# Front Matter

#### Slijper’s goat

Amundson 2000 (Ron professor at UC Berkeley) “Against Normal Function” p.6

In the 1940s the biologist E. J. Slipjer studied a goat that was born without forelegs (Maynard Smith, 1975, p. 317; Rachootin and Thomson, 1981, p. 184). The goat learned to walk bipedally, showing that individuals of the same species can perform a function like walking using different means. But this is not the whole significance of the example. Slipjer’s goat had many other deformities (relative to the statistical norm) in its skeletal and muscular anatomy. It had an S-shaped spine, an atypically broad neck, many atypically shaped bones and atypically positioned muscles. Its thorax was oval shaped, unlike the V-shaped cross section of the typical goat. By this census of ‘abnormalities’ it was a radical departure from its species design, and each abnormality pulls it further from the norm. By the species design criterion of goal-directedness, Slipjer’s goat was a notable failure. By the developmental criterion it was a roaring success.

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#### Current funding for transportation infrastructure has alienated people with disabilities from society by robbing them of their mobility

AAPD, 2012 (The American Association of People With Disabilities, “Equity in Transportation for People with Disabilities”, May 23, http://www.infrastructureusa.org/equity-in-transportation-for-people-with-disabilities/)

Congress is currently debating reauthorization of the surface transportation bill, with heated debate over spending amounts and policy needs. As the nation considers its transportation policy for the 21st century, it is crucial to consider the needs of all individuals living in the United States, especially those who have traditionally been left behind. Transportation and mobility play key roles in the struggle for civil rights and equal opportunity in the disability community. Affordable and reliable transportation allows people with disabilities access to important opportunities in education, employment, health care, housing, and community life. Because our nation’s investments in transportation infrastructure have disproportionately favored cars and highways, those who cannot afford cars or do not drive cars often lack viable transportation options. People with disabilities—particularly in rural areas—need accessible, affordable transportation options that bring employment, health care, education, housing, and community life within reach. Unfortunately, adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31 percent vs. 13 percent). Of the nearly 2 million people with disabilities who never leave their homes, 560,000 never leave home because of transportation difficulties. Leaving people out has real costs to the nation. Keeping people with disabilities at home keeps them out of jobs, away from shopping, and out of community life, and it prevents them from making valuable contributions to our society as individuals, as workers, as consumers, and as taxpayers. **Transportation and The Americans with Disabilities Act** the Americans with Disabilities Act of 1990 (ADA) is the landmark civil rights law that addresses the rights of people with disabilities. Title II of the ADA prohibits discrimination on the basis of disability in public transportation services, such as city buses and public rail (subways, commuter trains, etc.). Under the ADA; all new vehicles used in public transit must be accessible; key existing rail stations and all new rail stations and facilities must be accessible; and transit operators must provide paratransit (on-demand, door-to-door) services for those who cannot use available mass transit. **Surface Transportation Legislation** The current legislation that authorizes all highway and transit funding is the 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). SAFETEA-LU authorized $286.5 billion to fund the nation’s transportation network through 2009. It authorizes funds for highways and highway safety and transit programs, including paratransit and grant programs related to transportation for people with disabilities. The bill originally expired on September 30, 2009, and has been extended a number of times as Congress seeks a long-term funding solution for the nation’s transportation infrastructure and considers reauthorization legislation. **Accessibility** Twenty years after passage of the ADA, transportation choices for people with disabilities are still limited. The ADA has led to major improvements in transit systems across the United States. However, there are persistent gaps in compliance that continue to create significant barriers for people with disabilities. In addition, because the ADA only addresses public transportation, few transportation options exist for people with disabilities where no public transportation is available. In some areas, such as in rural communities, insufficient funding has left people with disabilities with little or no transportation options. In urban areas, where individuals often rely on accessible taxis, a lack of requirements has meant very uneven progress.

#### Despite the ADA, public transportation is still inaccessible for people with disabilities

**AAPD,2011**(American Association for People With Disabilities ,"Equity in Transportation for People with Disabilities", 7/16/2012,<http://www.aapd.com/resources/publications/transportation-disabilities.pdf> )

Train travel has also improved, yet still imposes certain obstacles. With regard to previously existing rail systems, **the ADA only requires that key stations be made accessible. Key stations include transfer rail stations, major interchange points, stations where passenger boardings exceed average boardings, and stations serving major activity centers. In cities that have subways, commuter rails, or other systems built before the ADA took effect, including some large East Coast systems such as Boston and New York, there are few accessible stations. Requiring only key stations to be made accessible, rather than incrementally making all existing rail stations accessible, has led to gaps in accessibility. Furthermore, it is difficult to agree on a “key” station. Any station is key to those who use it. A significant barrier on some rail systems is a lack of elevators or the failure to maintain elevators in working order and to inform riders when they are out of service. Issues with platform accessibility also continue to deter individuals using mobility assistive devices from accessing rail systems. Overly wide gaps between the train and the platform can be problematic.** While newer systems have been built with minimal gaps, **older systems have larger gaps that can make transportation prohibitive. Stop announcements for people with visual or cognitive disabilities are often unreliable, when agencies fail to test systems regularly, monitor them closely, and make changes necessary to ensure that they function properly**. **When people with disabilities cannot access a station or bus stop, they may be forced to go out of their way to find one that is accessible, and in some cases, this may make travel prohibitive.**

#### Thus the plan: The United States federal government should substantially increase its investment in universally designed transportation infrastructure in the United States.

#### Advantage 1: Automobility

Federal spending associated with automobility is a form of segregation that provides the mobile able body, we must strive for a reduction disparity in mobility

Langan, associate professor of English at the University of Californiaat Berkeley, in ‘1 [Celeste, “Mobility Disability” in Public Culture 13(3): 459–484]¶

As Wasserman points out, the issue of disability rights raises two central problems.¶ First, as noted above, the problem is deciding among competing claims for¶ the redistribution of resources. The second problem is the possibility that “securing¶ the right of people with disabilities to ‘live in the world’ demands an indefinite¶ commitment of resources” (Wasserman 1998:180). Even if it were possible¶ (though I maintain it is not) to formalize a category of physical disability that did¶ not depend on the rejected medical model but was still capable of distinguishing¶ between socially constructed physical impairments and socially constructed¶ poverty, the retrofitting of the public sphere to make it fully accessible to the disabled¶ is not a one-time expenditure. Wasserman (1998: 179) quotes one judge distressed¶ by this implication of the Rehabilitation Act of 1973:¶ What must be done to provide handicapped persons with the same right to¶ utilize mass-transportation facilities as other persons? Does each bus have¶ to have a special capacity? Must each seat on the bus be removable? Must¶ the bus routes be changed to provide stops at hospitals, therapy centers,¶ and nursing homes? Is it required that buses be able to accommodate¶ bedridden persons?¶ This barely suppressed rant demonstrates the ambiguity of what the ADA will¶ later identify as “reasonable accommodation.” There are, of course, different¶ ways of imagining what constitutes a “reasonable” expenditure to facilitate the¶ full participation of disabled people. But the issue has real effects. In her review¶ of the impact of the ADA on accessible transportation, Rosalyn Simon (1996:¶ 300) establishes two important trends: “paratransit services grow steadily to meet¶ increasing demand and utilization of increasingly accessible fixed-route systems¶ remains low.” It is difficult to reconcile this apparent preference and growing¶ diversion of resources with the premise of the ADA, for as Simon (1996: 306)¶ goes on to point out (and as Silvers would undoubtedly insist),¶ The ADA is a civil rights statute, not a transportation or social service¶ program statute. The ADA clearly emphasizes non-discriminatory access¶ to fixed-route service, with complementary paratransit acting as a safety¶ net for people who cannot use the fixed route system. Under the ADA,¶ complementary paratransit is not intended to be a comprehensive system¶ of transportation for individuals with disabilities.¶ Moreover, Simon (1996: 319) suggests, the unintended expansion of paratransit¶ is having a measurably negative effect on what we might call a general “social¶ progress” in mass transportation: “Paratransit is becoming a disincentive to fixed¶ route expansion, as transit systems admit limiting the expansion of fixed route¶ service because of the corresponding paratransit service area implications.”¶ Of course, what this focus on the possibly negative effects of ADA provisions¶ on the availability of mass transportation in general risks leaving out of consideration¶ is the far larger public funding of automobility for the (ostensibly) nondisabled.¶ We do not frequently consider federal spending on new or retrofitted highways¶ in the same light in which expenditures on curb cuts, ramps, or wheelchair¶ lifts for buses are regarded—either as a luxury or as a questionable redistribution¶ of resources. Yet, spending on highways does amplify the mobility of some, and¶ it may decrease the free range of others. But this means that spending on curb¶ cuts, chair lifts, and accessible bathrooms might also affect the mobility of others.¶ It suggests the inadequacy of imagining the repair of social injustice on the model¶ of automobility.¶ What are we to do, then, in the situation that now obtains, in which the privileging¶ of “disability” over other disadvantages threatens to become a real issue?¶ Shall we, because cuts in public transportation would appear to dispossess¶ equally all citizens of that mobility option, decide that it is nondiscriminatory? Or¶ do we weigh into the equation the fact—proved in the legal case the Bus Riders¶ Union brought against the Los Angeles Metropolitan Transportation Authority¶ (the subject of one of the Wexler documentaries, discussed below)—that cuts in¶ the extent and frequency of service have disproportionately negative effects on a¶ population that can be classified not in terms of race, gender, or physical disability,¶ but rather as transit dependent? I want to insist that the development of what¶ might be termed, after Bullard and Johnson 1997, just transportation, entails the¶ continued attempt to diminish disparities in relative mobility, rather than (as Silvers¶ and others would have it) merely maintain disparities of class across disabled¶ and nondisabled populations. Otherwise, the problem of segregation—which disability¶ activism makes the cornerstone of the claim for redress from discrimination—¶ will not have been fully addressed. Even Silvers (1998: 21) suggests that¶ paratransit fails to fulfill the spirit of the ADA on these very grounds. “We should¶ recognize,” she writes, “that both public and private special services programs for¶ people with disabilities are aimed at individuals whose participation is feared to¶ disrupt the efficiency of our ordinary transactions.”¶ Surely it is not merely coincidental that both the civil rights movement against¶ race disability and the more recent (physical) disability rights movement should¶ have focused particular attention on access to public transportation. Although I¶ have been somewhat selective in my accumulation of examples, it is certainly the¶ case that mobility is a far more frequent subject of disability scholarship than¶ sensory or cognitive difference. So much public funding and public property is¶ devoted to transportation that the identification of citizenship with physical¶ mobility is somewhat inevitable. But there is, as I have suggested, a split in that¶ identification: the notion of freedom attaches to the automobile, symbol of privacy¶ and relative social mobility, while mass transportation represents the bottom¶ limit, or floor, of equality. This opposition is, of course, patently false, since¶ the extent to which supposedly “private” modes of transportation are subsidized¶ by public funding projects can be documented. But the conceptual hierarchy of¶ transportation options also lends a particular affect to the figure of the bus, generally¶ framed as the poorest relation.¶ The bus has a history of enabling and extending participation in the public¶ sphere. We might invoke Washington Irving’s (1864: 455) description of the 1832¶ Reform Bill—“the great reform omnibus moves but slowly”—as a particularly¶ telling example, for although Irving may have meant to indicate nothing more¶ than the generality and internal contradictions of the bill, the prototype of the¶ modern bus was making its appearance concurrently in the streets of Paris; during¶ the July Revolution, the Annual Register (1830: 188) reported, “A barricade¶ was formed across the street by one of those long coaches to which Parisians¶ have given the name omnibus.” The bus is a singularly slow vehicle of transportation—¶ a traveling cripple, one might almost say, when compared to other¶ forms of mass transportation or even the automobile—because it has more interests¶ to serve. Having usually a greater number of points for access and departure¶ along its fixed route, the bus is more irregular in keeping its appointments; it is¶ this openness to contingency that makes it, finally, not only a portion of the public¶ sphere, but also a figure for the transitivity or progressive aspect of that public¶ sphere. Or that is the lesson, I hope to show, of the remarkable series of documentaries¶ by the filmmaker Haskell Wexler.

#### United States automobility policies are modeled globally

Springs 7 [Mary Alice, School of humanities @ college of charlston “Inequity in transportation: The Problem with Auto Hegemony]

While problems with auto hegemony have only recently surfaced in wealthy nations, poor nations are evidently experiencing immediate drawbacks. In describing this trend in the worldwide proliferation of the automobile, Peter Freund and George Martin explain several reasons why poor nations have “[faced] challenges in their attempts to adopt the automobile culture” (226). Adopting fellow sociologist Dr. Wolfgang Sach’s terminology, Freund and Martin refer to the first world countries as the global “north,” the location of the majority of industrialized nations, and third world countries as the global “south,” where most of the developing nations are located (227). In the south, the car culture has only spread to a minority population consisting of the elite and middle class (Freund and Martin 229). Because only a small percentage of people in the global south are car owners, there is still diversity in transportation choice (Freund and Martin 229). Many of the southern nations are “relatively poor and debt-laden,” which makes auto transport costs less socially constructive because it drains scarce public resources (Freund and Martin 229-30). However, because the elite minority has the most political influence, chances are that these costs will continue to rise as the facilities needed to maintain efficient use of the automobile will most likely continue to expand at their request. South Africa serves as a viable case study. As a result of extreme dissonance between wealth and poverty, South Africa has one of the worst traffic safety records in the world (Freund and Martin 232). The few luxury cars that are on the road are mixed in with “overcrowded trucks (used as buses), donkey carts, cows, and pedestrians to produce a deadly combination” (Donald McNeil qtd. in Freund and Martin 232). Freund and Martin observe that “black townships do not have sidewalks, adequate lighting, or pedestrian overpasses on the roads through which affluent-owned high-powered vehicles race” (Freund and Martin 232). The residual impact of Apartheid is evident in the fact that “one out of two white South Africans owns a car [while] only one of 100 blacks do” (John Griffin qtd. in Freund and Martin 232). In many cities in China, along with Bombay, Jakarta, and Calcutta, rickshaws are starting to be viewed negatively because they are seen as “archaic” and impede the flow of auto traffic, and therefore have been banned from the streets in several cases (Freund and Martin 233). In these urban areas, this policy greatly infringes upon household incomes where many of the poor propel these non-motor vehicles to earn money (Freund and Martin 233). The authors also note that arable land is in scarce supply in the global south more so than those in the north (Freund and Martin 231). As Robert Smith observes, China has four times the population of the U.S. living on about the same amount of land area (qtd. in Freund and Martin 231). A large proportion of the country is either desert or mountains, so “its population is crammed into dense concentrations around river valleys” (Smith qtd. in Freund and Martin 231). As a result, China must feed its population, which makes up one-fifth of the world’s population, on less than one-fifteenth of its arable (Smith qtd. in Freund and Martin 231). Meanwhile, other southern countries such as Egypt, Bangladesh, and Indonesia face the same situation (Lester Brown qtd. in Freund and Martin 231). For Freund and Martin, this situation in the developing world begs the question, “does it make sense for [these countries] to pave over arable land or land usable for dwelling spaces?” (231). It is evident that the same inequality that exists in the United States due to auto hegemony is spreading on to a global scale via the ever-increasing presence of the global capitalistic economy. However, if the United States can set a better example for establishing a more diversified repertoire of transportation choices, then hopefully developing countries, such as China, will follow this example rather than continuing down the more conventional but hazardous path toward auto hegemony.

**Car culture results in millions of deaths and injuries per year: it ensures both the production of impairments and continued exclusion of people with disabilities, ensuring shorten life spans for countless individuals.**

**Aldred and Woodcock 08** [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pgs 7-9; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

The case of transport demonstrates the importance of extending the social model to deal with¶ impairment. By this **we do not mean returning to the medicalised focus on individual experience¶ and suffering criticised by disability theorists** (Oliver 1990). Rather **we mean theorising how¶ impairment is socially constructed discursively** (disabling structures shaping our concepts of **what¶ is an “impairment”**) and materially (economic and social forces producing such impairments). This¶ latter, linking social theory to critical epidemiology, is particularly crucial to people in the Global¶ South at higher risk of injury from war, unregulated toxic industries, road crashes, etc. (Stone¶ 1997). “As far as the majority of the world’s disabled people are concerned, **impairment is very¶ clearly primarily the consequence of social and political factors.**” (Abberley 1997:9). **For transport¶ this approach can connect the threat of environmental catastrophe** (hence “eco-social model**”) to¶ the creation of impairment and disability within a movement for inclusive, sustainable¶ environments.¶ Road traffic injuries are a major cause of temporary and permanent impairment. The W**orld **H**ealth¶ **O**rganization **estimates that 1.2 million people were killed and 50 million injured on the roads** in¶ 2002 (Peden et al 2004), **most pedestrians in low income countries**. Even in the UK there is a¶ strong class gradient for injury risk. In the European Union more than 150,000 people are¶ 8¶ permanently disabled by crashes each year (Peden et al 2004).¶ **Motorised economies construct diverse roads to impairment and ill-health** (Woodcock et al 2007).¶ **The stress of traffic noise and danger can harm mental health**, as can post-traumatic stress after¶ an injury. In the longer term **urban sprawl entrenches inequalities and depletes social capital.**¶ Cross-sectional studies show worse self-reported health among people living in sprawled cities¶ (Strum 2004).¶ As Crow (1999:8) comments, the types of interventions made to prevent impairments matter¶ greatly, and should interest disability theorists. Currently “[t]he isolation of impairment from its¶ social context means that **the social and economic causes of impairment often go unrecognised**.”¶ Those “at risk” are targeted at an individual level: for transport safety this has meant protecting,¶ restricting, and marginalising vulnerable road users (e.g. USA laws forbidding “jaywalking”) while¶ leaving the source of danger unchecked. This approach increases physical inactivity, a major¶ cause of impairment through conditions including diabetes with its associated risks of visual¶ impairment and amputations (Williamson 2004). **Disabled people, disproportionately excluded from¶ the streets, have higher rates of physical inactivity and obesity** (Ells et al 2007).¶ Traffic noise is the main source of noise pollution, disrupting sleep and increasing cardiovascular¶ risk (Dora and Phillips 2000). **Air pollution creates impairment through respiratory morbidity,¶ allergic illness and symptoms, cardiopulmonary mortality, non allergic respiratory disease, and¶ myocardial infarction** (Krzyzanowski et al 2005). Many of **these conditions can limit mobility**. People¶ with impaired mobility or other disabilities may move more slowly through traffic and so suffer¶ greater exposure to pollution.¶ **Transport leads us to analyse the process of disablement** with its biological and social¶ components, including social organization and oppression, functional limitation, impairment, and¶ pathology. A recent study found that for a given level of physical function, older adults reported¶ greater independence in more walkable environments with mixed land use (Clarke and George¶ 2005). **Analysis** from the USA **found** **living in an area with excessive noise, heavy traffic, or limited¶ access to public transportation to be important risk factors for faster functional decline in older¶ people, even after adjusting for health behaviours such as physical activity**. **Residents of such¶ areas were more likely to be female, black, and poor** (Balfour and Kaplan 2002).¶ These processes can be understood through the eco-social concept of embodiment, meaning how¶ we literally incorporate the world we live in over the life course (Krieger 2005). An embodied¶ account integrates social life and its structures of power, production, and consumption with our¶ biology**. Roads to disability and disadvantage are not coincidentally joined but represent theplaying out of social processes, including capital accumulation, impoverishment, racism, sexism, and disablism**.

