and Development identifies the disabled children assisted by the project; the government hospitals provide the medical testing and certification to warrant services; and the centers coordinate with the public school administrators and teachers regarding the education of the children receiving project services. Third, it develops LGU participation by devolving to them the responsibilities for the center. Fourth, it enjoins local grassroots organizations and the whole community to help make the disabled persons part of their activities and life. Fifth and more importantly, it strengthens the family and parents to become active advocates and nurturers for their disabled children.

(b) *Multi-handicapped program in the Philippine School for the Deaf.* Children with severe and multiple disabilities have nowhere to go in the Philippines. Even the schools with special education program have no capability to handle disabled children with multiple sensory impairments and mental deficiencies. The Philippine School for the Deaf offers a program for multiple-handicapped deaf children, which puts the children back in the world by helping them find themselves and maybe a dream that would not have existed for them before.

The Multi-Handicapped (MH) program was started in the Philippine School for the Deaf in 1997. This was the same program that we negotiated with the principal, Mrs. Yolanda Capulong, to re-start in her school after the new in the Philippine School for the Blind (PNSB) terminated the program for lack of resources. The teacher who handled the program left for Australia and brought with her the sole copy of the program curriculum, and no other teacher in PNSB could be spared to replace her. Perkins School for the Blind was officially contacted and after formal negotiations, a Perkins' monitored deafblind/MH program was implemented in the school. Teachers were sent to special training, with one teacher, Alice Estopace, going to Perkins for three months. She brought home the concept of the Individualized Education Program (IEP), which is the blueprint of education for each individual disabled student. In February 1998, Princess Anne of England came to the Philippines and visited the Deaf school. She was particularly interested in the deafblind program and talked to Monica with a teacher as interpreter. Before she left the school, the president of Hong Kong-Shanghai Bank who tagged along with her group, pledged P2.5 million (US\$ 50,000) for construction of new building for the deafblind/MH program, which was then only at the mezzanine of the school library. The building, complete with facilities, was finished in a year, and now houses the only deafblind/ MH program in the country. It has 21 students now- 5 deafblind, 9 deaf/mentally retarded, and 7

deaf/autistic- and 3 teachers. The program teaches the kids daily living skills, socialization, and academics and also includes parent training, monitoring of home activities, and transition training for young adults.

On January 22, 2003, I interviewed the teacher in the deafblind program, Alice Estopace about the MH program. She presently handles five children in the program. These are children who cannot go yet or at all to the regular class. Last year, two of the kids from the program were elevated to the preparatory level in full mainstreaming with regular deaf. They have vision problems, and the teacher in regular deaf class prepares their enlarged print material. Children from the program are included in regular deaf class by stages. But all five of them have once a week leisure activities where they can play together, and sometimes with the other regular kids depending on the type of activity organized. I asked Alice what is the biggest problem in running the program and she replied that it was inadequate resources. There are only 4 teachers handling 21 MH kids who each need individualized instruction and they are clearly overloaded with work, which also includes home supervision and monitoring, as they do not even have teacher aides to help them. She, however, lauds the parents who she said are very cooperative and supportive, providing the adaptive materials that their children need, and working with what has been agreed upon as to the implementation of the home program. This program that serves a very limited yet most oppressed group, proves that even an insignificant child who is dismissed by many as hopeless is also a person who can thrive when given the chance to become one among his fellow human beings.

### III. CONCLUSION: CONSTRUCTIVE APPROACH TO RESOLVING DISABILITY CONFLICT

#### Implications of the Study

*A map of the world that does not include Utopia is not even worth glancing at...*<sup>8</sup>

What does the study tell us? The centuries of deprivation and oppression has created a tradition of exclusion that disabled people have resigned to accept, until recently in the last thirty years. Born out of the valiant crusade by disability activists to uphold their equality in the face of law and all men, the disabled people's demand for recognition is finally being heard as a strong voice of self-determination around the world. Leaders of disability groups, disabled persons themselves who are known and respected for their fortitude, determination, and various capacities as persons, have consolidated the disabled people and their families and supporters into political force that can influence changes. Higher visibility of successful people in politics, entertainment, and the academe who no longer have to hide, apologize for, or mock their disability has promoted a positive image of the disabled. Increase public awareness about disabled people's capabilities as persons has also helped growing acceptance of the social model of disability that shares the responsibility of a disabled person's full-functioning with the rest of society in a barrier-free environment.

