

Guest Editorial: Human Security, Social Cohesion, and Disability
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Abstract: The editorial underscores the issues of security in disabled people in context of poverty. The submission is that disabled people are not considered equal, as globalizing forces dominate the paradigm of profit.

Key Words: developing countries, poverty, cohesion

Introduction

Evolving Disability Studies in terms of the themes of social cohesion, human security and social capital is significant. For too long disabled people have been marginalized and disqualified, debarred from “mainstream society”. There is no country in the world that can assertively claim that its disabled citizens have realized equal rights and equal opportunities. In developing countries, and I presume other developed countries, disabled people cannot attend school or college, gain employment, use public transport, and live independently – the basic rights that most non-disabled people take for granted. Disabled people do not require “rehabilitation needs”. It is critical that we understand the nuances of the identities of disabled people in terms of not only medical biographies. Disability, in the context of poverty, raises important questions about security, cohesion and productivity. The question is not whether we want to achieve these objectives, but what we are doing to accomplish concrete efforts. Though we want to cut world poverty by half in the Millennium Development Goals, disability as an issue is not included. Even if we somehow include disability into the developmental discourse we need to understand the dynamics of poverty. To begin with, we need to reflect on what is global poverty? Is it the same as reducing poverty in each country? What kind of poverty are we talking about? How can figures and targets capture all that is needed to provide for a person’s well-being? And when we move into the individual goals there are more questions. Similarly issues of security related to education, reproductive health rights, HIV/AIDS and most importantly health systems. What is there significant is understand the nuances of security and cohesion.

Human Security

As the Commission on Human Security (2003) indicates, “The protection of the vital core of all human lives in ways that enhance human freedoms and fulfillment.” In other words, human security is understood as security of survival (mortality/injury, health), security of livelihood (food, water, energy, environmental needs, shelter, and economic security), and dignity (basic human rights, capacity, participation). In accepting these definitions, the question arises, Are people with disabilities secure? The answer does not seem to be positive, as disabled people are not fully integrated into our society. For many of us, a fundamental part of our daily life involves support that can

maintain our bodily integrity. People with disabilities feel that the right of being secure and autonomous is not evident. Issues about disabled people's security correlates with the abject poverty in the developing countries and perhaps to a lesser degree, the developed countries. While disabled activists in industrialized countries debate about issues such as independent living, assistance with care needs, and facilitated sex, disabled people in the majority of the world are still struggling for survival. My desire is not to create a dichotomy, but to point out the enormity of pressures that characterize the lives of those for whom disability is closely linked with poverty.

As Misra and Tripathi (2001) point out, "Though manifest in concrete ways, the nature, causes, and consequences of poverty are difficult to articulate in precise terms. Being multifaceted and relative, a unidimensional characterization omits the range of factors bearing on the phenomena of poverty" (pp. 122-123). The 2006 Human Development Report (United Nations Development Programme, 2006) states that:

"People with disabilities are among the most vulnerable members of society—and among the poorest. A vicious cycle links disability and chronic poverty: if you are poor you are more likely to be disabled, and if you are disabled you are more likely to be poor. In Ecuador 50% of people with disabilities belong to the lowest 40% of the income distribution. Similarly, surveys of the living conditions of disabled in Malawi, Namibia and Zimbabwe show that their average households' incomes are a pittance. In Namibia 56% of households with a disabled member have no one employed in the formal sector, compared with 41% for households with no disabled members" (p. 114).

Specifically, financial insecurity implies social vulnerability, as it results in subordination of disabled people who are discriminated against via inaccessibility to education, gender (women), and/or ableism. Further, this vulnerability destroys the individual's feelings of efficiency, utility, and social competence, leading to a pessimistic view of society, marked by conflict, disorder, and injustice. The establishment of selfhood and identity do not come easily to those who accrue no social security and other benefits or receive such minimal amounts that leave them below subsistence levels, hardly - and not always - able to survive. Research indicates that 20% of the world's poorest people are disabled (United Nations, 2009).