#### And, focus on accessible transit solves the ideology of disability reinforced by car culture.

Aldred and Woodcock 08 [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pgs 9-11 ; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

People with mobility impairments would gain much from inclusive urban environments, as would¶ other marginalised road users. Such environments need regular resting facilities for wheelchair users, visually impaired people, stick users, and others (Wixey et al 2005). However, this way of being in the world is marginalised by motor-centric cities; it is more pleasant to speed along a busy,¶ noisy road by car than to sit down by it. Policies to promote social participation and health – and¶ avoid environmental crisis – demand fundamental change. This means challenging car dominance¶ in favour of accessible, inclusive environments with major increases in walking and cycling, and a¶ major reduction in car use. Even now most trips are short trips; in London 72% of car trips are less than 8 km long, a distance suitable for cyclists or vehicles of similar speed, such as electric scooters. However, like the¶ Department of Transport’s handbooks on transport (1982 onwards) the DPTAC prioritises private¶ cars, stating that for many disabled people private cars are the only form of accessible transport,¶ and that restrictions on car use are negative for disabled people. This demonstrates a failure to understand the harms of car based transport systems and to imagine how people with impairments could benefit from a society prioritising active and green transport. The DPTAC pays little attention¶ to electric scooters and less to cycling. Yet these could play a key role in enabling local mobility, if¶ combined with measures to counteract urban sprawl and provide employment, services, leisure¶ activities, and retail close to where people live.¶ BOX: We conducted expert interviews with two people involved with disability cycling to¶ supplement our analysis in this under-researched area. Their words are paraphrased below to¶ indicate the potential options, and possible benefits from cycling.¶ Jim Blakemore recently set up Bikeworks, a not for profit inclusive cycling company, in East¶ London. Currently his activities include cycle training for adults and children with learning¶ difficulties (on traditional two wheelers and recumbent bikes, tricycles, and linked cycles) and for¶ people with obesity referred by health professionals. For some people cycling is primarily exercise,¶ fun, and independence, whilst for others a form of transport, perhaps an accompanied cycle¶ journey (e.g. cycle trains, linked cycles, or multi-user cycles) replacing a taxi or community bus ride¶ Paul M. Smith sits on the British Handcycling Association Committee and studies health benefits of¶ handcycling, suitable for many wheelchair users (and others). He finds that handcycling offers¶ considerable health benefits, improving energy balance, developing aerobic fitness, and¶ 10¶ postponing secondary diseases. It is less likely to result in overuse injuries sustained by wheelchair¶ users. Handcyclists travel considerably faster than a standard day wheelchair and can cope with¶ varying terrain more effectively. Some handcycles can be attached to the front of wheelchairs,¶ while others resemble recumbent bicycles.¶ Jim and Paul agree the biggest barriers to take-up are knowledge and cost. Many disabled people¶ cannot afford traditional or modified cycles, even though they are much cheaper than modified¶ cars. Unlike modified cars, there is no national subsidy scheme available, and very limited project¶ funding is available.¶ Jim finds that other problems include stereotypes: support workers may assume that people with¶ learning difficulties are unable to cycle, whereas they may actually only need additional training.¶ There is a lack of instructors and inclusive, effective cycle training is only now being developed.¶ The health benefits from increasing active travel, makes it important that people with impairments¶ are not excluded. Cycling can be more inclusive than is often realised (see box) and a range of¶ electric scooters exist, with speeds ranging from cycling to walking paces. Smaller and lighter than¶ cars, these vehicles have much lower greenhouse gas emissions, and a much smaller environmental footprint. If necessary they can be enclosed. Scooters could offer a high degree of¶ independent non-car based mobility, with door to door access, in the urban environment. But in a¶ system prioritising the car and those without impairments, these vehicles appear inferior – and the¶ risk of injury in heavy motorised traffic is real. This can lead to conflict on the pavement as vehicles¶ better suited for the road compete with pedestrians.¶ Cycling for disabled people is a neglected area lacking support. Small organisations, often reliant¶ on short-term grant funding, exist in some areas including Jim’s Bikeworks in East London and¶ Cycling Projects in North West England. York-based Company of Cyclists provide disability try-out¶ roadshows stating that “[c]ycling is liberating for disabled people …[y]et the potential and the¶ possibilities are largely unrecognised by both the public and professionals in the caring services.”¶ Increased financial, social, and organisational support are needed to realise this potential.¶ In a society that prioritised active and green transport, all people travelling by active modes, semiactive modes (pedal cycles with a small electric motor), and small electric scooters would be much safer than at present. As the number of cyclists increases, so cycling becomes safer (Jacobsen¶ 2003). There would be a range of low energy travel options, with low maximum speeds, and urban¶ speed limits of 20 mph or less producing much safer and calmer environments.¶ Such an environment would not re-create the current “disabled”/”non-disabled” binary. A range of¶ 11¶ active transport options would be used (including skateboards, scooters, and rollerblades). Many¶ people with impairments can use traditional cycles, including some who find walking difficult.¶ Electric scooters and power-assisted cycles (foot or hand pedal) would fulfil important functions; in¶ hilly terrain, for longer journeys, or when pulling heavy loads. Taxis would retain a role, although¶ they could be replaced by light electric vehicles, rickshaws, and tandems. For long distance travel, a comprehensive and accessible public transport system is essential. However, here we concentrate on the majority of journeys that could be substituted by pedestrian travel, cycling, or electric scooters.

### Adv 2: Stigma

Current transportation infrastructure relies on segregated services for people with disabilities, enforcing a naturalized binary between abled and disabled stigmatizing these bodies with their association with second class services.

Silvers 1996 (Anita, professor and chair of the Philosophy Department, San Francisco State University, Disability, Discrimination, and Difference, pg 23-26)

A segregated system is sometimes thought to be more responsive to the "special" needs of people who cannot see, hear, move, think, or perform other activities as well as most. But segregation has drawbacks. Segregated facilities and special programs are often not as efficacious in providing ordinary services as facilities and programs with similar objectives that serve the broad public, especially when the population being segregated is a powerless one. Of course, some separate educational facilities for children who are deaf or blind offer important training in special adaptive techniques such as using a cane for mobility, effective instruction using appropriate formats or modes such as signing (in American Sign Language) rather than speech, and, in addition, excellent opportunities to learn subject matter. Too often, however, becoming qualified to teach in special education settings substitutes acquiring information about disabilities for mastering the academic subject matter youngsters with disabilities, like all others, should learn from their teachers. Sociologist and disability studies scholar Mike Oliver comments, "There is no doubt that the medical hegemony in special education has hardly been challenged."18 For this reason, children with disabilities who have been in segregated schooling tend to be less well prepared than other children to exercise the skills and display the knowledge of basic subjects such as English, math, and science. Separate "paratransit" systems manifest similar problems in respect to the level and quality of service. These van systems almost never maintain full schedules or routes, nor do they provide on-demand service for tourists and other users unable to schedule days or weeks in advance. Furthermore, these systems tend to be so unreliable, even when booked in advance, that people cannot use them to get to jobs. Nor do they have the capacity to serve all who have to use them. Because special paratransit services are notoriously oversubscribed, individuals with disabilities must compete against each other for transportation. Until recently, cab companies have viewed accessible transportation as a market reserved for paratransit, which is subsidized at the public expense. Consequently, wheelchair users have had little alternative to paratransit and therefore have had only compromised access to the lifestyle that "ondemand" urban transportation supports. Now, however, municipalities, especially those in "sunshine" localities coUrting "elderly" tourists and emigration by retirees, have created accessible taxi service through a variety of low-cost methods, such as offering scarce taxi medallions on a preferential basis to whichever of the competing taxi proprietors agree to equip a percentage of their vehicles with fold -out manual ramps. There are, then, three devastating problems with imagining that treating people with disabilities justly means creating programs to serve their "special needs." First, to calm fears about compromising the efficiency with which non disabled people enjoy ordinary public services, segregated systems isolate people with disabilities. Paratransit systems, special education classrooms, and exemptions £i.-om paying certain fees because a facility is not fully accessible to those with disabilities are examples where programs are created on the supposition that people with disabilities need special services (as some undoubtedly do), but the existence of special services then is made an excuse, or worse, for denying all who are disabled access to ordinary public services. What has been less often noticed about segregated systems of special services is that they place the interests of individuals with disabilities in competition with one another for access to whatever resources nondisabled people are willing to allocate to the disabled. Unlike competition for other kinds of goods, however, there is no suggestion that contests between people with disabilities for disability benefits stimulate achievement or productivity. So, second, systems whose structures foment such competition are unredeemingly damaging. To illustrate, the Swedish boendeservice system provides centralized attendant service in semi-institutional settings for seriously disabled people. To try to gain a competitive edge over other residents so as to obtain a higher priority for their personal care, residents vie with each other to develop personalities that are nonoffensive and appealing to the staff.19 Third, to be viable, schemes that sequester disabled people by providing special services and benefits must distinguish reasonably accurately between individuals whom restorative, rehabilitative, or adaptive measures can make capable of effectively contributing to production and those whom neither medical treatment nor accessible environments can keep from impeding it. Otherwise, the productive people whose work supports the system will perceive it as draining rather than fortifYing productivity and also as unjust because it offers some otherwise able people a ticket out of the workplace. But, as Jerry Mashaw, chair of the Disability Policy Panel of the National Academy of Social Insurance, comments, efforts to apply such distinctions must abandon the traditional procedural controls associated with just decision making because "adopted wholesale, these forms would be, to say the least, dysfunctional." So, Mashaw concludes, any program that relies on making such eligibility decisions about who is so impaired as to deserve services and support "cannot escape giving the impression ... that its ... processes ... are a form of second -class justice. "20 Furthermore, eligibility decision processes that incorrectly purport to separate out just the truly incompetent run the risk of arbitrarily limiting anomalous but competent people. By stipulating which impairments constitute sufficient conditions for needing care, the benefits eligibility process a priori identifies having those impairments with being incompetent. We should not underestimate the invidiousness of criteria that falsely purport to have found the line between competence and incompetence when it is simply separation they serve. In this regard, the discourse of twentiethcentury disability resembles earlier discourses on race. Kwame Anthony Appiah cautions, "Remember always why the intellectual incapacity ... of blacks is invoked ... as part of a catalog of differences, which, when taken together, make it certain that blacks and whites .cannot live together as equal citizens. "21 A similar purpose is served by the catalog of impairments or dysfunctions that carry entitlement to disability benefits.

#### Segregated systems ensure that people with disabilities will remain invisible and excluded from political and public spaces of interaction. This creates a central dependency of people with disability on charitable welfare services while ensuring that their voices are never heard.

Sinyo 2011 (Josephine, first blind woman lawyer in Kenya. She is a trailblazer in politics for people with disabilities in Kenya, CHALLEGES OF DISABILITY, VISIBILITY, AS A HUMAN RIGHTS AGENDA A PAPER PRESENTED ON THE 8TH SEPTEMBER BY JOSEPHINE SINYO AT LELDEN NETHERLANDS. <http://www.scribd.com/doc/57772810/Disability-Presentation-Josephine-Sinyo> 2011)

The relative invisibility of people with disabilities can have a dramatic impact on their enjoyment of civil rights. The right to life has been violated through abortion on the basis of disability. Euthanasia legislation and the phenomenon of selective medical non-treatment are challenges that still exist. The right to freedom from torture and from inhuman and degrading treatment may also be violated where people with disabilities are institutionalized. Persons with mental disabilities or multiple or profound physical disabilities are particularly at risk. However well regulated institutions may look on paper, the regulations may simply not be applied in practice. Standards of care and treatment institutions may fall short of what is required to respect the value of human dignity and autonomy. In the past, the rights of these marginalized and forgotten groups have not been championed either from outside the system (by NGOs) or from within, although there has been a palpable change in recent times. If society lived up to its aim of achieving an independent life for all, many such institutions would not exist. The right to liberty is affected by institutionalization, also in the case of civil commitment of the mentally ill. There have been many changes for the better in “due process” requirements in cases of mental disability and in the development of a substantive right to treatment. But much still needs to be done. The fact that the norms applied to civil commitment in the past contrasted sharply with the structures of due process used in normal criminal trials shows the extent to which people with mental disabilities were viewed as “different” and how this difference was used to justify radically different levels of legal protection for their rights and interests. If one adopts a more imaginative approach to the concept of liberty, a host of challenges emerge. Most people take for granted the ability to move about in the built environment and to use normal channels of communication. They factor this into their background understanding of liberty. But although this ability is not universal, mainstream facilities are not designed on an inclusive basis. It is important to characterize inaccessible transport, an inaccessible built environment and an inaccessible communications environment as factors that detract to such an extent from the value of liberty that they call into question its existence for people with disabilities. This is an admittedly broad definition of liberty. Yet if liberty is not defined broadly for people with disabilities, it is of little worth to them. Many restrictions are still placed on family and privacy rights for people with disabilities, specially those in institutions, throughout the world. Their right to adopt children on an equal footing with other is a virtually unrecognized issue on which little has been written. Some categories of persons with disabilities seem not to enjoy full freedom of association. Legal incapacity still exists with respect to participation in legal proceedings and the giving of evidence. These rules seem to be premised on outdated notions of incapacity that fail to do full justice to the actual capacities of persons with disabilities. Equality norms in constitutions and other legislation often fail to cater adequately for the difference of disability. This situation is changing but a great deal remains to be done. (d) Effects of invisibility on political rights Persons with disabilities often have no voice or a very feeble voice in the democratic process. Even where they have a strong voice, they are not necessarily listened to. A lack of participation in the political debate can result in policy being formed without the active involvement of groups likely to be affected by its outcome. It can lead to alienation from democratic processes and cynicism about the possibility of achieving justice through law. It can also lead to passivity and dependence factors that serve to reinforce stereotypes, compounding and perpetuating the invisibility of persons with disabilities. The right to stand for election and the right to vote are sometimes explicitly withheld from persons with disabilities. Even if the right to vote is protected by law, in practice a myriad of factors can render it hollow. These include the lack of accessible polling station, material (for example in Braille), campaign literature, transportation to and from polling stations. Over the past decade or so the disability NGO movement has grown considerably. Grievances are no longer experienced in isolation. Disability NGOs are beginning to speak a common language, the language of rights and to engage the political system directly. This phenomenon is worldwide and a hopeful sign for the future. But if people with disabilities are to make the most of it,existing impediments to political participation need to be removed. (e) Effects of invisibility on social policy The assumption that people with disabilities were objects and not subjects and the tendency to react with pity rather than respect has had implications for the operation of welfare systems. Welfare was generally used to support people with disabilities or to compensate them for their absence from the mainstream of society. Governments treated disability solely as a welfare issue. The invisibility factor was discernible in the way many systems excluded children with disabilities from the ordinary education system and the benefits of vocational education and guidance. Where they were admitted to the mainstream, the resources appropriated to these children were often insufficient to ensure meaningful enjoyment of the right to education. When children with disabilities qualified and gained entry into colleges, they still faced seemingly insurmountable obstacles. Invisibility was also discernible in the assumption that people with disabilities had virtually no role to play in the open labour market. They were therefore channeled into segregated (and expensive) work environments. Employment prospects for persons with disabilities throughout the world are still dismal, to some extent reflecting low (unnecessarily low) levels of educational attainment and to some extent unwillingness to ensure that labour markets respond appropriately and positively to the difference of disability. Either way, we would argue, everybody loses, including the taxpayer. Working conditions in sheltered and other alternative forms of employment leave much to be desired in terms of the human rights of disabled workers. (f) Effects of invisibility on freedom To sum up, the relative or absolute invisibility of persons with disabilities has meant that the legal structures created to advance private freedom (protection against the abuse of power) and public freedom (participation in the mainstream) have either not been applied or have been applied with less rigour in the case of people with disabilities. This has produced a category of person who, while being dependent on the public sphere for survival, lacks access to or influence over public policy. Such persons are denied full admission to public power and full control over their individual destiny. They rain outside the mainstream of civil society. This lack of presence ? or invisibility? serves to reinforce stereotypical assumptions about the incapacity of persons with disabilities. It encourages a lack of respect for people with disabilities as rights holders on an equal footing with others.

The segregation of people with disabilities underlies able-nationalism, where the national body is purified of abnormal bodies, discourses, and activities.

Snyder & Mitchell 2010 [Sharon L. Snyder, founder of Brace Yourselves Productions and the director of four award-winning films  David T. Mitchell ssociate Professor in the Curriculum, Instruction, and Technology in Education Department in the College of Education at Temple University. “Introduction: Ablenationalism and the Geo-Politics of Disability”  Journal of Literary & Cultural Disability Studies, Volume 4, Number 2, 2010, pp. 113-125]