This might sound like all things are coming up roses for disabled people, but not yet. Millions of disabled people, especially in the developing and poor countries, continue to be neglected, left outside of society's benefits belt and acceptance sphere. They wither and die, sad and alone without knowing what their brothers in more enlightened places now enjoy and much hard work remains to be done to let them in and count them as equal human beings. The experience of a developing country like the Philippines in including the disabled in their midst

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<sup>8</sup> Oscar Wilde, 1996:1090, cited in Oliver & Barnes, 1998.

has many lessons to impart on successes and failures in inclusion initiatives that are somehow interlinked with one another.

The starting place is policy and legislation. Although the United Nations, through its different agencies (like the ILO, UNESCO, WHO, and ESCAP) has drawn up many resolutions and agreements with its member countries concerning disabled persons, not many have implemented them because most countries have underdeveloped policies and legislation regarding disability (Asian Development Bank, 2002). With the recent involvement of multilateral development funders (the World Bank and the Asian Development Bank) in disability concern, the developing member countries of these institutions will be asked to include disability issues in country programming and project design as a lending requirement. There is thus considerable scope for dialogue between governments and the international community to ensure that policies are developed to uphold the rights of disabled people, and include them in all activities.

The policy of promoting the rights of the disabled person should focus on social rights, rather than individual needs, and therefore the emphasis should be on the disabling society, not on the individual disabled person. It must ensure disabled people's right to life and appropriate health care, and provide them with resources to challenge discrimination in mainstream education, employment, the built environment, and in provision of goods and services (Oliver & Barnes, 1998).

It is the duty of government to look after all its people, and protect their rights equally. The declaration of rights is generally found in charters of democratic governments, but equality often is an assumed thing only among the powerful dominant group or strong majority, and the subordinate group has to content themselves with only what is rationed to them by the dominant

group. A glaring example is in America, bastion of equality and freedom, where disabled people were given their rights to education and freedom from discrimination only three decades ago when their rights and the state obligations to them were clearly specified in strictly enforced laws. In the Philippine case, education for the disabled could have been the earliest in Asia (the national deaf school started almost a hundred years ago along with the establishment of comprehensive public education system by American colonizers), but the law with specific provision for education for the disabled was only approved in 1995 (Magna Carta for Disabled Persons). The Magna Carta is, however, only a general law passed to ensure anti-discrimination against disabled persons, much like the Americans with Disabilities Act (ADA) in the US, and does not include detailed provisions. Presently, there is only the directive from the Department of Education (DepEd) in 1997 for special education centers in public schools, but since there is no funding allocations for them, they depend only on the discretion of school administrators, and especially on the budget priorities of politically appointed DepEd top officials. Furthermore, because there is no law that explicitly guarantees and protects the rights of disabled child to receive education, the school can deny admission to a disabled child if it has no capability to include him in regular classes. Most schools, especially in rural areas, do not have teachers trained in special education and therefore, as in other developing Asian countries, only some 5% of the disabled children get into the educational system. There is a bill pending in the Philippine Congress for establishment of SPED centers and the Bureau of Special Education to oversee them, but it is a weak bill that focuses narrowly on the SPED centers, not on the right to education of the disabled child. It is also toothless because there is no implementing mechanism that ensures the rights of the child and parents will be protected. A separate and specific legal mandate to set the educational entitlements of disabled children, which would (i) basically

provide for free appropriate education in the least restrictive environment and with support services for most beneficial learning; (ii) allocate certain portion of education funding to education of the disabled; and (iii) offer legal measures to protect the rights of the child and the parents, is apparently needed. The prospect for similar legal frameworks for inclusive education in other developing countries to ensure the rights to education of disabled children should likewise be examined.