Poverty

Poverty has been analyzed in innumerable ways. For example, the poverty line in India measures only the most basic calorie intake, recording not nutrition, but only the satiation of hunger. "At present, the poverty line stands at 368 rupees (\$9.20 USD) and 559 rupees (\$14 USD) per person per month for rural and urban areas respectively, just about enough to buy 650 grams of food grains every day. A nutritious diet itself would cost around 573 rupees (\$ 15 USD) per capita per month, let alone the cost of securing other basic needs" (Infochange, 2009). However, such measures do not incorporate the costs of shelter, clothing, transport, fuel, health care, and education. According to Guruswamy and Abraham (2009), the Indian Council of Medical Research (ICMR),

prescribes 3,800 calories for an adult male doing heavy activity and 2,925 calories for an adult female carrying out heavy activity. Consequently, millions of poor, unskilled wage laborers in India who do heavy manual labor every day, a stipulation of 2,100 - 2,400 calories in urban and rural areas is grossly insufficient. Mabub ul Huq (as cited in Shariff, 1999, p. 45) states, "Nearly one-third of the total number of absolute poor in the world live in India. What is more distressing is that while 46% of India's people survive in absolute poverty...about two thirds are 'capability poor' i.e. they do not receive the minimum level of education and health care necessary for functioning human capabilities Notwithstanding the fact that official figures show a decrease in poverty, but the fact that only the basic calorie intake is considered as critical is alarming.

The continued intolerance of disabilities in Indian society is reflected in the case of Hakimuddin Khan, a daily wage laborer of Kamalpur village in Bhadrak, Orissa. No longer able to sustain his three disabled children - Raffimuddin (35), Hapimuddin (33), and Mustaf (28) - Khan, has written to the President of India, the Prime Minister, and the chief minister in Orissa for permission to die. His plea states, "I have urged all of them to take the responsibility of my three disabled sons or else give us the permission to die. There is no point in living like a vegetable. None of them can stand or move an inch without the parents' help". (Times of India, 2007) Such a scenario does not make disabled people safe. Insecurity stems from the fact that disabled people are unable largely to make themselves self-sufficient and are (dis)empowered financially through unemployment. It is the reason that people such as Hakimuddin Khan opt for their children dying rather than living. Consequently, people with disabilities lead a lonely and vulnerable life, almost devoid of any physical or emotional security. Within this context, there are instances when disabled people are not safe from their own families from abuse, bullying or at a high risk of neglect from a lack of responsiveness (ChildinIndia.org, 2009).

A discussion of the definition of poverty in India is also relevant to an international audience because the one-dollar-a-day poverty line adopted by the United Nations borrows substantially from the Indian poverty line. This fact raises questions of how policymakers conceptualize poverty and whether there are opportunities for making poverty reduction strategies more effective through a re-identification of the nature and causes of poverty. Is there any recognition of the fact that poverty de-individualizes and alienates those affected from the mainstream of society? Marked by feelings of helplessness and hopelessness, poverty places limitations on the person, in terms of the personal and environmental resources to improve the quality of his or her life. "Researchers and advocacy groups have come to view poverty not simply as a lack of financial resources, but as both the cause and consequence of social exclusion." (Government of Newfoundland and Labrador-Canada, 2005). Also, a lack of money and resources prevents individuals from fully participating in the social and economic activities of their communities. In this context, a community with a strong sense of identity and shared goals is considered to be more cohesive than one without these qualities. Can disabled people be cohesive and part of the community? (Mehta, 2008). Are the disabled people tightly joined, stout and unified in a community?

As an optimist, Tavee Cheausuwantavee uses participation action research in context of appropriateness and consciousness in community suggests implications which indicate that (1) a philanthropic model, a medical model and a social model can be integrated into the CBR approach. Thus CBR is not only a social model, but may also be a medico-social model, a philanthropic-social model, as well as a philanthropic-medical model corresponding to the particular community context. (2) Further studies of consciousness, meaning, and discourse on CBR within particular contexts need to be done in order to gain more understanding and expanding the body of knowledge of CBR and disabilities.