A key conflation of nation and able-ism has been emerging since at least the late eighteenth century in countries enduring processes of industrialization and post-industrialization. With a nod to Jasbir Puar's influential formulation of homonationalism,1 we call this convergence "ablenationalism"—the degree to which treating people with disabilities as an exception valorizes able-bodied norms of inclusion as the naturalized qualification of citizenship. Disability Studies critiques are based on an analysis of the repetition of human predicaments—or, more precisely, a parsing through of the ever multiplying modes of non-normalcy—as people with disabilities encounter the inflexibilities of key social institutions such as healthcare, religious gatherings, communities, work places, schools, families, etc. These sites of interaction exclude some populations inequitably based on differences that cannot be adequately accommodated. Yet, while disability has been recognized as a social, material, and manufactured terrain, its basis in bodies as well as ideologies also provides opportunities for unique combinations of social becoming. Attention to the lived intricacies of embodiment offer alternatives to normalization efforts aimed at homogenizing social outsiders. As such, the interactions of disability cultures, as Anne Finger emphasizes in the film Vital Signs: Crip Culture Talks Back (1995), will always be self-consciously generated around the politics of exclusion and the alternatives that such exclusions precipitate. The historical development of ablenationalism results in the modern formation of disability as a discrete, sociological minority. In order to locate people with disabilities under market capitalism one must often look beyond the margins of surplus labor to those classified as "deserving poor" by national regimes. In emphasizing severity of incapacity as primary to a devalued identity, discourses of policy, economics, health, rehabilitation, and citizenship support [End Page 113] practices of charity as voluntary instances of conspicuous contributions to sustain them and the bureaucratic provision of supports and services. Whether nation-state or market-supplied, ablenationalism's calculated provision (and non-provision) of services based on principles of detecting and qualifying bodies as "too impaired" for meaningful labor underscores the degree to which the category of "deserving poor" is a highly guarded space of ostracization. The best result, from the perspective of the modern state, may be to have hordes of individuals not fully recognized as part of the "deserving poor" while simultaneously existing on the social scales of impoverishment. Disability Studies maps the coordinates of these populations in order to deepen an understanding of the degree to which disabled people find themselves "locked in or locked out" of meaningful cultural interactions with others. This mapping imperative involves the advent of alternative outlines of human existence not formally recognized within systems of ablenationalism. One result of this effort is the ability to begin undertaking necessary comparisons and contrasts between people with disabilities around the globe. This is not in order to draw up universalizing conclusions about duplicative states of social rejection (the forms of social rejection experienced by people with disabilities are often quite unique), but rather to gain an understanding of the nuances of ablenationalism's tactics on a global scale. Geo-politics, then, draws upon identifications of shared predicaments of exclusion and isolation while also allowing ways of revaluing the demographics of disability as counterinsurgent opportunities to resist the dictates of ablenationalism. In part, these resistance strategies manifest themselves as necessitated survival strategies in response to violence and orchestrated campaigns of neglect. The contributors in this special issue of JLCDS seek to parse through the particularities of exclusions (both within and without the borders of post-industrialization) in order to lay the groundwork for alternative responses to transecting forces of globalization. Alternatives to Consumptive Lives By and large the disability professions determine that disabled populations merit rescue from labor force exclusions through the enactment of anti-discrimination policies and the provision of near-subsistence level medical and social services. Within these neo-liberal intervention strategies disabled bodies are relegated to the ranks of surplus employment that may indeed drive labor costs down. Yet, at the same time the particularities of bodily accommodations [End Page 114] necessarily send people with disabilities into circulation as consumers of medical and social services assistance. This entry of disabled "consumers" into market systems becomes an odd and nuanced affair in that the basis of those classified as consumers usually requires "purchasing power," the one thing that the majority of disabled people do not possess. Furthermore, and perhaps most to the purposes of understanding disability experience from the inside out, is the demand to circulate as a paradigmatic patient-consumer with significant needs. Efforts to operate in this circuit of basic creature needs results in bureaucratic onslaughts of other creatures' rights to determine the coordinates of one's care, supports, inclusion, reproductive life, value, and, perhaps, accompanied by low-level treatment, as one whose payment is actually debated and negotiated among third parties (such as medical service organizations, assistive technology suppliers, and insurance companies). At the utopian end of progressive democracy, self-pay policy initiatives without remunerated labor power constitute the luxury addendum to this order of things, whether in the form of "money follows the person" or enrollment on a regular "dole" under social-democratic regimes. Within the interstices of the geo-politics of Disability Studies we become all too aware that urgent questions of wartime economies and the perpetual resort by governments to declarations of a state of emergency quickly displace even the acute phases of peacetime negotiations among groups seeking to secure necessary augmentative equipment. The advent of disability, then, plays a critical role in predominantly aesthetic efforts to represent the nation as synonymous with a narrow array of acceptable body types. Bodies that function across a range of variations are characterized by their possession of a fluid, adaptive ease among inflexible, human-made environments. Puar names this set of relations "assemblage," in the sense that the emphasis moves from an additive concept of devalued essences encountered in theories of intersectionality to a locus of interchanges and exclusions (174). In recent theories of corporeality highlighted by social theorists of the body such as Eve Sedgwick, Elizabeth Grosz, and Brian Massumi, environments are sculpted by corporeal creativity as much as they deterministically channel expressions into acceptable circuits of hetero-normative outputs. Their work collectively provides some tools that Disability Studies may adopt for ways to recognize the active give-and-take between the virtual (prosthetic) and organismic (affective) as they constitute sites of promise for cultural renewal rather than merely yielding further examples of social determinism (what Sedgwick calls the products of "paranoid criticism" [125] and Massumi refers to as "the cultural solipsism" of constructivism [39]). [End Page 115]

#### Exclusion of disabled bodies underlies all forms of oppression and mass death; All oppressive systems operate by isolating and eliminating people with traits deemed inferior and deviant. Only by reconceiving how disabled bodies appear can we begin to undo the underlying justification for all forms of violence against disqualified populations.

Siebers 2010 (Tobin, professor of English, University of Michigan, Disability Aesthetics, pgs 23-28)

Disqualification as a symbolic process removes individuals from the ranks of quality human beings, putting them at risk of unequal treatment, bodily harm, and death. That people may be subjected to violence if they do not achieve a prescribed level of quality is an injustice rarely questioned. In fact, even though we may redefine what we mean by quality people, for example as historical minorities are allowed to move into their ranks, we have not yet ceased to believe that non quality human beings do exist and that they should be treated differently from people of quality. Harriet McBryde Johnson's debate with Peter Singer provides a recent example of the widespread belief in the existence of non quality human beings (Johnson). Johnson, a disability activist, argues that all disabled people qualify as persons who have the same rights as everyone else. Singer, a moral philosopher at Princeton University, claims to the contrary that people with certain disabilities should be euthanized, especially if they are . thought to be in pain, because they do not qualify as persons. Similarly, Martha Nussbaum, the University of Chicago moral philosopher, establishes a threshold below which "a fully human life, a life worthy of human dignity:' is not possible (181). In particular, she notes that the onset of certain disabilities may reduce a person to the status of former human being: "we may say of some conditions of a being, let us say a permanent vegetative state of a (former) human being, that this just is not a human life at all" (181). Surprisingly little thought and energy have been given to disputing the belief that nonquality human beings do exist. This belief is so robust that it supports the most serious and characteristic injustices of our day. Disqualification at this moment in time justifies discrimination, servi- tude, imprisonment, involuntary institutionalization, euthanasia, human and civil rights violations, military intervention, compulsory sterilization, police actions, assisted suicide, capital punishment, and murder. It is my contention that disqualification finds support in the way that bodies appear and in their specific appearances-that is, disqualification is justified through the accusation of mental or physical inferiority based on aesthetic principles. Disqualification is produced by naturalizing inferiority as the justification for unequal treatment, violence, and oppression. According to Snyder and Mitchell, disability serves in the modern period as "the master trope of human disqualification."4 They argue that disability represents a marker of otherness that establishes differences between human beings not as acceptable or valuable variations but as dangerous deviations. Douglas Baynton provides compelling examples from the modern era, explaining that during the late nineteenth and early twentieth centuries in the United States disability identity disqualified other identities defined by gender, race, class, and nationality. Women were deemed inferior because they were said to have mental and physical disabilities. People of color had fewer rights than other persons based on accusations of biological inferiority. Immigrants were excluded from entry into the United States when they were poor, sick, or failed standardized tests, even though the populations already living there were poor, sick, and failed standardized tests. In every case, disability identity served to justify oppression by amplifying ideas about inferiority already attached to other minority identities. Disability is the trope by which the assumed inferiority of these other minority identities achieved expression. The appearance of lesser mental and physical abilities disqualifies people as inferior and justifies their oppression. Thanks to the work ofBaynton and others, it is now possible to recognize disability as a trope used to posit the inferiority of certain minority populations, but it remains extremely difficult to understand that mental and physical markers of inferiority are also tropes placed in the service of disability oppression. Before disability can be used as a dis qualifier, disability, too, has to be disqualified. Beneath the troping of blackness as inbuilt inferiority, for example, lies the troping of disability as inferior. Beneath the troping of femininity as biological deficiency lies the troping of disability as deficiency. The mental and physical properties of bodies become the natural symbols of inferiority via a process of disqualification that seems biological, not cultural-which is why disability discrimination seems to be a medical rather than a social problem. If we consider how difficult it is at this moment to disqualify people as inferior on the basis of their racial, sexual, gender, or class characteristics, we may come to recognize the ground that we must cover in the future before we experience the same difficulty disqualifying people as inferior on the basis of disability. We might also recognize the work that disability performs at present in situations where race, sexuality, gender, and class are used to disqualify people as physically or mentally inferior. At the current time we prefer to fix, cure, or eradicate the disabled body rather than the discriminatory attitudes of society. Medicine and charity, not social justice, are the answers to the problems of the disabled body, because the disabled body is thought to be the real cause of the problems. Disability is a personal misfortune or tragedy that puts people at risk of a nonquality existence-or so most people falsely believe. Aesthetics studies the way that some bodies make other bodies feel. Bodies, minimally defined, are what appear in the world. They involve manifestations of physical appearance, whether this appearance is defined as the physical manifestation itself or as the particular appearance of a given physical manifestation. Bodies include in my definition human bodies, paintings, sculpture, buildings, the entire range of human artifacts as well as animals and objects in the natural world. Aesthetics, moreover, has always stressed that feelings produced in bodies by other bodies are involuntary, as if they represented a form of unconscious communication between bodies, a contagious possession of one body by another. Aesthetics is the domain in which the sensation of otherness is felt at its most powerful, strange, and frightening. Whether the effect is beauty and pleasure, ugliness and pain, or sublimity and terror, the emotional impact of one body on another is experienced as an assault on autonomy and a testament to the power of otherness. Aesthetics is the human science most concerned with invitations 'to think and feel otherwise about our own influence, interests, and imagination. Of course, when bodies produce feelings of pleasure or pain, they also invite judgments about whether they should be accepted or rejected in the human community. People thought to experience more pleasure or pain than others or to produce unusual levels of pleasure and pain in other bodies are among the bodies most discriminated against, actively excluded, and violated on the current scene, be they disabled, sexed, gendered, or racialized bodies. Disabled people, but also sex workers, gay, lesbian, bisexual, and transgendered people, and people of color, are tortured and killed because of beliefs about their relationship to pain and pleasure (Siebers 2009). This is why aesthetic disqualification is not merely a matter for art critics or museum directors but a political process of concern to us all. An understanding of aesthetics is crucial because it reveals the operative principles of disqualification used in minority oppression. Oppression is the systematic victimization of one group by another. It is a form of intergroup violence. That oppression involves "groups," and not "individuals:' means that it concerns identities, and this means, furthermore, that oppression always focuses on how the body appears, both on how it appears as a public and physical presence and on its specific and various appearances. Oppression is justified most often by the attribution of natural inferiority-what some call "in-built" or "biological" inferiority; Natural inferiority is always somatic, focusing on the mental and physical features of the group, and it figures as disability. The prototype of biological inferiority is disability. The representation of inferiority always comes back to the appearance of the body and the way the body makes other bodies feel. This is why the study of oppression requires an understanding of aesthetics-not only because oppression uses aesthetic judgments for its violence but also because the signposts of how oppression works are visible in the history of art, where aesthetic judgments about the creation and appreciation ofbodi~s are openly discussed. Two additional thoughts must be noted before I treat some analytic. examples from the historical record. First, despite my statement that disability now serves as the master trope of human disqualification, it is not a matter of reducing other minority identities to disability identity. Rather, it is a matter of understanding the work done by disability in oppressive systems. In disability oppression, the physical and mental properties of the body are socially constructed as disqualifying defects, but this specific type of social construction happens to be integral at the present moment to the symbolic requirements of oppression in general. In every oppressive system of our day, I want to claim, the oppressed identity is represented in some way as disabled, and although it is hard to understand, the same process obtains when disability is the oppressed identity. "Racism" disqualifies on the basis of race, providing justification for the inferiority of certain skin colors, bloodlines, and physical features. "Sexism" disqualifies on the basis of sex/gender as a direct representation of mental and physical inferiority. "Classism" disqualifies on the basis of family lineage and socioeconomic power as proof of inferior genealogical status. 'Ableism" disqualifies on the basis of mental and physical differences, first selecting and then stigmatizing them as disabilities. The oppressive system occults in each case the fact that the disqualified identity is socially constructed, a mere convention, representing signs of incompetence, weakness, or inferiority as undeniable facts of nature. Second, it is crucial to remember the lessons of intersectional theory. This theory rightly focuses on how oppressive systems affect the identity of the oppressed individual, explaining that because individuality is complex, containing many overlapping identities, the individual is vulnerable to oppressive systems that would reduce the individual to one or two identities for the purpose of maintaining power and control (Collins 208),5 Intersectional theorists restore a complex view of the individual and fight against creating hierarchies between different identities. For example, the debate whether it is worse to be black or female is viewed as divisive and unproductive. My tactic here is similar. I want to look at identity not from the point of view of the oppressed individual but from the point of view-limited as it may seem and significant because limited-of oppressive systems. Disability is the master trope of human disqualification, not because disability theory is superior to race, class, or sex/gender theory, but because all oppressive systems function by reducing human variation to deviancy and inferiority defined on the mental and physical plane. Intersectional analysis shows that disability identity provides a foundation for disqualification in cases where other minority identities fail because they are known to be socially constructed for the purposes of domination. It is not clear why disability has proven so useful a trope for maintaining oppression, but one reason may be that it has been extraordinarily difficult to separate disability from the naturalist fallacy that conceives of it as a biological defect more or less resistant to social or cultural intervention. In the modern era, of course, eugenics embodies this fallacy. Eugenics has been of signal importance to oppression because eugenics weds medical science to a disgust with mental and physical variation, but eugenics is not a new trend, only an exacerbation of old trends that invoke disease, inferiority, impairment, and deformity to disqualify one group in the service of another's rise to power. As racism, sexism, and classism fall away slowly as justifications for human inferiority-and the critiques of these prejudices prove powerful examples of how to fight oppression the prejudice against disability remains in full force, providing seemingly credible reasons for the belief in human inferiority and the oppressive systems built upon it. This usage will continue, I expect, until we reach a historical moment when we know as much about the social construction of disability as we now know about the social construction of race, class, gender, and sexuality. Disability represents at this moment in time the final frontier of justifiable human inferiority.

### Adv 3: Justice

#### Current conceptions of disability and public policy ensure the production of a socially unjust order: focus on efficiency and utility ensure that people with disability remain incapable of participating in society.

Bickenbach 2009 (Jerome E. Professor of Philosophy and Law at Queen's University, Canada, and consultant for the World Health Organisation. “Disability, non-talent and distributive justice” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Thus, as Wasserman has remarked (1996, 1998), impairments are relevant to social justice in two different ways: as functional deficits and social markers. Some social responses view impairment as functional deficits that get in the way of a person's social participation; others emphasise the social stigma and other obstacles to full participation that disadvantage people with disabilities. As functional deficits, impairments create needs for services, resources and accommodation, calling up distributive justice; and as forms of social stigma, neglect and misunderstanding that have harmed persons with justice, the response - to try to undo the harm that has been done - calls for corrective or compensatory justice. Wasserman believes, rightly in my view, that since impairments are 'fraught with social meaning' they appropriately call upon all three forms of justice: distributive, corrective and procedural. But, whatever the theoretical route one takes, Tawney's insight remains: social justice addresses inequalities created by social and political organisation. Social justice is about equality. Disability critique Many disability scholars, however, are uncomfortable with equality-grounded theories of social justice that attempt to incorporate both aspects of impairments. They remind us of one of the most influential, though usually unstated assumptions of social policy: it is always cheaper, more efficient, and publicly acceptable to provide resources that respond to individual functional deficits, than to modify the physical and social environment in which they live. Not only does the assumption relegate disability policy to the fringes - 'special needs' for people who can't make it in the real world - it also ignores the lessons of the universal design movement that argue that proactive changes in the physical and social environment are economically efficient and benefit everyone. But the assumption continues to hold the policy sector in its grip, creating a bias in favour of changing the person rather than changing the world. This, the disability critique concludes, further entrenches the true source of social inequality, namely the belief that disabilities are individual deficits that require 'special' services, rather than disadvantages resulting from unjust social arrangements. The disability critique of mainstream equality theories is undoubtedly sound. When justice theorists turn to disability, there is an immediate shift to impairments, understood as individual deficiencies. We read that justice requires health resources in order to equalise social opportunities (Daniels 1986), or a hypothetical insurance scheme to calculate fair compensation (Dworkin 1981), or resources to equalise positive freedom by raising levels of capability (Sen 1993), or repairing the inequality of marginal utility caused by 'health-related conditions that might be expected to reduce welfare' (Stein 2007: 16). An obsession with personal deficits and comparative well-being of persons with disability may not be demeaning, as Silvers (1994) argues, but it certainly skews the discussion away from social and political organisations and their role in creating the disadvantages of disability, and the feasibility and social and economic advantages of doing so. A problem So, is Tawney's insight correct? Does a social commitment to equality not demand that we eliminate (possibly by means of compensation rather than amelioration) inequalities of individual differences, but rather only those inequalities that flow from the operation of social and political organisation? If we recall our gentle interpretative elaboration of Tawney, then we need to add the nuance that the failure to respond to needs created by individual differences are also socially created inequalities, a fact that disability scholars should be mindful of should they be tempted to say that impairment is not at all the proper focus of social equality (see again, Shakespeare 2006). Conceptually, all of this accords perfectly with the interactive model of disability (implicit in the epidemiological models of disability mentioned above): Disability is an outcome of an interaction between attributes of the individual (impairments and functional incapacities) and the entire physical, social, attitudinal, political and culture world in which the individual lives and acts. Impairments and other health problems impact on a person's capacity to participate in life activities; and the individual environment, and response or lack of response to impairment, will also impact on participation. In specific instances, it is not always clear whether the impairment is the major source of the non-participatory outcome, or whether the environment is the primary source. It depends on the facts.

#### Justice requires we foster the provision of basic freedoms to all in society; removing the social impediments that make impairments disabling is a central concern for a just society.

Hull 2009 (Richard, Lecturer in Philosophy and Director of the Centre for Bioethical Research and Analysis at the National University of Ireland, Galway “Disability and freedom” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

This chapter presents disability as an issue of human freedom. It discusses the relation between ability and freedom. Many traditional approaches to freedom tend to rule out the idea that disability can be seen as an issue of human freedom. However, it is suggested here that such approaches render freedom quite meaningless in a lot of contexts when, in real life, the importance of freedom stems from the fact that we consider it to have practical meaning. A model of freedom is introduced that links freedom quite closely with ability, capturing the idea that freedom has practical meaning. Using that model, disability can be seen as an issue of freedom. Indeed, it is shown that the kinds ofthings denied to people who are disabled are important basic freedoms that are conditional to the enjoyment of many other aspects of life. An advantage of such an approach is that it gives disabled people's claims for better social provision more moral force. That is, they are claims for the provision of important basic freedoms, which any notion of a just and fair society ought to take seriously. Such an approach, then, renders our concept of freedom more inclusive, meaningful and applicable, enabling theorists to more adequately articulate the remediable hardships endured by many members of our community. The relation between ability and freedom is discussed below. I will claim that inability and thus that disability is a source of un freedom. Rawls' worth ofliberty distinction stands in the way of making that claim. I will argue that, in allowing for almost entirely worthless freedoms, Rawls' concept of freedom is very minimalist and quite meaningless to a lot of people. Instead, we should concede that social and natural contingencies are among the constraints definitive of liberty rather than merely being constraints definitive of its worth. It follows from this that disabled people's claims for rights are very well grounded. They are claims for the provision of important basic freedoms. To make a start, something should be said about the concept of disability that will be assumed in the rest of the chapter. It is an idea of disability that is intended to bridge the often perceived divide between the medical and social models of disability. I have argued elsewhere that disability generally involves the concerns of both the medical and social models (Hull 1998: 199-210; 2007: 19-28) - that impairment can and does cause disability but, more often than not, disability has a lot to do with particular social structures and arrangements. And while it is useful (especially in the context of thinking about social justice) to distinguish disabilities that result primarily from impairment from those that result primarily from a socially inadequate or discriminatory response to impairment, disability often involves a highly complex interplay of impairment and social factors. As Jonathan Glover so ably puts it, 'disability involves a functional limitation, which (either on its own or - more usually - in combination with social disadvantage) impairs the capacity for human flourishing' (Glover 2006: 9). With the above in mind, the basic argument to be explored here runs as follows. We cannot be said in any meaningful sense to be free to do that which we are unable to do. People with physical impairments are often unable to participate in a range of activities that other people are able to participate in, largely due to social structures and arrangements. Therefore, they cannot be said to be free to so participate. Moreover, given that the restrictions of freedom are usually socially determined and remediable, we should seriously question the justice of a society where such conditions endure.! This argument runs up against (at least) two important contributions to political theory that tend to dominate discussion: the idea of negative liberty and Rawls' theory of justice. Both of these contributions will be criticised in the light of ethical issues concerning disability. Miller notes that negative liberty theory 'has become the dominant view ofliberty in practical politics and in the writing of many liberal theorists' (1991: 8). On the negative view, freedom is seen as natural and given. The absence of interference by external agents is sufficient for its realisation. In addition, negative liberty theorists tend to stipulate what can count as an external obstacle to freedom. For example, natural obstacles are said not to violate freedom; 'I am rendered unfree by an obstacle, only if that obstacle is imposed by another person, not if it is the result of an accident of nature' (Gray 1991: 22). As noted above, it is also held that obstacles have to be external to impede freedom. It can be argued from this sort of position that people with physical impairments face natural and internal obstacles which, by definition, cannot impede their freedom. A physical impairment is said to reduce 'the agent's ability, but not her freedom' (ibid.: 22).2 I want to suggest that such an approach is unhelpful. How we view the relation between freedom and ability will be important in determining which approach to freedom we find most sensible. For example, the negative position allows that one can be free to do that which one is unable to do. As we have seen, it limits what can count as a constraint to freedom. Through doing this, many incapacities are denied the moral severity that attaches to claims about freedom. As a result, social injustices can be obscured by the claim that we are all free in a negative sense. That claim is evasive and renders freedom rather mysterious.