In an ILO regional study of training and employment of disabled people in 14 Asian countries, most countries have anti-discriminatory laws and significant legislation with regard to employment and rehabilitation services of disabled persons, but like in the Philippines there appears to be huge gap in implementation due to lack of political will which may necessitate greater advocacy, lack of institutional capacity which may require international assistance, and lack of resources which may be remedied through innovative schemes involving multi-sectoral cooperation and resource mobilization (Perry, 2002). Key to all these is firm commitment of the government to policy that fully supports inclusion of the disabled in all aspects of society. Disability concern is almost always at the bottom of government priorities, mainly because it is viewed as relevant to only a few people, and therefore the pledged support to it is only lip service. Social and medical services continue to be lacking, especially for those with severe disabilities who make up a very small percentage and whose various requirements cost more than for people with single or mild disability. A reorientation of government view and general public attitude is in order towards net benefit to society of disabled people's inclusion, not just in material gains with additional productive capacity and lower poverty incidence, but also greater decency and better quality of life for everyone. Parents, advocates and other stakeholders who have interest in disability should form pressure groups that will push government to uphold

rights of disabled persons, and to adopt and implement policies that promote access to health and social services, physical infrastructure and technology, and economic opportunities equally for them. Present legal rights of disabled people in America were obtained through staunch advocacy – a formidable coalition of disabled people and their families, politicians and professionals.

Multi-sectoral collaboration is important to realize that disability cuts across all sectors and should be considered in all stages of development planning from design of country programs to implementation and monitoring of progress and results (Asian Development Bank, 2002). There should be overall coordination of policies and programs, however, to ensure efficiency in utilizing and distributing resources, and effectiveness in reaching the target disabled clients. An essential policy in inclusion of disabled people is to encourage their full participation in political, social, and economic activities, which means that they should be involved in consultation process for decisions affecting general or their own specific welfare. For this reason, disability organizations should be able to represent and articulate their members' interests in dialogues with government. Capacity building for disabled people's organizations should also include training in both leadership and in management/organization skills so they could manage their activities and resources efficiently. Disabled persons, particularly those in rural areas, where 80% of disabled persons live but where access to services and resources are most limited (Perry, 2002), should be given training and support to express their concerns and needs and to make a choice, both to their leaders representing them and to policy makers in decisions concerning their welfare. "Nothing about us without us,"(Charlton, 1998). More importantly, the disabled persons should be taught to stand up for themselves and fight unfair practices and discriminatory acts committed on them.

This suggests a combination of top-down and bottom-up approach to policy-making regarding the disabled. While decision to provide support and empowerment to the disabled, including the capacity building of skills, will come from government authorities above, the necessary information on appropriate range of benefits, user-led services and personal assistance schemes should come from disabled people themselves who should be able to decide on what is best for them.

Institution building is crucial to initiate, implement and sustain legal or environmental changes. Not only should human resources be developed through capability and skills training of disabled persons and service providers, but procedures and processes should also be established to allow effective inclusion and participation of disabled persons (DFID, 2000). Education, employment, and health are three areas where substantial gains in inclusion are possible.

Education is the one hope that can erase social divide and discrimination. The only way that disabled people may have access to it is through a clear and strong legislative mandate that will uphold for the disabled person the right that is truly his. Inclusive education, however, which puts the disabled child in the same school and allows him access to the same knowledge as other children, not only provides the best learning for the disabled child but also imparts the values of humility, kindness and acceptance to other students, teachers, and the community. It reintegrates the disabled child and his family into the community and it gives the school and its administrators the impetus for improvement in education management. Inclusive education should thus be promoted in all countries, especially in developing countries where exist huge community resources that may be mobilized to supplement scant financial means. While extensive welfare system in the developed countries can provide for supplementary services

required by disabled persons, particularly those with severe impairments, in densely populated developing countries there is an expanded family system (which includes distant relatives and neighbors) that can render personal services (often free) to disabled persons. This is also seen in successful community-based rehabilitation programs offering medical and education services, where 80% of rehabilitation needs are satisfied at community level (DFID, 2000). A wide network of personal connections may be tapped to request assistance, in terms of money or goods and services, from local government and local organizations, religious groups, and community members. Crucial in both inclusive education and health programs is therefore capacity building and training for administrators, teachers and medical professionals, caregiver, and again parents so they may learn how to deal with disability properly, and how to work with disabled persons in localized settings and situations, using disabled-friendly and client-centered practices. School and health program administrators hold the key to successful inclusion of disabled persons because they are ones who approve the program and monitor its implementation, so it is imperative that they know the law in order to model appropriate behavior and attitude that will determine responses of disabled persons, parents, and other caregivers (Smith & Colon, 1998). Teachers and medical professionals should be trained not just to learn new techniques and skills, but also to build on existing knowledge and expertise (Olsen, 2002) to find the most effective methods that will work under native conditions. Parents, on the other hand, should be prepared with proper information and effective communication and decision-making skills (Minnow, 2001) in order to generate understanding and cooperation from school or health program administrators.