Another strand of understanding disability discourse appears in Kabbara's article. Kabbara indicates that resistance and agency of working against the oppression of disabled people is definitely getting "mainstreamed." According to Kabbara, in war-torn Lebanon the difference between disabled and nondisabled people is getting mixed up, without clear-cut distinction, and in many instances, disability is temporary (such as long-lasting injuries). In some cases, this difference is less than permanent or is recurrent (e.g., people with psychosocial disability, survivors). Indeed, the war and violence-causing trauma have a significant impact on the mental health of the entire population and particularly of youth and children. Indeed, psychological trauma itself is the most widespread disability resulting from the repeated civil wars and armed conflicts. As one of Kabbara's respondents, Amina, (a female NGO staff with mild physical disability) says, "Yes, disability is becoming a political agenda now. People see it as a human rights issue, as recently our civil conflicts have increased the scope of disability in this country. But people are not yet interested in us, disabled women or those with congenital disability. Particularly women with intellectual disability are so marginalized."

While there is hope for alleviating suffering and feeling secure, international realities should make us realize the dangers within which disabled people live. What is upsetting is that insurgency in Afghanistan gathers exigency, the Taliban and other forces are recruiting marginalized and vulnerable groups to carry out suicide attacks while men from their own ranks keep up the ground offensive. "Almost 90 per cent of [suicide bombers] are people with some form of disability," indicated forensic expert Yusuf Yadgari (as cited in Fatah, 2007). He also stated that disabilities such as "muscular dystrophy, amputated toes, blindness, skin diseases and signs of mental illness were detected in the bodies of suicide bombers." As Firoz Ali Alizada who lost his legs to a land mine realizes that disability seems to be associated with shame and the belief is that "there is complete loss of hope in being able to live a normal life" (as cited in Fatah, 2007). Usually people who are "incapable" of supporting and feeding their families are encouraged to be suicide bombers, as there are financial incentives. In a place like Afghanistan where there is a very weak economy, disabled people's security becomes problematic (Fatah, 2007)

Power

In this forum, Mary Anne Burke analyzes the power issues in an ablest society. I identify with these issues because, "Whether we, who are designated as 'different' do not

see ourselves as ‘dalit,’ poor, crippled, or disabled, these terms nevertheless describe an essential reality in a society tuned to the tyranny of normality and perfection” (Ghai, 2003, p.17). As Burke explains, “Power structures within a society serve to reinforce and maintain the ableist hierarchy and the distribution of resources according to an individual’s position within the hierarchy. The machinery of oppression– in this case institutionalized ableism is maintained by cultural, economic, political, trade, monetary, health and other systems.” In an era of globalization, the emphasis on power and profit has systematically dislodged vulnerable groups from access to even basic resources such as food and livelihood (Sadgopal, 2006). I argue that the increasing privatization and a recasting of citizens as consumers results in the state losing power because the locus of control shifts from the public domain of politics to an individualized and privatized world of economic cost and benefit analysis. This privileges the paradigm of profit over humanity, which then pervades all aspects of life. Access to capital and markets is controlled by relatively small elites, primarily male-centric and mostly based in rich countries. For the developing countries this leads to an ever-increasing estrangement with the marginalized groups. The most devastating impact of the neo-liberal policies is that they restrict the revenue of the state for use for welfare purposes. Though we claim that human rights imply equality for every disabled person, Keenan Malik disagrees, “Equality cannot have any meaning in the plural. Equality cannot be relative, with different meanings for different social, cultural or sexual groups. If so it ceases to be equality at all, or rather becomes equality in the way - 'equal but different' - in defending segregation” (Malik, 1998). Thus for people with disabilities to be secure, equality requires a common yardstick, or measure of judgment, not a plurality of meanings. What is clear is that we must understand disability both in its social construction and material inequalities.

In my mind, inclusion of disabled people remains an unrealized belief. I believe that social capital has the potential to engender improvements in health, education, community care, community revival, and protective employment. However, the fundamental opportunities to accrue social capital for disabled people so that their existing contributions are not undervalued.

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