#### Mobility is central to a spatial conception of justice that allows for full participation of all people, including people with disabilities, in social and political life.

Pineda 8, (Victor, Ph.d at UCLA, expert in disability policy, planning and regional development, taught courses on Policy Evaluation, Community Development, and International Disability Rights, advised international agencies such as the World Bank and United Nations, as well as state and federal governments, in the development and implementation of programs and policies that include people with disabilities, joined the Dubai School of Government as a Visiting Fellow to study the implementation of the UAE Disability Act of 2006, worked as an associate with the U.S. Treasury, obtained degrees in Political Economy, Business Administration, and a Master’s in City and Regional Planning, awarded the Fulbright-Hays and Sheikh Qassemi Fellow at the Dubai School of Government, (Victor Santiago Pineda, “Enabling Justice: Spatializing Disability in the Built Environment” <http://berkeley.academia.edu/VictorSantiagoPineda/Papers/251651/Enabling_Justice_Spatializing_Disability_In_the_Built_Environment>

My aim is to elaborate a just theory of disabil- ity that takes into consideration the socio-political dimensions of space, seeing that disability is also relative to the greater socio-political environment within which space is produced. ‘Person A is disabled’ is to be analyzed as ‘Person A is disabled with respect to social and political norms expressed in an environ- ment (SP).’ The medical abnormality and personal charity models forward a normalizing agenda onto the social and political environment. These social and political norms silence the philosophical position underlying my deeper point; the distribution of space is rarely ever addressed as a form of remedial action for disabled persons. Without the social and political there is no spatial, and without the spatial there is no social and political (Soja 1989). From this position, a spatial justice and spatial distribution model of disability begin to emerge. For too long, disability has been seen as a property of the individual independent of the environment in which that person lives, a primary feature of the a-spatial models of disability discussed above. The influential work by Henry Lefebvre (1972, 1974) and Edward Soja (1980, 1989, 1991) provide new conceptual tools to bridge the gap. In the Production of Space, Henri Lefebvre argues effectively that space shapes social relations and social relations in turn shape space (Lefebvre 1974). In his view, oppressive social constructions can create oppressive physical and spatial realities. Such oppressive spaces in turn reproduce social constructions that perpetuate injustice. Edward Soja argues that spatial dialectics of this type lead to a vicious cycle of marginal- ity and inequality that often manifest as disabling spatial and social conditions (Soja 1980, 224). Soja has demonstrated elsewhere (1989) how planning theorists, practitioners and social scientists in general have failed to fully appreciate the role of space as an analytical dimension of inquiry into the production of social life. Where environmental elements—and space itself—are conceived for the most part as fixed, immobile, and inflexible, planners may not see how their actions exercise a normalizing vision of physical ability that is socially constructed. In my socio-spatial model, disability is a socially, politically, and spatially created phenomenon. This model reveals that: • Access and mobility are a social and spatial right • Physical barriers are unjust and oppressive • Spatial elements are fluid, and alterable • Institutional practices are exclusionary, full of obstacles, and only remediable through struggle • The only legal possibility is full inclusion • As a result, the disabled individual has the right to: • His or her body • Difference • Legitimately use their body in space and use space to adapt to their body Under this model, spaces of tolerance and difference are nourished not just for people with disabilities but a variety of other marginalized groups. This model accepts the diversity of living and learning styles. It also envisions alternative working modes (such as flex time, or telecommuting) and seeks to accommodate everyone to the greatest extent possible. It seeks broaden society and foster understanding, inclusion, participation and action. In all, the socio-spatial model reveals assumptions of space and its inherent relationship to the subject’s immediate environment. This model thus directly challenges the inequity of the medical abnormality and personal tragedy/charity models. When the way in which an environment (social- spatial-political) can fail to maximize the transforma- tion of specific functions for an individual informs a model of disability, new avenues for seeking justice for disabled persons in the production and distribution of space emerge. Lefebvre’s theories, the Berkeley Independent Living Movement, and the ADA legislation it inspired can be revisited, as well as extended, with this in mind.

#### The purpose of debate is deliberation over questions of justice. Any attempts to frame debate away from questions of justice and access to deliberative spaces are politically disabling and ensure a politics of futile confrontation as opposed to continual self-revisioning.

Gooding-Williams 1998 (Bob professor of political science, University of Chicago, “RACE, MULTICULTURALISM, AND DEMOCRACY” Constellations)

In the fourth part of this paper I defend a version of multiculturalism that avoids the kitsch of Afro- and other ethno-centrisms, as well as the kitsch of a political nationalism that eschews difference. In particular, I make the case that multicultural education in contemporary America should be race conscious. I begin with the assumption that fostering the capacity for democratic deliberation is a central aim of public education in a democratic society.53 I also follow a number of contemporary political theorists in supposing that **democratic deliberation is a form of public reasoning geared towards adducing considerations that all parties to a given deliberation can find compelling**.54 On this view, **successful deliberation requires that co-deliberators cultivate a mutual understanding of the differences in conviction that divide them, so that they can formulate reasons** (say, **for implementing or not implementing a proposed policy) that will be generally acceptable despite those differences.**55 In the words of one theorist, **“[d]eliberation encourages people with conflicting perspectives to understand each other’s point of view, to minimize their moral disagreements, and to search for common ground**.”56 Lorenzo Simpson usefully glosses the pursuit of mutual understanding when he writes that **it requires “a ‘reversibility of perspectives,’ not in the sense of my collapsing into you or you into me, but in the sense that I try to understand – but not necessarily agree with – what you take your life to be about and you do the same for me . . . [i]n such a . . . mutual understanding you may come to alter the way in which you understand yourself and I . . . may find that listening to you leads me to alter my self-understanding.**”57 According to Simpson, the search for common ground need not leave us with the convictions with which we began. On the contrary, **the process of democratic deliberation can be a source of self-transformation that enriches one’s view of the issues at hand and even** alters one’s conception of the demands of social justice.58 **In multicultural America, multicultural public education is a good that promotes mutual understanding across cultural differences, thereby fostering and strengthening citizens’ capacities for democratic deliberation**. In essence, multicultural education is a form of pedagogy whereby students study the histories and cultures of differently cultured fellow citizens, many of whose identities have a composite, multicultural character. More exactly, **it is a form of cross-cultural hermeneutical dialogue, and therefore a way of entering into conversation with those histories and cultures.**59 **By disseminating the cultural capital of crosscultural knowledge, multicultural education can cultivate citizens’ abilities to “reverse perspectives.” By facilitating mutual understanding, it can help them to shape shared vocabularies for understanding their moral and cultural identities and for finding common ground in their deliberations**.60 By strengthening a student’s ability to reverse perspectives, multicultural education may bolster her disposition to engage the self-understandings of differently cultured others, even if the particulars of her multicultural education have not involved an engagement with the cultures of precisely those others (consider, e.g., someone whose multicultural education has included courses in Asian- American literatures, but who knows nothing of American Latino subcultures). **Acquiring a know-how and a feel for cross-cultural hermeneutical conversation is likely to reinforce a student’s inclination to understand and learn from the selfinterpretations of cultural “others” in just the way that the cultivation of an athletic skill (e.g., the ability to “head” a soccer ball) tends to reinforce one’s inclination to participate in the sports for which having that skill is an advantage (e.g. playing soccer). In the case of multicultural education, one cultivates a skill which is motivationally conducive to the sort of mutual understanding that is critical to the flourishing of deliberative democracy in a multicultural society**.61 Let me summarize my argument so far. In contrast to Schlesinger, who yearns for a society in which the understanding of key political ideals remains immune from deliberative debate animated by cultural and other group differences, I have been suggesting that deliberative debate of this sort is an appropriate medium for seeking and forging common grounds and ideals. I have also been arguing (1) that a commitment to deliberative democracy in multicultural America entails a commitment to promoting the mutual understanding of differences through cross-cultural dialogue and (2) that such a commitment justifies the institution of multicultural education. The promotion of mutual understanding avoids Schlesinger’s and Asante’s kitsch, because **it is not predicated on an imperative to preserve an uncomplicated national or ethnic identity in the face of cultural and social complexity**. Indeed, the ideal of mutual understanding invites increasing complexity by suggesting that cross-cultural educational insights, since they can effect changes in the self-understandings of persons who have benefitted from a multicultural education, may alter and further complicate those persons’ identities, perhaps making them more multicultural. In what follows, I further explore the implications of this ideal by proposing that a commitment to deliberative democracy in multicultural America justifies a form of multicultural education that is, specifically, race-conscious.

### Solvency

#### Universal design is crucial for accessibility of transport.

Audirac in ‘8 [Ivonne, Director-Program in City and Regional Planning. University of Texas-Arlington, “Accessing Transit as Universal Design”, Journal of Planning Literature 23: 4]

Accessing Transit as Universal Design¶ UD applied to transit is an inclusionary strategy¶ that seeks to redress the aforementioned forms of¶ social exclusion. Accessible transportation focused¶ previously on technical solutions to removing¶ physical barriers affecting specific disabled groups¶ and providing dial-a-ride or specialized demand services.¶ These strategies largely segregated and stigmatized¶ users as “seniors” or “disabled.” Instead, UD¶ emphasizes transportation that caters to all users¶ regardless of age and ability in a single integrated¶ system that combines both mass transit and real-time¶ demand-responsive systems (Grieco 2003; Mitchell¶ 1997). Enabled by ICT and borrowing from freight¶ logistics, the European literature refers to this system¶ as the “complete transportation chain” (Mitchell 1997;¶ Organization for Economic Cooperation and Development¶ 2000; Ståhl 1999), while the American literature¶ terms it the new “mobility management model” (TCRP¶ 1999, 2000, 2002). These models require seamless¶ integration of the supply side (i.e., system’s operation,¶ infrastructure, and quality of service delivery)¶ with the demand side (i.e., mobility needs of the¶ widest number of users). Consequently, this often¶ entails a complete reorganization of transit operations¶ from traditional fixed-route, hub-and-spoke, and setschedule¶ systems to flexible schedule systems with¶ intelligent reservation centers that can identify passenger¶ needs and aggregate individual preferences in¶ real time, providing door-to-door service (Hine and¶ Grieco 2002). Despite its technical feasibility in the¶ current ICT era, institutional, organizational, legal,¶ and old market structures remain important barriers¶ to the full realization of these integrated-transit models¶ touted as the means to bring about “a new relationship¶ between accessibility, mobility and the¶ previously socially excluded” (Hine and Grieco 2002, 4).¶ In a conceptual discussion of UD and accessibility,¶ Iwarsson and Stahl (2003) differentiate between three¶ dimensions of physical accessibility5: (1) micro accessibility¶ related to the immediate proximal environment,¶ (2) meso or neighborhood or city-level¶ accessibility, and (3) macro or metropolitan or regional¶ accessibility. This article applies these scales of accessibility¶ to the previously discussed dimensions of¶ mobility-related social exclusion (i.e., immobility) to¶ assess the transit features requiring a UD approach.¶ As shown in Table 3, a UD perspective applied to¶ transit underscores the notion that:¶ 1. Addressing physical exclusion at the micro level of¶ accessibility involves planning, designing, and operating¶ transit systems that are easy for all users. This¶ includes not only passengers with physical, sensory,¶ or cognitive impairment but also those with language¶ or cultural barriers, people with children, individuals¶ carrying baggage or parcels, or those who¶ are new to the area (Suen and Mitchell 1999).¶ Micro-level accessibility requires barrier-free retrofitting¶ of the existing physical built environment;¶ however, future development to be served with transit¶ requires planning for UD to avoid the need for retrofitting¶ or readaptation. This includes consideration of¶ pedestrian infrastructure and streetscape (e.g., sidewalks,¶ traffic signals, crosswalks, street crossings, and¶ street furniture) and their interface with automobile¶ facilities (e.g., park and ride, kiss and ride), and transit¶ passenger facilities (e.g., terminals, stations, stops).¶ Universally designed transit accessibility at the micro¶ level requires bus-stop boarding pads and street curbs¶ that are leveled with low-floor buses. This not only¶ makes shorter and easier bus boarding and alighting¶ for all (i.e., wheelchair passengers, frail and/or ambulant¶ disabled people, patrons with small children or¶ those carrying baggage or parcels), it also reduces bus¶ dwell time. Low-floor buses with lifts or ramps meet¶ barrier-free design criteria, but strictly speaking,¶ ramps and lifts are ADA bus design readaptations that¶ increase bus dwelling time and stigmatize wheelchair¶ users or anyone needing them. Thus, although they¶ are a form of inclusive design, they are not UD solutions¶ to micro-level transit accessibility.¶ 2. Fear-based social exclusion is another form of¶ person-environment accessibility occurring at the¶ micro and meso levels. Fear of crime holds many¶ people without cars hostage in their own homes and¶ prevents them from walking and using public transportation.¶ Women, older, and disabled people are particularly¶ affected. Although generally outside the¶ scope of UD literature, crime prevention through¶ environmental design (CPTED) is typically a planning¶ and design intervention applied by transit facility¶ designers in collaboration with transit managers¶ and security personnel (Audirac and Higgins 2004).¶ Implicit in these interventions is the belief that¶ redesigning certain aspects of the physical environment¶ can lower crime levels by enhancing “defensible¶ space” opportunities that deter or discourage¶ crime. A synthesis of practice on crime prevention¶ and control by the Transit Cooperative Research¶ Program (TCRP) found that CPTED is among the¶ seven strategies most widely used by transit managers.¶ However, video surveillance, staff involvement,¶ police presence, and community outreach and¶ education are necessary for CPTED to effectively¶ work6 (Needle and Cobb 1997). This raises the larger¶ issue—further discussed below in operator-based¶ accessibility—that “transit for all” requires close¶ cooperation among all levels of transit personnel and¶ external stakeholders, and it implies an equally¶ strong emphasis on UD of services. Consequently, to¶ deal with accessibility and social exclusion, attention¶ to social and organizational barriers is as important as¶ the emphasis on physical ones.¶ 3. Geographical exclusion at the meso and macro¶ levels of accessibility underscores the importance of¶ transit for non–automobile users to reach neighborhood¶ and metropolitan destinations beyond normal¶ walking range. The characteristic low-density cardependent¶ urban form of metropolitan America and¶ the scattering of services, employment, shopping,¶ entertainment, and so on across the metropolitan¶ region makes traditional mass transit (such as fixed¶ and hub-and-spoke bus service systems oriented to¶ the central business district) ineffective in reaching¶ peripheral and suburban destinations and in taking¶ people where they want to go. Effective transit accessibility¶ at the meso and macro levels should address¶ geographical as well as “from-facilities,” economical,¶ and time-based forms of social exclusion. This¶ would require the aforementioned shift in transit service¶ paradigm and full development of intelligent¶ integrated systems under the “complete transportation¶ chain” or “mobility management” models.¶ At the system’s level, achieving the above would¶ require that conventional city transit agencies shift¶ from being transit operators to mobility managers of¶ a family of services. These would include fixedroute¶ and fixed-schedule transit serving high-volume¶ destinations together with feeder transit services,¶ flexible-schedule and demand-response transit, and¶ taxis and community-based transportation options7¶ that cater to mobility-impaired individuals. (see¶ Burkhardt, McGavock, and Nelson. 2002; Pagano¶ and Metaxatos 2006; Spielberg and Pratt 2004; Suen¶ and Sen 2004; Ståhl 1999).¶ 4. In the above models, designed to offer the greatest possible¶ choice of travel to all users, the mobility management¶ agency provides fare subsidies to those in need,¶ thus tackling this form of economic exclusion.¶ 5. Time-based exclusion can be minimized with real-time¶ information about vehicle arrival and trip duration¶ available at bus stops or internet-based tracking via¶ cell phones and other wireless devices. These systems¶ have been used in Norway. The City of Kristiansand’s¶ Bussmetro offers to passengers GPS-based real-time¶ info that tracks where the bus is located at all times.¶ Bus stops have visual and audio displays showing¶ count-down time for bus arrival. Hearing and visually¶ impaired individuals can also receive this information¶ via personal remote control devices.¶ 6. Operator-based social exclusion is related to lack of¶ information and assistance about service, discourteous¶ staff attitudes, and drivers’ behavior toward¶ impaired and older people. These conditions contribute¶ to suppressed journeys, and thus, to social¶ exclusion. In addition to staff training and education,¶ internet-based reporting of service quality hosted by¶ disability and elderly advocacy NGOs have been¶ proposed as a means to insure service accountability¶ and quality assurance (Grieco 2003). Outside of UD¶ of student services (Burgsthahler n.d.), customer¶ care system design has been less prominent in the¶ UD literature. However, this is clearly an area where¶ more UD research and development is needed, since¶ to be truly accessible for all, complex systems like¶ city transit require planning and design of both its¶ physical and socioorganizational components.¶ UD applied to transit has focused primarily on¶ planning and design guidance of the physical side at¶ the micro-accessibility level. However, extending UD¶ considerations to geographical accessibility, as¶ intended in “complete chain” and “mobility management”¶ models, has recently drawn attention to the fact¶ that “accessible transit for all” implies that the¶ physical chain of accessible transit must be seamlessly¶ integrated with a regional administrative chain¶ (Organization for Economic Cooperation and¶ Development 2000; Steinfeld 2001). There have been¶ a number of lessons learned in Nordic countries,¶ where land use and transportation planning plays a¶ major role in implementing universal design as¶ “Town Planning for All” (Petren 2004). These¶ include the importance of effective intergovernmental¶ cooperation, smooth collaboration across administrative¶ boundaries, successful consultation arrangements¶ to obtain user input, and heeding the advice¶ that “small mistakes in planning and implementation¶ often have big consequences” (Petren 2004).¶ Despite the challenging complexity of implementing¶ universally designed transit at the various micro¶ and macro scales, a small but growing literature on¶ UD performance evaluation is starting to appear¶ (Preiser 2001; Preiser and Ostroff 2001). It offers¶ user-driven feedback design methodologies that can¶ be applied both to facilities at the micro-accessibility¶ level and to the organizational level of agencies providing¶ transit services. Nonetheless, UD performance¶ evaluation research is still in its infancy. It will take¶ time for design and planning education to fully¶ embrace the UD paradigm and for public awareness¶ to demand universally designed products and services¶ before significant private and public UD research and¶ development becomes the norm (Ostroff 2001).¶

# On Case

## Inherency

#### Current disability-friendly infrastructure inadequate

Imrie 2000 (Rob, Prof. of Geography @ King's College London and PhD in industrial sociology- Imrie is a fmr. Prof. of Human Geography at Royal Holloway London, awarded the "back award" by the Royal Geographical Society, Prof. at the Urban Research Centre, fmr. University of Western Sydney visiting professor, and on the editorial board of 'Access Journal', Environment and Planning A 2000, Vol. 32, p. 1641-1656)

¶ Mobility and movement are also dependent upon access from one place to another¶ and, for disabled people, to be able to move through spaces unimpeded by physical¶ objects. Indeed, a prerequisite for movement is the means for connectivity between¶ places, and yet for most respondents movement is often hindered by the lack of¶ appropriate infrastructure or mechanisms to enable them to move easily from one¶ place to another. For instance, for most wheelchair users, the discontinuous nature¶ of routeways is an ever present part of their daily lives:¶ ``I just skip through the garage because there's no dropped kerb but once I get to the¶ other side of the road I have to get someone to give me a hand because the height¶ of the kerb is quite high, and there's usually glass on the pavement and if I run over¶ it with my tyres they'll go pop.''¶ Likewise, in relation to the provision of buses with wheelchair access, some respon-¶ dents referred to their inability to get anywhere near the entrance doors because of a¶ combination of poorly designed bus stops and cars parking illegally. For one respondent:¶ ``the problem is that the infrastructure really isn't geared for access to the buses¶ because if you go around the city at all the bus stances, in a lot of cases you can't get¶ there because in a lot of cases cars park in the bus stances, so if I was at a pavement¶ and the bus was there, the bus couldn't get close enough into the pavement for me¶ to get on and I would then have to try and get off the pavement ... I can't do this so¶ I just have to look on as the bus goes past.''