Community involvement is also important in an often neglected aspect of disability education, which is transition planning for adult disabled students who are leaving school or in

vocational and job training for employable disabled persons. Link-up of schools or training centers with local businesses and local institutions will facilitate familiarization and greater acceptance of disabled persons in community activities and workplaces. It is important though that in all employment, social security protection be ensured, especially in home-workers or informal sectors, to prevent exploitation of disabled workers and other discriminatory labor practices. Likewise, occupational safety and health measures should be in place to protect disabled workers from workplace dangers and accidents (Perry, 2002).

The use of media to raise public awareness of disability is an open opportunity that can be explored in many countries. Television, radio, newspapers and magazines will bring the disabled person right into the homes of audiences and readers. While TV talk shows or film documentaries and dramas about problems and difficulties presently encountered by disabled people in discriminatory settings can inform the public about their plight and hopefully generate active support for their equal rights, lighter portrayals of disabled persons as ordinary human beings leading lives like others can present them as just people. For instance, in the Philippines, a popular TV ad for cell phone shows a woman coming out of the office texting message to a man who she meets later in a restaurant, but soon as they sat down they began signing and only then does the viewer know they are both deaf. Such ordinary encounter with disabled people, their experiences, and their daily lives can easily influence public opinion and attitudes towards positive view of the disabled person, and welcome his inclusion as one of them although different.

Inclusive Development: A Vision for All  
*The celebration of difference is the celebration of humanity.*<sup>9</sup>

Constructive Approach to Disability Conflict

In his exhaustive timeless treatise on the resolution of conflict, Morton Deutsch (1973) unfolds two tracks for conflict: the destructive win-lose path of competitive relations, and the constructive win-win road of problem solving cooperation. Addressing conflict which involves groups with considerable authority to control the means of socio-political influence and those groups with less, or what he calls the “characteristic conflict of our time” (Deutsch, 1973, p. 390), he bats for affirmative action that can tilt the power balance towards the disadvantaged, and sounds the unceasing call for social justice.

The strategy of liberating the disadvantaged from the excesses of the powerful follows the logical proposition of wearing down the resistance of the strong, and increasing the influence of the weak by working around what Deutsch lists as key elements of effective power. The key elements relate to possession and control of resources, which the low-power groups lack. He, however, emphasizes the two key assets that disadvantaged groups have, discontent and sense of injustice, which can be harnessed to bring about change. Through information and demonstrations, awareness of the oppressed about their plight can intensify their motivation for change, and help galvanize them into a cohesive force for positive action. The weak groups can then enhance their influence by communicating the basis of discontent and nature of injustice to others in order to recruit them as allies and supporters, while resistance of the strong groups may be reduced by embarrassing them to live by their own standards of righteousness and morality (Deutsch, 1973).

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<sup>9</sup> V. Finkelstein, “Disabled People And Our Culture Development,” *Disability Arts in London Magazine*, 1987.

Such power-balancing feat has actually been successfully done by the disability activists in America to break the shackles of discrimination that had bound them for centuries. The formula may be replicated to free the throngs of disabled people who remain excluded in huge pockets of poverty and degradation in developing countries around the world. Can they do it?

There is hope that they can.

The conflict between the disabled and non-disabled people goes beyond the struggle for entitlements of material resources and the sharing of opportunities that can yield earthly benefits of wealth and fame. Underneath the issues of power and justice in the conflict between disabled and non-disabled people is a crucial element: the morality of what is right. In the Kantian ethics, the essence of morality is respect for the person. Human being must be treated not as things that are tossed away or discarded when they are not pretty or deemed useful. The human being is a person, with pride and dignity, equal to anyone and must be regarded so. People should be ends themselves (Luban, 1987). This is what the disabled people are fighting for, the right to be human beings.