#### Statistics prove that current transportation funding denies disabled populations their mobility

NCD 05, National Council on Disabilities June 13, 2005 “The Current State of Transportation for People with Disabilities in the United States” (<http://www.ncd.gov/publications/2005/06132005>) NCD is a small, independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of fifteen Senate-confirmed Presidential appointees

A national study conducted by the U.S. Bureau of Transportation Statistics in 2002 found that 6 million people with disabilities have difficulties obtaining the transportation they need.1 Research in the year 2000 conducted by the Harris Poll and funded by the National Organization on Disability established that nearly one-third of people with disabilities report having inadequate access to transportation.2 Behind these statistics are many personal stories of lives severely limited by the lack of transportation. Some people with disabilities who are willing and able to work cannot do so because of inadequate transportation. Others cannot shop, socialize, enjoy recreational or spiritual activities, or even leave their homes. And some individuals with disabilities who need medical services must live in institutions due solely to the lack of safe, reliable transportation to needed medical services. This paper analyzes existing transportation systems in the United States with the acknowledgment that these systems are inherently inadequate due to a chronic lack of funding. As the United States focuses its resources on travel by automobile, all other modes are neglected in comparison. As a consistent theme in most transit systems across the United States, the Americans with Disabilities Act of 1990 (ADA) has spawned great improvements, but many compliance gaps remain that pose significant problems to transportation for people with disabilities. Additionally, because the ADA merely requires that, where public transportation is provided, it must be made accessible for people with disabilities, where there is no public transportation, it is likely that no transportation exists at all for people with disabilities. In some sectors, such as in rural areas, grossly insufficient funding imposes harsh gaps in the transportation grid. In other sectors, such as accessible taxis, a lack of requirements has meant very uneven progress. As a result, people with disabilities are still at a significant disadvantage compared

#### Transportation infrastructure is key to disability civil rights, but is sorely lacking in the status quo.

AAPD 2011(American Association for People With Disabilities,"Equity in Transportation for People with Disabilities", 7/16/2012,<http://www.aapd.com/resources/publications/transportation-disabilities.pdf> )

**Transportation and mobility play key roles in the struggle for civil rights and equal opportunity in the disability community. Affordable and reliable transportation allows people with disabilities access to important opportunities in education, employment, health care, housing, and community life. Because our nation’s investments in transportation infrastructure have disproportionately favored cars and highways, those who cannot afford cars or**  **do not drive cars often lack viable transportation options. People with disabilities—particularly in rural areas—need accessible, affordable transportation options that bring employment, health care, education, housing, and community life within reach** Unfortunately, **adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31 percent vs. 13 percent). Of the nearly 2 million people with disabilities who never leave their homes, 560,000 never leave home because of transportation difficulties.** Leaving people out has real costs to the nation. **Keeping**  **people with disabilities at home keeps them out of jobs, away from shopping, and out of community life, and it prevents them from making valuable contributions to our society as individuals, as workers, as consumers, and as taxpayers**

#### Amtrak lags in accessibility

AAPD,2011(American Association for People With Disabilities ,"Equity in Transportation for People with Disabilities", 7/16/2012,<http://www.aapd.com/resources/publications/transportation-disabilities.pdf> )

**Some of the biggest issues with ADA compliance involve Amtrak**, the government-owned passenger train company that provides inter-city service across the U.S. **Under the ADA, Amtrak was supposed to have been 100 percent ADA compliant** (i.e. accessible) **within 20 years of passage of the ADA, or by July 2010.** However, **only about 20 percent of its stations are compliant. In the past 20 years, Congress has severely underfunded Amtrak, which has done little to improve accessibility. Furthermore, Amtrak has found that it does not actually own many of its stations, so it must rely on other entities to make them accessible, which often does not happen. Several court cases have addressed the various issues that people with disabilities face with accessibility at Amtrak stations and on its trains.**

#### Lack of Disability Access severely hampers mobility –

Imrie 2000 (Rob, Prof. of Geography @ King's College London and PhD in industrial sociology- Imrie is a fmr. Prof. of Human Geography at Royal Holloway London, awarded the "back award" by the Royal Geographical Society, Prof. at the Urban Research Centre, fmr. University of Western Sydney visiting professor, and on the editorial board of 'Access Journal', Environment and Planning A 2000, Vol. 32, p. 1641-1656)

¶ ¶ Mobility and movement around the built environment is a constant reminder to¶ disabled people of their corporeal identities or, as Paterson and Hughes (1999,¶ page 599) characterise it, an ``unwanted consciousness of one's impaired body''. As a¶ wheelchair user commented:¶ ``everytime I get in this thing I'm aware of my limitations and the things I can't¶ do... it becomes very apparent as soon as I set off down the street where most¶ places are off-limits to me.''¶ In particular, physical and/or architectural restrictions on disabled people's mobility¶ and movement draw attention to hegemonic modes and means of mobility or, as a¶ vision-impaired person noted:¶ ``The entire environment is a problem for us, pavement furniture, dreaded A-boards,¶ cyclists on pavements, wheelie bins, poor lighting in buildings, too many dark¶ shops, no straight paths in shops. The attitudes of people in shops is also bad. If¶ you ask what the price is on a product, people say `oh, it's there' '' (Imrie and¶ Kumar, 1998, page 363).¶ Some respondents referred to the dangers of moving around the built environment,¶ particularly in places without adequate physical segregation between themselves and¶ other, potentially threatening, users. For one vision-impaired person, the development¶ of a shared pavement for cyclists and pedestrians was going to compromise his safety¶ and potentially cut down the range of destinations he would be able to go to. As he¶ said:¶ ``What's the point of lines down the pavement, we can't see them anyway and that¶ won't stop cycles wandering all over the place; we want complete physical segrega-¶ tion. That's the policy of the Royal National Institute for the Blindöcomplete¶ segregation and split levels. We've written to the Pedestrians Association and¶ Spokes [cyclists group] and we've not heard from themöjust typical. If this goes¶ ahead I'll feel too scared to walk out and about this town.''¶ Others felt vulnerable to changes in the built environment such as the loss of familiar¶ street markers or the addition of new ones. As the chairperson of an access group said,¶ in relation to the recent adoption of pavements without dropped kerbs:¶ ``the blind guy on the committee has a guide dog which is trained to stop at dropped¶ kerbs but to the dog it all looks even now... so the dog had to be taken away and¶ retrained.''¶ Vision-impaired people were also concerned about the effects of street cafes on¶ their movement. One said:¶ ``we are disputing the sites they want to use because it will clutter up the streets. But¶ they're not listening and blind people will keep walking into them. Our streets are¶ not made for these cafes.''¶ Some respondents felt compromised by designs which did little to recognise the¶ limitations of movement related to physical impairment. For one person, for instance,¶ pelican crossings are a nightmare. As he noted:¶ ``it provides you with so little time that it's like lining up for a grand prix with the¶ adrenaline going, knowing you haven't got much time to get across.''¶ Likewise, a wheelchair user referred to difficulties in keeping out of the way of traffic.¶ As he remarked:¶ 1646 R Imrie¶ ``I've experienced difficulties getting into the council offices. When you go in there¶ there's no pavement and cars come whizzing around, it's a narrow road and you¶ have to run the gauntlet and hope no traffic will come up behind you, this is a little¶ naughty. You can't get away quickly or out of the way.''

**Current transportation methods have multiple problems.**

Mattson, Hough, and Abeson, 2010 (Jeremy, Jill, Alan, Faculty at North Dakota State University, “Assessing Existing and Needed Community Transportation for People with Disabilities in North Dakota”, Small Urban & Rural Transit Center, Upper Great Plains Transportation Institute, North Dakota State University, November)

Mattson (2009) showed that older adults with disabilities in North Dakota are much more likely to have problems using public transportation than those without disabilities. In that study, most of the people with disabilities had physical disabilities. In this study, though, there is a greater representation of people with different types of disabilities, and the survey considers a greater number of potential problems. This survey listed 31 different potential problems with using public transportation and asked the respondents to indicate if each is a major problem, a minor problem, or no problem. ¶ The most commonly cited problem was absent or inadequate shelter while waiting, as 66% of respondents said this was a problem and 34% said it was a major problem. Mattson (2009) also found that adequate shelter from the weather while waiting for a ride is one of the greatest concerns among older adults, both those with and without a disability, in North Dakota. Other commonly cited problems, as seen in Figure 4.16, included busy intersections to cross, difficulty getting to a bus stop, difficulty reading or understanding maps or schedules, stairs or uneven ground problems, and poor or no sidewalks. Each of these was indicated as a problem by at least half of the respondents. The percentages of respondents that cited each of these 31 issues as major or minor problems are shown in Figures 4.16 and 4.17, with the more significant problems illustrated in Figure 4.17.

**While Public transit would be the best option for people with intellectual disabilities, there are still many barriers that need a solution**

Davies , Stock ,Holloway ,Wehmeyer , 2010(Daniel K. Davies, Steven E. Stock, Shane Holloway, and Michael L. Wehmeyer from the American Association on Intellectual and Developmental Disabilities, Evaluating a GPS-Based Transportation Device to Support Independent Bus Travel by People With Intellectual Disability. Intellectual and Developmental Disabilities: December 2010, Vol. 48, No. 6, pp. 454-463*.*December 2010, 7/17/2012)

Public transit systems (e.g., fixed route public buses) provide the most commonly used or available transportation option and provide, probably, the best option for those living in urban areas for independent, timely, integrated, inexpensive, and relatively unrestricted mobility for people with intellectual and developmental disabilities. However, transit buses also present a unique set of barriers due to route complexity, transfer requirements, unfamiliar destinations, schedule complexity, and other cognitively loaded requirements needed for successful transit system navigation. To access independent public bus travel, individuals must have certain requisite skills, including time management, literacy, problem-solving, attention span requirements, and other cognitive processing skills. Further, families and support personnel may limit the person’s access to public transportation due to fears related to safety.

### Stigma Now

#### People with disabilities Have Dealt With Discrimination Throughout History

Rohwerder 2011 (Brigitte Lea Master of Arts in post war recovery studies, the University of New York “Intellectual/Developmental Disabilities and Conflict – Advocacy of the forgotten” p. 13)

Historically the protection for persons with disabilities has been weak, with persons with intellectual/developmental disabilities “still rank[ing] among the most vulnerable segments of all society” (Robinson 2003: v). The Universal Declaration on Human Rights in 1948 contains no specific mention of disability for example (Endicott 2009: 11). Persons with intellectual/developmental disabilities have tended to have their human rights concerns overshadowed by protections for other disabilities, especially physical (Herr 2003: 118, Renteln 2003: 60), despite the fact that they continue to endure abuses of their rights, including their right to life from conception onwards (Watson and Griffiths 2009). Koh and Gostin (2003: 2) explain that from a human rights perspective “the intellectually disabled rank among the world’s most vulnerable and at-risk populations both because they are different and because their disability renders them less able either to assert their rights or to protect themselves from blatant discrimination”. Owen et. al. (2009: 35) argue that “[f]ear and threat, fed by ignorance, economic need and fluctuating social values have been the building blocks of barriers to human rights faced by people with disabilities”.

#### Attitudes Continue To Leave people with disabilities Neglected

#### People with disabilities Have Dealt With Discrimination Throughout History

Rohwerder 2011 (Brigitte Lea Master of Arts in post war recovery studies, the University of New York “Intellectual/Developmental Disabilities and Conflict – Advocacy of the forgotten” p. 13)

Thus it is possible to see the background from which many of the issues examined in this dissertation emerge. The attitudes that place barriers in the path of the development of human rights for persons with disabilities are the similar to those that lead to stigma and discrimination, which in an “emergency setting is life-threatening” (Sparrow et. al. 2007: 13). These attitudes have resulted in weaker protections and value being placed on the lives of persons with intellectual/developmental disabilities, which combined with the nature of their impairments, leaves them additionally vulnerable, yet neglected, in humanitarian emergencies.

### Paratransit Bad

#### Paratransit has a laundry list of problems and shortcomings.

Mattson, Hough, and Abeson, 2010 (Jeremy, Jill, Alan, Faculty at North Dakota State University, “Assessing Existing and Needed Community Transportation for People with Disabilities in North Dakota”, Small Urban & Rural Transit Center, Upper Great Plains Transportation Institute, North Dakota State University, November)

Many people with disabilities may be dependent on paratransit and face problems specific to that mode of travel. Maisels et al. (2000) conducted a series of focus groups on access to health care for people with disabilities in the Boston area, and they found that since public transportation is often not physically accessible, many had to depend on the paratransit system. Some of the problems reported by paratransit users in their study included waiting for hours, waiting outside in cold or rainy weather, or being late for their appointments. ¶ The National Council on Disability (2005) reported that while paratransit ridership and service has soared under the Americans with Disabilities Act, riders continue to experience significant problems. For example, they found that many transit agencies failed to comply with ADA requirements to announce bus stops on fixed routes, to the disadvantage of those with visual or cognitive impairments; wheelchair and scooter securement was often inadequate; accessibility equipment was sometimes poorly maintained; and some bus drivers simply passed by people with disabilities waiting to ride. This report was based on interviews and focus group discussions that took place in locations across the United States between April 2004 and February 2005. ¶ Another finding from this report was that some paratransit systems were still plagued with trip denials. To reduce costs and get people to use the fixed-route system if they can, many transit agencies have tightened their eligibility requirements, but as a result, some riders may wrongly be denied service. Balog (1997) concluded that the eligibility process needs to be accurate and precise to more appropriately serve its riders and also not discourage people from applying by being too unwieldy or burdensome. In a nationwide survey of transit agencies, Chia (2008) found some progress regarding more precise eligibility determinations. ¶ Problems were also found in the National Council on Disability study with timeliness of paratransit service, long telephone hold times, and the lack of a subscription service for regular riders. Some paratransit systems were also found to have punitive no-show and late cancellation policies. Wasfi and Levinson (2007) in a study in Minnesota found problems with long lead times for scheduling paratransit services and unreliability of those services.

**Paratransit has several major problems.**

Mattson, Hough, and Abeson, 2010 (Jeremy, Jill, Alan, Faculty at North Dakota State University, “Assessing Existing and Needed Community Transportation for People with Disabilities in North Dakota”, Small Urban & Rural Transit Center, Upper Great Plains Transportation Institute, North Dakota State University, November)

Forty-nine percent of the respondents indicated they use paratransit. Since paratransit users may experience different problems than those using fixed-route services, problems specific to paratransit services were identified. Two-thirds of respondents said that service not being available when they need it was a problem; 35% said it was a major problem. Other significant problems were unkept schedules for pickups and drop-offs or long waits, the need for scheduling trips too far in advance, and trip times that are too variable or unpredictable (Figure 4.26). Respondents were least concerned about the vehicles, in terms of their mechanical condition, accessibility, and seating availability.

**Paratransit services attempts to be cost effective lead to reduction of services.**

Rosenbloom, 2007 (Sandra, Professor of Planning at the University of Arizona, “Transportation Patterns and Problems of People with Disabilities”, The Future of Disability in America, http://www.ncbi.nlm.nih.gov/books/NBK11420/)

However, as more systems have been required to actually provide ADA-mandated levels of service, the high costs have forced many systems to raise fares to the maximum allowed, restrict services to the minimum required, and adhere to very strict rider eligibility guidelines ([TCRP, 1998a](http://www.ncbi.nlm.nih.gov/books/NBK11420/#a2001315crrr01248)). As systems have cut paratransit coverage to the minimum, they have excluded a very large number of people with disabilities because so few live within or can travel to the minimum 3/4-mile corridors along an existing transit route to receive ADA-mandated paratransit service ([Bogren, 1998](http://www.ncbi.nlm.nih.gov/books/NBK11420/#a2001315crrr01171); [Rosenbloom, 2005](http://www.ncbi.nlm.nih.gov/books/NBK11420/#a2001315crrr01229)).¶ Transit systems have also cut paratransit costs by implementing very strict, and even onerous, certification processes to determine paratransit eligibility for those who do live near (or can travel to) areas where bus services (and, thus, complementary paratransit) services are provided. A recent report by the National Center for Transit Research concludes that exceeding the minimum ADA requirements substantially increases ridership and, thus, costs ([Thole and Harvey, 2005](http://www.ncbi.nlm.nih.gov/books/NBK11420/#a2001315crrr01263)). While the report does not actually urge systems to cut service, raise fares, or increase the difficulty of becoming eligible for service, it makes clear the cost savings that will result from doing so. The report describes a number of transit systems that have managed to reduce their total paratransit ridership by instituting multistage and difficult eligibility procedures, raising fares to the maximum allowed, or cutting service quality (e.g., not allowing same-day service).¶

#### Paratransit is not considered safe by people with disabilities

Forman,09( Minehaha , Forman, Michigan Messenger Reporter, "Disabled riders say Detroit’s new para-transit services are rife with problems", 11/23/09,7/16/2012, <<http://michiganmessenger.com/30669/disabled-riders-say-detroits-new-para-transit-services-are-rife-with-problems>> )

One rider, **Anthony Carter, 41, said he relies on the specialized transit to get around the city because he is blind.** “**I don’t feel so safe in these cabs,” Carter told Michigan Messenger. “I feel very uncomfortable.” Carter described a recent situation where one cab driver asked questions that made him nervous. “He asked me personal questions like, ‘How much can you see?’ and ‘You live by yourself?’” Carter said. “The way he sounded, it wasn’t no conversation, he was straight out asking me these questions.”** Carter added that **cab drivers often forget that he is blind** and fail to honk their car horns to alert him that his ride is ready. “They know I’m not able to see, they can blow, get out of the cab and say their name … just don’t sit there!” he said, not hiding his frustration. “A lot of them are across the street, down the street. What do I do?” he asked. Carter said that while some **drivers** are courteous and helpful, **others make getting to the right place difficult or make him feel nervous by speeding. He said he wanted the drivers to follow a standard protocol when dealing with blind passengers because he’s gotten into the wrong cab before and ended up in the wrong destination because the drivers aren’t used to to dealing with disabled passengers.** “I’ve got in four different cabs that wasn’t the right cab,” he said. “To me it’s like they just threw us out to the dogs.

#### Paratransit has management issues and is late on a usual basis

Johnson 04 (Mary Johnson, Ragged Edge Online Reporter, "As unpleaseant as possible to ride", November 30,2004 , 7/16/2012, <<http://www.raggededgemagazine.com/focus/tarc3.html>> )

A week later, a ride to St. Stephen's Baptist Church is nearly an hour late picking her up. And it never comes back at all: **Hudson is** apparently **forgotten about altogether for her ride home. An hour after her scheduled pickup time, church members take her to her house.** A few weeks later, **Hudson has scheduled a ride to church for 9:30. a.m. The van fails to appear. Nearly a half hour later, Hudson gets a call from the dispatcher: they won't be able to pick her up till 11 a.m. Does she still want the ride?** **No. By that time, church will be over, she tells them.** **ALMOST EVERYONE WHO RIDES** TARC3 **paratransit** in Louisville **has such stories**. A few people keep records of them. Steve Snyder is one. **Snyder works in the downtown area and rides** TARC3 **to his job and back.** People who work at the Kentucky School for the Blind, on Frankfort Avenue, are frequently passengers on the paratransit van with Snyder. "They live off Allson Ave. or Iowa Ave, over by Churchill Downs," he told us. "Sometimes the driver will pick up a lady who goes to Rockford Lane." In a way, these pickups make sense: he and his fellow passengers are all going to their homes in the southern and southwestern parts of the county. Snyder, living the farthest away, would normally be the last to get off the van on the way home. Paratransit riders we talked to believe without question that Louisville's TARC bus service management wants to "get people off paratransit." When we talked, though, a different trip was fresh in his mind. The previous day, **the van had been 45 minutes late picking him up. Why? The driver told him that she had been on time; had just** **arrived at the school, ready to pick up the group prior to picking up Snyder (which was her routine), when the dispatcher called her and told her to leave the school, leaving her regular passengers, and "go out to Old Shepherdsville Road and Breckenridge Lane right away, that a lady was waiting there."** The driver left the Frankfort Ave. location, said Snyder, drove the 11 or so miles to the location she'd been sent to, in the southeastern quadrant of the county, to pick up the woman rider. From there, he continued, **the driver came back into town, picked him up, then took the woman she'd picked up** on Old Shepherdsville Rd. to New Albany, Indiana -- **at least 20 miles away -- with Snyder on board.** **That day it took Snyder nearly two hours to get home -- a trip that, had he had his own vehicle, would have taken no more than 30 minutes, even in rush-hour traffic. "Not only was my ride 45 minutes late, but I had to ride around the community for two hours."** Later, he heard from the women at the School that they'd waited for a ride that day for well over an hour. **Instead of making one woman late the last-minute routing change had made three sets of people late.** "And it wasn't illegal," said Snyder. "It was irrational routing, but it wasn't illegal."

#### Paratransit is often late and unorganized, and riders are afraid of complaining because they could be kicked off the service

Johnson 04 (Mary Johnson, Ragged Edge Online Reporter, "As unpleaseant as possible to ride", November 30,2004 , 7/16/2012, <<http://www.raggededgemagazine.com/focus/tarc3.html>> )

**Once your ride is scheduled**, Snyder continues, **drivers have a 30-minute window -- 15 minutes before until 15 minutes after your scheduled pickup time -- in which the van can show up and be considered "on time."** **The people we talked to told of pickup times wildly out of sync with this regulation. People complain** -- sometimes -- **but the consensus of everyone we talked to is that the complaints go nowhere. And few of the people we talked to were willing to have us use their names in this story. They were afraid they'd get "thrown off" the service, they said. A woman arrives at a meeting an hour late. She tells the group she has been riding in the** TARC3 v**an for two hours, while the driver picked up and dropped off other passengers.** **Another woman tells of a ride from hell with driver who, apparently on drugs, races across the beltway around the city weaving in and out of lanes, refusing to slow down. The woman became nauseated and vomited on the bus. Finally, fearing for her life, she said, she was able to use her cell phone to call the police, who evidently called the dispatcher, who got the driver to calm down.** As there was no one else on the bus at the time, there is no way to corroborate the woman's story. **Although they complain freely enough when asked for particulars, they don't want their names used. There are too many stories, and they are too consistent, to be invented. But far too many people refused to allow their names to be used in this story, for fear of being "kicked off paratransit."** That was why they did not file complaints either.

#### Paratransit is Flawed and needs Major Improvement

AAPD,2011(American Association for People With Disabilities ,"Equity in Transportation for People with Disabilities", 7/16/2012,<http://www.aapd.com/resources/publications/transportation-disabilities.pdf> )

One of the biggest changes under the ADA is the requirement to provide paratransit services in areas where mass transit is available to provide people with disabilities who could not use mass transit with another alternative. **Paratransit is an alternate mode of transportation, most often provided by minibuses, which provides door-to-door shared rides upon request by eligible users. Paratransit use has soared in the past 20 years, along with its costs. However, users in many cities experience significant problems with their paratransit systems**, **including problems with service quality and capacity limitations.** Specific **problems include: restrictive eligibility criteria; unfair trip denials; tardiness or failure to show; slow service en route; inefficient and unfriendly telephone reservation systems; inaccurate information; failure to respond to complaints; lack of training for drivers; drivers’ lack of respect for users; and punitive cancellation policies. Paratransit service is crucial for those individuals who rely on it to get around. Failure of paratransit to show up or to provide effective service not only causes frustration but can also cause missed health appointments and employment problems for those who need to get to work.**

#### Right now Para transit is a safety hazard with no limits to safety violations

Lee ’07 Vic abc reporter currently in san Francisco, Muni Apologizes For Poor Paratransit Service, <http://abclocal.go.com/kgo/story?section=news/local&id=5009734>

In our report, we showed you home video shot by Kathryn Simpson, whose son, Sam, has cerebral palsy. You saw van drivers violating safety regulations when they picked up Sam. It showed a driver squeezing him in the van sideways, wedged between two seats without safety tie-downs, and one driver showing up instead of the required two for stair assists, forcing Simpson to help lift her son up the steep steps. The most flagrant safety abuse, a driver's little boy with the controls of the van's lift gate. Complaints we heard from wheelchair users ranged from safety violations to vans showing up late or not at all. Muni promised it would investigate. Maggie Lynch, Metropolitan Transportation: "Everything that we saw, everything that your viewers saw was completely unacceptable." TransMetro's general manager, Michael Gurevich, made this pledge to us. Michael Gurevich, TransMetro General Manager: "I'm positive and confident that things are going to improve." So confident, he even told us to call him back in six months. Michael Gurevich: "You can come in the morning, come in the afternoon, let me know." The six months are over. Guess what? Michael Gurevich is gone. And things aren't any better, or maybe even worse.

#### Current Para transit services do not meet the needs of disabled transit users

NCD 05, National Council on Disabilities June 13, 2005 “The Current State of Transportation for People with Disabilities in the United States” (<http://www.ncd.gov/publications/2005/06132005>) NCD is a small, independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of fifteen Senate-confirmed Presidential appointees

Paratransit ridership has soared under the ADA, and costs have similarly expanded. Although far more individuals are being served, riders in many cities continue to experience significant and complicated problems using their local paratransit systems. Many transit agencies have tightened their eligibility procedures in an attempt to get a handle on costs and on paratransit dependence by riders who could use the fixed-route system. But not all transit agencies are observing best practices in their eligibility screening, sometimes causing problems when service is denied. Some paratransit systems are still plagued by trip denials. As a result, riders are unable to obtain the next-day rides guaranteed them by law. The way denials are calculated can mask their true impact. Many paratransit riders experience great problems with the timeliness of the service—vehicles arrive sometimes too early, often too late, and riders cannot reach their job sites, medical appointments, and other important engagements when they need to. Other problems can include long telephone hold times and the lack of subscription service for regular riders. Sometimes, this lack of subscription service stems from transit agencies' misunderstanding of the ADA regulation. These problems are compounded as some transit agencies cut back paratransit service to the ADA-required minimums, sometimes creating difficult transportation barriers for people with disabilities that are not necessarily violations of the ADA. Some paratransit systems have punitive no-show and late cancellation policies, or fail to comply fully with riders' rights in these areas. Some have tried using paratransit as a feeder service, without the necessary structure and supports to make feeder service successful. Many of these difficulties can be caused by multifaceted operational problems, for which best practice solutions are suggested in each section of this report. Some transit agencies provide travel training and other incentives to attract paratransit riders to the fixed-route service. While these programs can be very successful, they also have their share of difficulties. Other solutions to paratransit problems are discussed in this report, including equalizing pay between fixed-route and paratransit drivers, pursuing service quality goals in contracting rather than accepting the lowest contractor bid, and developing special methods of serving individuals who need dialysis or who have dementia.

#### **Paratransit has many issues and cannot handle the increasing amount of people who need transportation services.**

Brenman 2001 Marc Brenman Senior Policy Advisor, Office of Civil Rights Office of the Secretary U.S. Dept. of Transportation (“Delivering on the Promise: U.S. Department of Transportation Self-Evaluation to Promote Community Living for People with Disabilities,” DOT, Accessed online at <http://www.hhs.gov/newfreedom/final/pdf/dot.pdf>, Accessed on 7/9/12)

Paratransit is the parallel public transit system set up under the ADA to provide¶ accessible transportation to people with mobility impairments who live in areas served¶ by fixed route public transit systems that are not fully accessible. Many transit properties complain that they cannot comply fully with the requirements for ADA Complementary Paratransit because of budget constraints. Disability advocates are concerned with capacity constraints by transit providers, lack of timely service, missed calls for pick-ups, and other issues. Capacity constraints are illegal limits placed on quantity of service made available by operators. The ADA requires fixed route operators to provide Complementary¶ Paratransit service for passengers with disabilities who cannot use buses and subways¶ or other ''fixed-route service.”¶ A dramatic increase in demand has lead to record ridership, resulting in capacity¶ constraints. In some cases, resources have not been allocated by transit properties to¶ meet the increased demand. In many cities, advocates have had to wage long battles¶ for the basics: purchase and use of accessible buses, regular maintenance of bus¶ accessibility features (especially wheelchair lifts), implementation of effective¶ paratransit programs, and alteration of key stations in rail systems to provide access.¶ Compliance is challenging in key stations because they were built at different times,¶ with different facility standards. There are an estimated 54 million Americans who have a significant physical or mental¶ disability that significantly limits one or more major life activity. Approximately 70% of¶ adult persons with disabilities are unemployed. Even with the Americans with¶ Disabilities Act of 1990, lack of adequate transportation continues to be a primary¶ barrier to work for people with disabilities: one-third of people with disabilities report¶ that inadequate transportation is a significant problem. There is a need for programs that would expand the transportation mobility options available to persons with¶ disabilities beyond the minimum required under the Americans with Disabilities Act of¶ 1990 (ADA). The ADA only makes existing transportation accessible. It does not¶ address the transportation gaps that exist. There are many continuing and unique¶ challenges faced by persons with disabilities that stretch beyond the ADA, or that could¶ be better addressed than by current methods being applied. The following are¶ examples of remaining issues:

### AT: ADA Solves in the Squo

#### ADA compliance fails for universal design

Alex Bitterman & Daniel Baldwin Hess (Bus rapid transit identity meets universal design Disability & Society Volume 23, Issue 5, 2008)

Typically BRT identity is communicated passively through a number of physical components (TRCP 2003b). In addition to these ‘captive audience’ media, other more ‘active’ methods may be used, including brochures, system maps, telephone information systems, Internet web sites, newspapers, radio, television, billboards, direct mail and special events. This constant communication helps, over time, to change perceptions about public transit, encourages ridership and enhances overall perceptions of other (non‐BRT) services offered by a parent transit agency. Because BRT identity components are integral to the success and long‐term public acceptance of BRT services, the design of both the physical components and the identity components demand equal attention in terms of planning, developmental budget, maintenance and functional usability. Consider this typical and hypothetical BRT system design brief: Vehicles will be compliant with the ADA or DDA. This ensures BRT system vehicles are physically accessible by those using wheeled mobility devices, as well as those with other physical impairments. Modern vehicles will feature wide doors, folding seats, and designated wheelchair securing points, wheelchair lifts, and/or incorporate hydraulic ‘kneeling’ technology. Permanent stations and stops will be ADA/DDA compliant. Vehicles will meet future fuel efficiency and emissions guidelines. Information will be conveyed by ITS which will be installed on vehicles and at stations and will also be provided via the Internet, and printed schedules. The new vehicles and stations will be modern and feature bright shades of fuchsia and teal. Closer inspection of this description of transit service reveals a number of shortcomings not immediately apparent. First, the ADA accessibility guidelines (ADAAG) are a metric though which minimum accessibility can be ensured. ADA compliance ensures that the vehicles are accessible but not necessarily usable by those with physical impairments and accessible (but not necessarily safe for use) by those who use wheeled mobility devices (such as power scooters). Similarly, components that support the BRT identity may be accessible for some but not usable by others. For designers, planners and evaluators of the hypothetical BRT system the ADAAG may serve as an objective checklist for components of a BRT and a BRT identity system, and while the ADA mandates are a step in the right direction toward inclusive usability, designers, planners and evaluators must recognize these as minimum thresholds which result in a minimal degree of accessibility and which do not necessarily accommodate an ability‐diverse public. Moreover, unlike physical and environmental components, graphic and information design products that constitute an identity system (see Figure 3) are not clearly covered by the ADA, and in cases where the ADA does include guidelines the interpretation of such regulations can be confusing or arbitrary, resulting in a broad variance of compliance. The ADAAG address some constituent elements of an identity system, such as type size and spacing used for interior signage, although guidelines for exterior signage remain ambiguous. Therefore, many designers of BRT identity components are unsure of how the ADAAG apply to non‐standard elements or to emerging technologies such as ITS.

## Justice Adv

### Justice Adv – Link: Transit

**Justice requires attention to the body as it navigates space: we must reconceptualize rights away from formal requirements.**

**Langan 01** (Celeste, Associate Professor of English at the University of California Berkeley, “Mobility Disability”, Public Culture, Vol. 13 No. 3, Fall)

To think through **the relation between the ﬁgure of the traveling cripple and the condition of the mass-transit dependent is**, I realize, a **potentially controversial move, since my object is, primarily, to use disability studies to reconceptualize class as a category relevant to equal protection under the law.** The chief¶ attraction of such a project may be its counterintuitiveness. **If we recognize the afﬁnity of disability rights activism with earlier movements for racial and gender equality, it is because we have become attentive to the ways in which the body is variously marked to naturalize legal exclusions and social hierarchies.** But the¶ relation between the body and class is far more tenuous. And that, precisely, is¶ the potential value of the analogy for disability studies. **Class is a category of¶ identity that draws attention to the socially constructed character both of mobility norms and mobility disabilities.**¶ Using class as a category through which to understand what I call the prosthetic subject has two signiﬁcant advantages. First, it properly marks mobility¶ disability as a contingent rather than an essential aspect of identity. What distin-¶ guishes class from race or gender as a form of identity is its transitivity. Indeed,¶ class as an identity is only lived in this transitivity; you are only made coincident¶ with your class identity in the act of distancing yourself from it, as Pierre Bour-¶ dieu (1984) argues. **Class therefore offers a powerful tool for imagining an identity for disabled subjects that rejects, on the one hand, the permanent status of the victim, and, on the other, the fantasy of a cure or rehabilitation that would dissolve the identity itself. Second, to invoke the category of class is to represent this transitivity as the unclosed space between equality and liberty.** We might say that class is the¶ “remainder” that Nancy Fraser (1997: 77) identiﬁes in her critique of the Haber-¶ masian model of the public sphere: “**the question of open access cannot be¶ reduced without remainder to the presence or absence of formal exclusion**.” For,¶ as she points out elsewhere, economic dependency is increasingly viliﬁed once¶ political rights are guaranteed by statute: “**Absent coverture and Jim Crow, it has become possible to declare that equality of opportunity exists and that individual merit determines outcomes**” (Fraser 1997:136). One might think of the ADA, and¶ Mobility Disability its emphasis on individuals with wheelchairs, in this light as an attempt to dele-¶ gitimate the category of class altogether by appearing to eliminate the most stub-¶ born remainder of inequality—bodily difference.7 But for that very reason, the¶ **ADA sets the stage for a radical program of justice, since the calciﬁcation of economic subordinations—their resistance to abolition—suggests the inadequacy of merely formal equality.**

**Lack of Transportation affects all aspects of a persons life and stops any possible integration**

Davies , Stock ,Holloway ,Wehmeyer , 2010(Daniel K. Davies, Steven E. Stock, Shane Holloway, and Michael L. Wehmeyer from the American Association on Intellectual and Developmental Disabilities, Evaluating a GPS-Based Transportation Device to Support Independent Bus Travel by People With Intellectual Disability. Intellectual and Developmental Disabilities: December 2010, Vol. 48, No. 6, pp. 454-463*.*December 2010, 7/17/2012)

The lack of availability of or access to transportation as a barrier to community inclusion is a perpetual problem for many people with intellectual disability. Researchers have identified transportation problems as a obstacle to participation in or access to self-advocacy activities (McNally, 2003), integrated employment (Conley,2003; Migliore, Grossi, Mank, & Rogan, 2008),religious participation (Minton & Dodder, 2003; Vogel, Polloway, & Smith, 2006), volunteering(Miller, Schleien, & Bedini, 2003), physical activity and exercise (Frey, Buchanan, & Sandt,2005), integrated leisure activities (Reynolds,2002), and integrated health care (Hayden, Kim,& DePaepe, 2005; Reichard, Sacco, & Turnbull,2004). It is evident, then, that transportation limitations affect all aspects of a person’s life and constitute a significant barrier to greater community inclusion and, presumably, a better quality of life for many people with intellectual and developmental disability.

**Realization of the discrimination against disabled people in public transportation is a first step towards policies.**

McCluskey 98 (Martha T. Professor of Law and William J. Magavern Faculty Scholar at SUNY Buffalo Law School, <http://www.jstor.org/stable/10.2307/796517> The Yale Law Journal)

*APTA and Davis* were incorrect, however, in characterizing substantial modifications for people with disabilities as burdensome affirmative steps outside the scope of a nondiscrimination requirement. 8 Prejudice shapes the perception that the needs of people with disabilities are "extra" needs above and beyond the norm, and that meeting these needs is a form of preferential treatment. Instead, major changes may be necessary to correct the history of exclusion of people with disabilities from many benefits generally available to nondisabled people. 9 For years, people with disabilities have paid taxes that have funded public transportation programs designed exclusively for nondisabled people.80 Professor MacKinnon describes American society as an affirmative action plan for white men;81 society could similarly be described as an affirmative action plan for able bodied people. Without an understanding that inaccessible transportation is a matter of prejudice, not just natural differences, however, lawmakers are not likely to favor major changes such as those imposed by the 1979 rules.