Thirty years ago, Deutsch, almost prophetically asked, “Is it not obvious that, with the great disparities in power and affluence within nations and between nations, there will be pressure for social change?” Now it seems that this truth is finally dawning. In the 1990s came the realization that world economic affluence has not filtered down to billions of desolate people who still wallowed in poverty and misery. The multilateral funders, which hold the purse for development of poor countries, have awakened to this horror and have focused attention to the disadvantaged sectors. After 10 more years, at the end of year 2002 they have recognized that the most marginalized among those in the disadvantaged sectors are the disabled people. In an astonishing move, these powerful financiers who decide the development fates of nations, have

invited the lowly disabled persons and their organizations to conference and to talk about visions of a more cooperative and humane society. They have vowed to help include the disabled people in all activities of the nations, and while they may not hold the final solution to this tragedy of social exclusion and oppression of disabled people, their concern could heighten disability awareness among the international powerful elite, and push governments to take action on disability issues. How did this happen? How could the mute cries of those miserable wretches have reached the ears of the multilateral gods? The answer: in the Asian Development Bank, Finland who has a well-developed welfare system for the disabled funded the regional technical assistance study on disability; and in the World Bank, foremost disability leader Judy Heumann has been appointed Disability Advisor, and she initiated the conference. The disabled people have found the right links in the cooperative resolution of disability issues. This is a bright significant start towards inclusive development for all people.

#### One World for Equal and Different People

It has become a widely held view that disability is only a tragedy when society chooses to make it so (Hehir, 2002). The disabled people's struggle and determination to find their equal place in society is a story of courageous people rising from subjugation and deprivation imposed on them by a dominant culture that has looked down upon them as deficient, inferior and deviant. From a mute group held at the margins by an oppressive, or at best indifferent, non-disabled majority, and excluded from any claims to belonging in society, they are now evolved into a highly politicized group fully aware of their rights and willing to fight for their chance at life. They have endured and persisted to show their oppressors that a just and humane society, which embraces all its members and respects their differences, can in fact generate individual and group contributions toward maximization of overall welfare, creation and maintenance of productive

and interdependent relationships, and sustainability of more holistic, inclusionary development process.

Towards resolving conflicts between different groups and promoting greater understanding among their members, the following are envisaged in an inclusive society:

1. Recognizing difference and equality. Martha Minow (1990) has said that difference is simply comparison drawn between an individual and a norm that can be stated and evaluated. People who assume own experiences as benchmarks for judgment can instead look into the alternative perspectives of those who have been called “different” and see that existing arrangements that make some traits fit in or not, are socially constructed and are neither natural nor necessary. Disability then derives its meaning from the way one interprets it, and like beauty is just in the eye of the beholder. In this context, a single person is not deviant from a group, but each one is different in his own way, and therefore each one is equal to another. Disabled people, however, do not join the normal world to be like the “other” non-disabled people. They have they own culture, their way of doing things, and they want as members of a multicultural society to be accepted as themselves (Finklestein, 1987).

2. Addressing Human Needs. Individuals have needs as human beings. Apart from physical requirements of food, shelter, and security to live a decent life, they have the higher aspiration for achievement and recognition. The needs analysis may be linked at the individual level to the identity group of disabled persons as the primary satisfier of needs, and each group must be able to enter into sustainable and interdependent relationships with other non-disabled groups in a respectful manner (Fisher, 1994). By allowing individuals and groups equal freedom for expression, by finding creativity and innovation in diversity, those who are different can explore their potential to contribute to a more sustainable relationships and holistic development

3. Creating Societal Structures for Equality. Conflict resolution must go beyond mere changes in perception to creation of enduring structures that institutionalize respect and dignity among different groups. Legislation and regulations, though not a guarantee, can help foster equality of opportunities and ensure entitlement to benefits for the most marginalized groups who are often helpless in the discrimination and oppression from more powerful groups in society. Effort should also be made towards creation of structural mechanisms to promote multiculturalism, tolerance and cooperation among groups (Fisher, 1994).

On the whole, however, the governing principle in any intergroup relationship is the recognition both for similarities across groups, and unique differences within groups. By being different, yet similar in some respects, people can create a world that responds to multifaceted needs of many groups but focused towards the universal human welfare.

In the conference of Nobel price winners in 1988, one of the conclusions reached was that the “wealth of humankind is in its variety. This variety must be protected in all its manifestations” (Kaupinnen in Erting, 1994, p.695). It is the duty of everyone to work towards this goal so that all people, each different in his own way but equal to anyone, can live and flourish in one whole society.

*Bring me all of your dreams,  
You dreamers.  
Bring me all of your  
Heart melodies  
That I may wrap them  
In a blue cloud-cloth  
Away from the too rough fingers  
Of the world.*

Langston Hughes

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