#### Transforming social infrastructure opens up the possibility for radical new experience and ends the disabling marginalization that render impairment a purely negatively-inflected condition.

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG ), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Where do the above claims about disability and human experience more generally take us? It must be admitted that these beg numerous philosophical questions concerning, for example, the nature of 'the self' and how the thinking or reflecting subject might be perceived in relation to choices and plans and what is even meant by the phrase 'having choices and plans'. Many of my arguments presented in this chapter depend in part at least on the answers to these questions that are for now being bracketed. Nevertheless, by way of conclusion I will now pay further attention to the nature of 'the self' (for both disabled and non-disabled people) as related to the capacity humans have to go against expectations in respect to their experiences. When experiences radically change our lives, we are often surprised by our reactions because they go against our imagined expectations. But what is meant by 'going against' in this context? What is being resisted or opposed exactly and how does this resistance relate to an imagined life, as distinct from a real life? One perhaps more obvious answer to these questions is that the 'going against' reveals inconsistencies between what a person imagines what she would do and/or be, and what she actually is or being. In other words, the going against is an epistemological problem, with the remedy being to ensure she knows herselfbetter through personal introspection, therapy and the like. However, another perhaps less obvious answer as to what is meant by 'going against' is that, rather than revealing problematic inconsistencies in the imagined knowledge and actual knowledge of oneself, it reflects the way individual personhood is in a state of flux that changes whilst experiences are occurring. To borrow the language of existential philosophy, the self is therefore not a fixed entity or essential being that is 'back there' introspecting, but rather is a non-essential 'becoming'. More succinctly, the self is not so much known through the introspection of life but created through an active engagement with life. But how do these answers to the question of human identity relate to the arguments explored in this chapter? To recall, according to the SCOD interpretation of the social model, the unequal position of 'the disadvantaged' is not only caused by social and economic injustice, as the POD interpretation would have it. It is also caused by what might be termed identity-exclusion. In respect to the conception of agency explored, this exclusion process occurs when diverse responses to the experiences of those defined as disadvantaged are effectively ignored or marginalised in favour of more dominant constructions. Following from the above, agent-based respect has consequently been sidelined, where a person with conditions associated with suffering is effectively reduced to a tragic and passive victim of circumstances and experiences beyond her control. To summarise, I therefore support a particular conception of individual agency that produces a 'productive tension' when considering socially just human relations. More specifically, this tension (a) enables agents to imagine and identify with others who are creatively responsible-subjects, engaging with their experiences in highly unpredictable but often positive ways, but where (b) some subjects (in this case impaired people) might also reasonably expect a structural transformation of the social and political environment, so as to accommodate the negative consequences of having a particular medical condition. That is, even if the person experiencing this condition is happy or fulfilled with her life as it is now. In other words, and using the language of liberal egalitarian political philosophy, respecting persons as free and equal agents is central to establishing healthy human relations, recognising that social and political systems ought to re-distribute and re-structure resources to those defined as 'worst-off' but also acknowledging the human capacity for creating a positive identity whatever has been experienced. The difficult job for social and political movements, as well as liberal egalitarian political philosophy, is responding to both injunctions but recognising that these often pull in opposite directions.

### Justice Adv—Mobility key

#### Access to implementing negative freedoms is a crucial issue of justice: disability must be addressed as an issue of social structures.

Hull 2009 (Richard, Lecturer in Philosophy and Director of the Centre for Bioethical Research and Analysis at the National University of Ireland, Galway “Disability and freedom” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

This chapter presents disability as an issue of human freedom. It discusses the relation between ability and freedom. Many traditional approaches to freedom tend to rule out the idea that disability can be seen as an issue of human freedom. However, it is suggested here that such approaches render freedom quite meaningless in a lot of contexts when, in real life, the importance of freedom stems from the fact that we consider it to have practical meaning. A model of freedom is introduced that links freedom quite closely with ability, capturing the idea that freedom has practical meaning. Using that model, disability can be seen as an issue of freedom. Indeed, it is shown that the kinds ofthings denied to people who are disabled are important basic freedoms that are conditional to the enjoyment of many other aspects of life. An advantage of such an approach is that it gives disabled people's claims for better social provision more moral force. That is, they are claims for the provision of important basic freedoms, which any notion of a just and fair society ought to take seriously. Such an approach, then, renders our concept of freedom more inclusive, meaningful and applicable, enabling theorists to more adequately articulate the remediable hardships endured by many members of our community. The relation between ability and freedom is discussed below. I will claim that inability and thus that disability is a source of un freedom. Rawls' worth ofliberty distinction stands in the way of making that claim. I will argue that, in allowing for almost entirely worthless freedoms, Rawls' concept of freedom is very minimalist and quite meaningless to a lot of people. Instead, we should concede that social and natural contingencies are among the constraints definitive of liberty rather than merely being constraints definitive of its worth. It follows from this that disabled people's claims for rights are very well grounded. They are claims for the provision of important basic freedoms. To make a start, something should be said about the concept of disability that will be assumed in the rest of the chapter. It is an idea of disability that is intended to bridge the often perceived divide between the medical and social models of disability. I have argued elsewhere that disability generally involves the concerns of both the medical and social models (Hull 1998: 199-210; 2007: 19-28) - that impairment can and does cause disability but, more often than not, disability has a lot to do with particular social structures and arrangements. And while it is useful (especially in the context of thinking about social justice) to distinguish disabilities that result primarily from impairment from those that result primarily from a socially inadequate or discriminatory response to impairment, disability often involves a highly complex interplay of impairment and social factors. As Jonathan Glover so ably puts it, 'disability involves a functional limitation, which (either on its own or - more usually - in combination with social disadvantage) impairs the capacity for human flourishing' (Glover 2006: 9). With the above in mind, the basic argument to be explored here runs as follows. We cannot be said in any meaningful sense to be free to do that which we are unable to do. People with physical impairments are often unable to participate in a range of activities that other people are able to participate in, largely due to social structures and arrangements. Therefore, they cannot be said to be free to so participate. Moreover, given that the restrictions of freedom are usually socially determined and remediable, we should seriously question the justice of a society where such conditions endure.! This argument runs up against (at least) two important contributions to political theory that tend to dominate discussion: the idea of negative liberty and Rawls' theory of justice. Both of these contributions will be criticised in the light of ethical issues concerning disability. Miller notes that negative liberty theory 'has become the dominant view ofliberty in practical politics and in the writing of many liberal theorists' (1991: 8). On the negative view, freedom is seen as natural and given. The absence of interference by external agents is sufficient for its realisation. In addition, negative liberty theorists tend to stipulate what can count as an external obstacle to freedom. For example, natural obstacles are said not to violate freedom; 'I am rendered unfree by an obstacle, only if that obstacle is imposed by another person, not if it is the result of an accident of nature' (Gray 1991: 22). As noted above, it is also held that obstacles have to be external to impede freedom. It can be argued from this sort of position that people with physical impairments face natural and internal obstacles which, by definition, cannot impede their freedom. A physical impairment is said to reduce 'the agent's ability, but not her freedom' (ibid.: 22).2 I want to suggest that such an approach is unhelpful. How we view the relation between freedom and ability will be important in determining which approach to freedom we find most sensible. For example, the negative position allows that one can be free to do that which one is unable to do. As we have seen, it limits what can count as a constraint to freedom. Through doing this, many incapacities are denied the moral severity that attaches to claims about freedom. As a result, social injustices can be obscured by the claim that we are all free in a negative sense. That claim is evasive and renders freedom rather mysterious.

#### Participatory standards solve.

Stein 2007 (Visiting Professor of Law, Executive Director, Harvard Law School Project on Disability Harvard Law School, Michael Ashley. “Disability Human Rights.” California Law Review 95, no. 1 (February 1, 2007): 75–121. 95 Calif. L. Rev. 75)

Despite the theory's cogency, disability rights advocates can take issue with the capabilities approach for being under-inclusive on two grounds. n138 First, the approach does not go far enough towards empowering disabled persons with the "right to be in the world." n139 Historically, the disabled have been among the most marginalized individuals, n140 and predicating their social inclusion on notions of societal contribution will not improve this status. Second, Nussbaum's scheme fails to recognize the [\*102] full dignity of those functioning below her ten central capabilities. Consequently, this constructed minimum excludes certain persons with intellectual disabilities from full participation in society.

A key ingredient missing from Nussbaum's model is an adequate concept of "participatory justice," or the ability of disabled persons to have meaningful contact with the population at large. n141 Undergirding this notion is a prevailing normative assumption that in a just society everyone should have the ability to interact with and take part in general culture. n142 Participatory justice parallels the social model's assertion that, but for the existence of artificial barriers, people with disabilities would play an equal part in society. It further asserts that a just society makes participation a moral imperative. Thus, even if a State cannot financially provide for a full range of human rights, it can still acknowledge a moral obligation to impart them. n143 Accordingly, participatory justice underscores that human rights seek the elimination of disability-related barriers to equal social participation. n144

However, by assessing social participation via functionality, Nussbaum's capabilities list limits participatory justice for intellectually disabled persons by not sufficiently ameliorating the social invisibility and exclusion they experience. Instead, her capabilities list erects barriers to social participation similar to the practice of predicating human [\*103] development on economic viability. Conditioning human development on economic viability rather than inherent dignity is a deeply troubling notion, and one that Nussbaum has rigorously and justifiably criticized. n145 The application to persons with disabilities is particularly disconcerting because historically, mainstream society rationalized disabled persons' exclusion on the assumptions that they were more expensive and contributed less to society than non-disabled. n146 A stark statement of this perspective is that of neo-Hobbesian philosopher David Gauthier. He utilizes this assertion to justify ministering to the disabled in a lesser manner than to the elderly, proclaiming that while the aged "have paid for their benefits by earlier productive activity," one may speak only "euphemistically of enabling [the disabled] to live productive lives, when the services required exceed any possible products." n147 A more nuanced treatment of this theme is found in the context of the ADA, where empirically unsubstantiated pleas for efficiency supply an economically rational motivation for employers to withhold accommodations from disabled workers. n148 Such economic justification has led to regimes that systematically bar disabled people from fulfilling their agency as citizens. n149 The many presumably well-intentioned yet paternalistic welfare systems that provide subsistence to [\*104] people with disabilities in lieu of workplace participation are emblematic of this problem. n150

### Justice Adv – Key to equality

#### A commitment to social justice is the only way to achieve equality for people with disabilities. Cost-benefit planning inevitably overlooks the needs of marginalized groups.

Becker 2005 (Lawrence, The University of Chicago, “Reciprocity, Justice, and Disability,” Ethics 116.)

All of this leads me to be optimistic about the possibilities of mutual advantage theory for dealing adequately with the issue of justice for the disabled. This is especially so if we consider one further point: the mutual advantage (in modern, industrial societies) of a strong social commitment to corrective health care, broadly conceived, as a basic good. Reflecting on the needs of the disabled—indeed, the disadvantaged generally—suggests to many people that the “capabilities approach” taken most prominently by Amartya Sen and Martha Nussbaum is on the right track. And it certainly puts the theory of justice squarely in line with the aims held by advocates for the disabled. The controlling idea is that our fundamental social institutions should be designed not only to permit but to promote, when necessary, the development of the physical and psychological capabilities that make human flourishing possible. To proceed with this, of course, we need to specify what those capabilities are; we need to make a list. But this poses a serious difficulty for solving the Tough-Crowd Problem if the list is tied to a particular comprehensive view of human flourishing, such as an Aristotelian or a Stoic one, since there is unlikely to be consensus in the tough crowd in favor of any particular comprehensive view. The best we can do is hope that most of the list will be found in what Rawls calls an overlapping consensus. However, if the list is detached from a comprehensive view it threatens to look ad hoc, and this ad hoc quality is likely to generate persistent disagreement. There is a less contentious route. The capabilities we care about are closely connected to human physical and psychological health— health for human individuals, that is, of varying stages of development and of varying constitutions. Even for the tough crowd, health is now ripe for inclusion in the list of basic goods. And it may be that a robust social commitment to human health will adequately address questions of justice for the disabled—as long as we are careful to include fundamental aspects of psychological health (i.e., those associated with active rational agency) and to connect these matters properly to various stages and types of human development. In doing this, we will have to understand health as something more than the absence of disease or life-threatening injury. We will have to understand it also as including habilitation and rehabilitation. If we do that, then the needs of the disabled—and those who are unhealthily burdened with their care— will be included in an appropriate way. As a political project, I suspect this is roughly equivalent to the capabilities approach—at least if our current medical understanding of human health is roughly right—and it strikes me as more promising politically, since we already have so many medical and educational institutions devoted to human health. Briefly, here are some reasons for thinking along these lines. Problems of distributive justice arise only for goods that cooperative efforts can in principle distribute. To restate a point made earlier: contemporary medicine, psychology, and education have raised the stakes for theories of distributive justice in this respect. We can now do much more to secure and sustain human health than previously, when there was not much to be done in this area that would improve the result of simply seeing to it that people had adequate shelter; nutrition; rest; clothing; personal hygiene; knowledgeable midwifery for childbirth and care of newborns; knowledgeable nursing care for infections of various sorts; somewhat more technical help with managing broken bones, open wounds, and a few surgical operations that could be done without anesthesia; methods of diagnosing and managing shock; sterile technique; or antibiotics. In those days, and probably well into the 1950s in the United States, it was plausible to think that justice in health care could be treated as a by-product of justice in the distribution of the goods necessary for healthy people’s other fundamental projects—as a by-product of even modest economic resources, for example, in a context of liberty, opportunity, and basic education for literacy and citizenship. This no longer seems plausible. Dealing with the tough crowd by way of a social contract tends to drive down the extent of redistributive schemes proposed by welfarists. But the economic resources that it seems reasonable (to the tough crowd) to guarantee to healthy people, as a matter of justice, for the pursuit of their non-health-related projects are pretty obviously not going to cover the cost of doing everything we can do these days to restore them to health from the many diseases, injuries, and disabilities we all face. Rational bargainers for mutual advantage are going to want access to at least some of this care. We therefore cannot plausibly treat health as a by-product of the distribution of other basic goods. The argument for a social subsidy or an insurance scheme is now a very strong one. (Something similar has happened to education.) The arguments within the tough crowd are surely, now, mostly about the details—about the best means for providing health care— rather than substantive ones about the need for it. Add to this, finally, the response required by reciprocity to the burdens imposed (on the healthy) by others’ disabilities. It is plausible to think that any defensible, developed conception of reciprocity will direct us to make a corrective response to those burdens—one that is aimed at restoring and sustaining a mutually advantageous level of reciprocal transactions but also one that is limited by that goal, and not by a commitment to make every possible medical procedure available to all. That means, obviously, providing capability-building rehabilitation wherever it can be effective in restoring or sustaining reciprocal social life. It means providing the extra care and extra health care for the disabled that are necessary for achieving the rehabilitative goals. It means providing for the care of those for whom capability-building rehabilitation is not possible, through a mutually advantageous form of social insurance. And it means providing unpaid caregivers, especially long-term family caregivers, with the respite and resources necessary to restore and sustain their ability to have productive, mutually rewarding reciprocal relationships with others. It is hard to see how one could ask more of a mutual advantage theory of justice on this issue.

#### Focus on social arrangements requires lens of justice.

Shakespeare 05 (Tom. International Centre for Life, University of Newcastle. Sociologist, works at World Health Organization. http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CFMQFjAB&url=http%3A%2F%2Fjournals.cambridge.org%2Fabstract\_S1474746404002210&ei=KGEEUP3RFuWi2wXpsr28BQ&usg=AFQjCNFyuMJBz-XL-\_lPGSHy85HAf5ktVA&sig2=c7y8rMutUm-VLrEkmZTufQ)

Civil rights and social justice have been central demands of the disability movement in recent decades. Whereas the traditional view of disability saw people with impairments as victims of the genetic lottery or casualties of disease and trauma, the disability movement has promoted a new view of people with impairments as disabled by society (Swain et al., 2004). Moving the causal emphasis to social arrangements creates a moral claim for redress, based on the injustices done to people with impairments who face discrimination and social exclusion. Inclusion and equality for disabled people, then, is not a superrogatory goal arising from charitable desires to benefit a group of unfortunates, but a demand of justice arising from the way society has created extra burdens for people with impairments. Within this new view, genetics is seen by many activists as further evidence of injustices committed against people with impairments. Injustice, because impaired foetuses are denied the right to life. Injustice, because disability is once more defined in individual and medical terms. Injustice, because people with genetic conditions are subjected to discrimination, controls on their reproduction, and potentially to unwanted medical therapies (Shakespeare, 1998; Shakespeare, 1999; Parens and Asch, 2000).

### Justice Adv – Key to policymaking

#### Justice is key to policymaking: resolving disability inequality ought to be our primary concern.

Bickenbach 2009 (Jerome E. Professor of Philosophy and Law at Queen's University, Canada, and consultant for the World Health Organisation. “Disability, non-talent and distributive justice” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Thus, as Wasserman has remarked (1996, 1998), impairments are relevant to social justice in two different ways: as functional deficits and social markers. Some social responses view impairment as functional deficits that get in the way of a person's social participation; others emphasise the social stigma and other obstacles to full participation that disadvantage people with disabilities. As functional deficits, impairments create needs for services, resources and accommodation, calling up distributive justice; and as forms of social stigma, neglect and misunderstanding that have harmed persons with justice, the response - to try to undo the harm that has been done - calls for corrective or compensatory justice. Wasserman believes, rightly in my view, that since impairments are 'fraught with social meaning' they appropriately call upon all three forms of justice: distributive, corrective and procedural. But, whatever the theoretical route one takes, Tawney's insight remains: social justice addresses inequalities created by social and political organisation. Social justice is about equality. Disability critique Many disability scholars, however, are uncomfortable with equality-grounded theories of social justice that attempt to incorporate both aspects of impairments. They remind us of one of the most influential, though usually unstated assumptions of social policy: it is always cheaper, more efficient, and publicly acceptable to provide resources that respond to individual functional deficits, than to modify the physical and social environment in which they live. Not only does the assumption relegate disability policy to the fringes - 'special needs' for people who can't make it in the real world - it also ignores the lessons of the universal design movement that argue that proactive changes in the physical and social environment are economically efficient and benefit everyone. But the assumption continues to hold the policy sector in its grip, creating a bias in favour of changing the person rather than changing the world. This, the disability critique concludes, further entrenches the true source of social inequality, namely the belief that disabilities are individual deficits that require 'special' services, rather than disadvantages resulting from unjust social arrangements. The disability critique of mainstream equality theories is undoubtedly sound. When justice theorists turn to disability, there is an immediate shift to impairments, understood as individual deficiencies. We read that justice requires health resources in order to equalise social opportunities (Daniels 1986), or a hypothetical insurance scheme to calculate fair compensation (Dworkin 1981), or resources to equalise positive freedom by raising levels of capability (Sen 1993), or repairing the inequality of marginal utility caused by 'health-related conditions that might be expected to reduce welfare' (Stein 2007: 16). An obsession with personal deficits and comparative well-being of persons with disability may not be demeaning, as Silvers (1994) argues, but it certainly skews the discussion away from social and political organisations and their role in creating the disadvantages of disability, and the feasibility and social and economic advantages of doing so. A problem So, is Tawney's insight correct? Does a social commitment to equality not demand that we eliminate (possibly by means of compensation rather than amelioration) inequalities of individual differences, but rather only those inequalities that flow from the operation of social and political organisation? If we recall our gentle interpretative elaboration of Tawney, then we need to add the nuance that the failure to respond to needs created by individual differences are also socially created inequalities, a fact that disability scholars should be mindful of should they be tempted to say that impairment is not at all the proper focus of social equality (see again, Shakespeare 2006). Conceptually, all of this accords perfectly with the interactive model of disability (implicit in the epidemiological models of disability mentioned above): Disability is an outcome of an interaction between attributes of the individual (impairments and functional incapacities) and the entire physical, social, attitudinal, political and culture world in which the individual lives and acts. Impairments and other health problems impact on a person's capacity to participate in life activities; and the individual environment, and response or lack of response to impairment, will also impact on participation. In specific instances, it is not always clear whether the impairment is the major source of the non-participatory outcome, or whether the environment is the primary source. It depends on the facts.

### Justice Adv – AT: Inf Regress

#### Democratic equality begins from a premise of difference; this resolves any critique of raical redistribution.

Bickenbach 2009 (Jerome E. Professor of Philosophy and Law at Queen's University, Canada, and consultant for the World Health Organisation. “Disability, non-talent and distributive justice” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Approach F: deal with both in terms of a distributive threshold

Perhaps both impairments and non-talents can be handled in a theory of equality if the goal of redistribution is not the elimination of inequality, but the elimination of a level of inequality that can be independently argued to be at the moral core of equality and so really matter to us. The idea here is to tame justice of distribution by reversing Tawney's approach and subsuming it under procedural justice. Amy Gutmann, for example, argues that justice only demands that the procedural goal of 'democratic equality' be secured. Democratic equality is secured when economic and social redistribution eliminates those (but only those) disparities that threaten to undermine participation in social and political roles essential in a democratic organisation (Gutmann 1987). Using the example of education, she argues that justice requires educational resource distribution sufficient to provide all children with abilities required to participate in the democratic process. Redistribution would be focused on both non-talents and impairments alike (so the distinction would no longer matter), but only insofar as their redress would facilitate democratic equality. Elizabeth Anderson (1999) adds further detail to democratic equality. Following Iris Marion Young (1990), she argues that egalitarianism has traditionally set its sights in opposition to unequal social relations - in the form of margin ali sat ion, status hierarchy, domination, exploitation and cultural imperialism - not, as the current debate has it, against differences in 'fortune and brute luck'. At most, she insists, justice requires that everyone possess those Senian capabilities that are required to live as equal citizens in a democratic society. And that is enough for our moral intuitions. Since the account depends on the plausibility of this point, it is fair to ask of Anderson how she would characterise these essential, threshold capabilities. Anderson provides us with three dimensions of capability required for equal democratic citizenship, and the resources required for each dimension: to be capable offunctioning as a human being: 'effective access to the means of sustaining one's biological existence - food, shelter, clothing, medical care - and access to the basic conditions of human agency - knowledge of one's circumstances and options, the ability to deliberate about means and ends, the psychological conditions of autonomy, including the self-confidence to think and judge for oneself, freedom of thought and movement. ' to be capable of functioning as a participant in a system of cooperative production: 'effective access to the means of production, access to the education needed to develop one's talents, freedom of occupational choice, the right to make contracts and enter into cooperative agreements with others, the right to receive fair value for one's labour, and recognition by others of one's productive contributions. ' to be capable of functioning as a citizen of a democratic state: 'effective access to rights to political participation, such as freedom of speech and the franchise, and also effective access to the goods and relationships of civil society (e.g. freedom of association, access to public spaces and services, freedom to form relationships, privacy).' (Anderson 1999: 318-19) Anderson makes much of the fact that democratic equality avoids the levellingdown objection by, in effect, heeding Tawney's insight that it is not 'natural diversity' that needs to be tamed, but socially created oppressive hierarchies: 'Instead of lamenting the human diversity of talents and trying to make up for what is represented as innate deficiencies in talent, democratic equality offers a way of conceiving and harnessing human diversity as that it benefits everyone' (ibid.: 336). She also insists that democratic equality need not require resource redistribution as much as changing norms and the structure of public goods. Finally, she echoes disability activists who argue that providing resources to compensate for impairments as individual deficiencies is demeaning.

### Justice Advantage -- CBA Bad

**Traditional cost-benefit analysis fails: anti-disability bias.**

McCluskey 98 (Martha T. Professor of Law and William J. Magavern Faculty Scholar at SUNY Buffalo Law School, <http://www.jstor.org/stable/10.2307/796517> The Yale Law Journal)

Subtle and pervasive able-bodied bias, not simply physical difference, leads to the socioeconomic disadvantages that attach to physical disability. Thinking about the problem as an issue of eliminating prejudice rather than simply accommodating difference would improve disability discrimination doctrine.1 08 Disability discrimination doctrine should confront the prejudice that makes the "differences" related to disability seem like abnormal, separate problems that are necessarily disadvantageous. Instead of approving special, segregated services, courts and policymakers should follow the disparate impact model, which generally requires that unjustified policies with harmful effects be changed as a whole, rather than remedied through sep- arate policies targeted at the adversely affected groups."0 9 Consistent with the disparate impact model's treatment of race and sex discrimination,110 the law should adopt a presumption that a program's adverse effects on people with disabilities are discriminatory. Disability discrimination doctrine should not assume that public programs can normally be designed to be more effective for nondisabled people than for people with disabilities as long as programs make some accommodations or do not completely exclude people with disabilities. 11 Presuming that programs should be equally effective for both people with disabilities and able-bodied people does not necessarily preclude consideration of competing interests such as cost savings.112 Simply balancing concerns such as cost against the interest of people with disabilities in access to public programs," 3 however, is inappropriate because these concerns are likely to incorporate able-bodied biases." Instead, the disparate impact model's presumption of equal effects should be used to encourage careful scrutiny of justifications for adverse effects to ferret out bias." 5 Several requirements would minimize subtle prejudice in assessing the costs of making programs equally effective for people with disabilities. 1 6 First, courts and policymakers should carefully examine actual evidence of costs of making programs fully accessible. Estimates of the cost of provid- ing access to programs such as public transportation often vary widely,"'7 and in many cases may actually be minimal. 18 For instance, in one case, the cost of wheelchair-accessible buses was comparable to that of the inaccessible buses the city had bought

### Justice Adv -- AT: Util

#### Utilitarianism relies on a universal best interest that reifies anti-disability bias.

Brown 2009 (Lindsey, researcher in Public Health Ethics at the Ethox Centre, University of Oxford, UK. “The role of medical experts in shaping disability law” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

The Court of Appeal in Burke suggested that a life lived with a condition that causes 'an extreme degree of pain, discomfort or indignity to a patient' should be considered not worth living, thereby absolving doctors from the positive duty to keep the patient alive.46 Yet, all those terms are highly subjective and context-sensitive. People have different pain thresholds: what some might consider uncomfortable or undignified does not make life not worth living for others. As Asch comments, 'It is no more demeaning to obtain help in dressing or washing from a personal assistant than it is to get services from an auto mechanic, a plumber, or a computer technician' (2001: 313). Just because a person is unable to communicate or to articulate their views clearly, it does not mean that their life is not worth living. Many people with very severe intellectual impairments are able to experience and express pleasure and pain, show awareness of their surroundings and relationships, and demonstrate all the feelings associated with being a human subject (Shakespeare 1998: 665). As Montgomery observes, 'once declared incompetent, patients become vulnerable to medical and judicial paternalism. The purpose of judicial scrutiny of decisions taken in the "best interests" of patients is to ensure that as objective a view as possible is taken' (Montgomery 2000: 178). Whilst in theory the courts' views are meant to be objective, in reality this is impossible. Inevitably, they will be influenced by cultural norms and values. On several occasions in MB, Holman J reiterated the court's role in making a supposedly 'objective' assessment about MB's best interests. For example, he said his task, 'difficult enough in itself, is to decide, and only to decide, where the objective balance of the best interests of M lies' Y In an attempt to do this, he followed the Court of Appeal's guidance in wyatt as to how to carry out a 'best interests' assessment:48 The test is one of best interests, and the task of the court is to balance all the factors. The Court of Appeal have suggested that the best and safest way of reliably doing this is to draw up a list on which are specifically identified, on the one hand, the benefits or advantages and, on the other hand, the burdens or disadvantages of continuing or discontinuing the treatment in question.49 As already alluded to, it was for this reason that Holman J asked all interested parties to draw up their own balance sheets. As previously noted, he was unimpressed by the information provided by the NHS Trust. Yet, having completed this exercise, Holman J recognised the limitations in this approach, noting that, 'whilst it is a very helpful but relatively easy task to draw a list of benefits and burdens, there are still huge difficulties in striking the balance'. One of the principal difficulties he identified is making an 'overall appraisal of the weight to be attached to so many varied considerations which cannot be weighed "mathematically," and so arrive at the final balance and decision'. 50 Thus, it is impossible for courts or doctors to make purely objective assessments about someone's QL or what is in their best interests.51 In particular, this is because most assessments made by the people in power rely on doctors' evidence. Yet, there is recognition in MB that, despite a poor medical prognosis, there can still be benefits in life. For example, Holman J states: It is impossible to put a mathematical or any other value on the benefits. But they are precious and real and they are the benefits, and only benefits, that M was destined to gain from his life. I do not consider that from one day to the next all the routine discomfort, distress and pain that the doctors describe ... outweigh those benefits so that I can say that it is in his best interests that those benefits, and life itself, should immediately end. On the contrary, I positively consider that as his life does still have benefits, and is his life, it should be enabled to continue, subject to excluding the treatment I have identified. 52 In this way, Holman J could be seen to have recognised the importance ofresisting negative assumptions. By distinguishing Re C,53 Holman J could be interpreted as trying to reject the medical model. For, had he looked only at the medical facts, as happened in Re C, he would have found in favour of the NHS Trust (because the evidence was so overwhelming). While Holman J did not go so far as to take a 'social model' approach to disability, he did at least seem to recognise some of the limitations of the medical model. In this regard, he recognised that doctors do not take into account anything outside the medical assessment. His judgement provides encouragement that, perhaps, UK lawmakers are beginning to appreciate that the medical model is not good enough as a basis on which to judge people's best interests, least of all in end-of-life situations. The 'best interests' test (as it currently stands) is inadequate. It leaves far too many questions open, and needs further explanation. 'Best interests' often begs too many philosophical and theological questions to be confidently answered and it is dangerously likely to be answered in a way which does not give the desirable (and legally mandatory) priority to the presumption in favour of continued life for disabled people (Foster 2006b). Furthermore, the test is currently assessed by medics utilising an approach that focuses on medical considerations without sufficient consideration of social elements.

#### Be suspect of their descriptions of the world: they ignore embodiment, which ensures an able-bodied bias.

Mackenzie and Scully, 2007 (Catriona, Professor of Philosophy and Director of the Macquarie University Research Centre for Agency, Values and Ethics; and Jackie Leach, Reader in Social & Bioethics at the Policy, Ethics and Life Sciences Research Centre in Newcastle University; “Moral Imagination, Disability and Embodiment, Journal of Applied Philosophy,” Vol. 24, No. 4)

Imagination, including moral imagination, is conventionally considered to be a purely mental capacity. This reflects those conceptualisations of the mind that view it as something like pure intelligence or rationality, isolated from its physical and social surroundings. We want to suggest, however, that imagination is fundamentally an embodied capacity of the mind; and further that because of this, being/having a specific form of embodiment places real constraints on our capacities both to imagine ourselves otherwise and to imaginatively put ourselves in the place of others. First, and most straightforwardly, imagination can be considered an embodied capacity because, as far as we can tell, there is no mental activity without a body. Everything we know from contemporary science indicates that the biological, and especially neurological, structures of the body provide the essential apparatus for the processes of perception and higher order mental functions such as cognition, imagination and so on. Second, as we argued in the previous section, however far the imagination reaches, imaginative projection is founded in personal experience, and therefore it is dependent on and constrained by the body, because the experiences of persons are themselves dependent on the body, in a number of ways: (i) Embodiment is a precondition of experience, at pre-social levels of perception and cognition. Leaving aside the possibility, which we do not examine further here, of totally disem- bodied states of consciousness, it is the case that all human beings have/are physical bodies. We have noted that the body provides the apparatus for any mental process.The body is also the prerequisite for all the physical and mental interactions with the world that we call experience. This claim is rooted in the philosophy of Merleau-Ponty and later phenomenologists, and in contemporary work in cognitive science. In Merleau- Ponty’s phenomenology of mind, thought is not organised or performed separately from the body.25 Rather the mind is always embodied, it is generated through the corporeal and sensory relations of the body to its world, and thinking is a product of these relations. Developmentally, the primary spatial and temporal interactions of the body with its surroundings (movement and actions) give rise to mental structures that are at first pre-linguistic and precognitive, but that eventually make conscious and symbolic thought possible. Other than Merleau-Ponty, the phenomenological tradition has generally neglected the possibility that a variation in bodily form causing signifi- cant differences in sensory and motor processes would lead to primary spatial and temporal interactions with the surroundings that also differ from the norm, and might then affect the mental structures that emerge, albeit in subtle ways.26 Further support for the idea that the body is a player in the processes of cognition and not just the vehicle for a mind that does the thinking comes from recent work in cognitive science. Many cognitive scientists now hold that higher order cognitive structures and processes, including those that support conceptualization, memory, and language, develop from the mental processes that support basic perception and action.27 One proposal is that a good deal of human cognition is not done primarily through representations and propositions, but structured by recurring patterns of bodily actions, perceptions, and the manipulation of objects. These recurring patterns generate so called ‘image schemas’ or ‘experiential gestalts’28 that organise, in a persistent and yet non-propositional way, the perceptual and motor bodily experiences we collect in the course of repeated interactions with the world. Cognitive scientists who hold to an embodied mind theory propose that these image schemas are then extended to related but more non-concrete domains.29 What is known as ‘offline cognition’ (that is, thoughts about events that are not happening right here and now, including imaginative thought) is made possible through the exploitation of less sophisticated sensorimotor processes. In this way, for instance, our early experiences of bodily balance and equilibrium give rise to image schemas of balance, which in turn enable abstract domains of cognition including complex metaphors about the balance of power, the balance of evidence, a person who is well balanced, and so on. In support of this pathway there is psycholinguistic evidence to suggest that people’s understanding of their embodied experience connects with (and can even be used to predict) their use of particular verbal idioms, i.e. how they understand those idioms and what they intend to do by using them.30 The details of these processes are still tentative (and not accepted by all cognitive scientists, or philosophers of mind), but the overall evidence is consistent with the idea that body-specific experience modifies conceptual processes, including imaginative processes. (ii) Experience is shaped and constrained by the specificities of embodiment. The bodily constraints we refer to here are both biological (the experience of pregnancy is biolo- gically restricted to women in the human species) and social (in many societies only men are allowed to go to war and have the experience of soldiering). When we look at certain impairments, the constraints on experience may be profound: osteogenesis imperfecta,31 for example, may be a lifelong bar to walking or running. Visual impair- ments may rule out the experience of admiring a landscape. However, the effect may not always be straightforwardly negative: hearing impairment can protect from the strain of too much environmental noise, for instance. Nor is the result always a net reduction in experiential opportunities: hearing aids can enable a hearing impaired person to experience a wider variety of sound worlds than most hearing people will ever encounter. (iii) Bodily experience is shaped and constrained by cultural meanings. This constraint operates at the level of the socially held meanings in terms of which we make sense of our experience. In any society, for instance, the meaning given to a sexual assault can vary markedly depending on whether the act is perpetrated against a woman or a man, a child or an adult, or a person with a disability. Also, the bodies we are/have determine to some extent the social worlds that it is possible for us to inhabit during our lives, which in turn affects the social space that we can imagine inhabiting. As white women there are likely to be clear roles, positions and corresponding attitudes that we are encouraged or permitted to adopt. While these may not be absolutely rigid and may change over time, it still means that there will be other roles, positions and attitudes (of an Asian woman, for example, or of a man) that we will never be able to adopt, and with which we can only imaginatively engage (and possibly get quite wrong) on the basis of very limited information. Indeed in some cases there may be social positions of which, for want of information, we are not even aware. These social understandings of experience are conveyed both explicitly, in public debates about disability for example, and implicitly, in unarticulated but nevertheless readily absorbed messages. An added complication is that meanings can be held both consciously and at a precon- scious level. An example of the first would be the set of perceptions, attitudes and beliefs about the body that Gallagher calls the body image,32 while an example of the second would be the habitus or set of mental dispositions acquired from one’s social field described by Bourdieu.33 These considerations suggest that our capacities for imaginative projection depend in very concrete ways on features of our specific embodiment, as well as on our social and cultural context, specific histories, relationships with others, and patterns of emotional response. These constrain our abilities to imagine other persons ‘from the inside’, particularly persons whose embodiment is very different from our own, whether in the mode of ‘in-the-other’s-shoes-imagining’ or imagining being another. Given these limits, it is likely to be extremely difficult for a person with ‘normal’ hands to imaginatively project herself into Bree Walker’s embodied experience of living with ‘lobster claws’, for example, and so to share the perception that having a child with anomalous hands is no big deal. Or a person who is not culturally Deaf, and therefore does not share the embodied experience of Deaf people, will be unable imaginatively to project herself into that set of perceptions and dispositions, and thus understand why a Deaf couple might find it self-evidently preferable to have a hearing impaired child. 3.2. Empirical Support for the Idea of (Embodied) Limits to Imagination I remember thinking clearly . . . that if it ever happened to me I could not stand it. I would want to kill myself. . . . But once it did happen to me, all the things I thought I would think and feel, I never felt at all.34 We have provided some theoretical grounds for proposing that embodied experience places limits on our abilities to imagine ourselves otherwise or to imagine ourselves in the place of another. In the following sections we will discuss the implications of this analysis for thinking about the role of the imagination in moral engagement with others and in the context of quality of life assessments. Before doing so, however, it is worth pointing out that our argument seems to find support in empirical work that indicates what some disability theorists describe as the central disability paradox. These studies generally compare the assessments of quality of life following, say, spinal cord injury, made by disabled and by non-disabled participants. The overall message here is what Amundsen calls the Anomaly: that ‘when asked about the quality of their own lives, disabled people report a quality only slightly lower than that reported by non-disabled people, and much higher than that projected by non-disabled people’.35 Indeed, some of the data suggest there is actually no decrease in overall life satisfaction.36 Even people who might be expected to have greater than average insight into patients’ experience of disability, such as the hospital and rehabilitation staff who come into close contact with them,37 evaluated their patients’ quality of life as lower than the patients themselves did. These studies are particularly intriguing because they usually involve people with acquired disability who (it might be supposed) are more able to compare their present condition unfavourably with life before their impairment, unlike those with a congenital or early childhood impairment for whom it is their normal state of being and who might therefore not know any better. Albrecht and Devlieger have described this as the disability paradox. As they put it, ‘Why do many people with serious and persistent disabilities report that they experience a good or excellent quality of life when to most external observers these individuals seem to live an undesirable daily existence?’.38 Non-disabled commentators often invoke psychological mechanisms, such as adaptation, coping and accommodation39, that allow the newly disabled to get used to a new form of life without too much mental distress: in other words, they are making the best of a bad job. In response, disability scholars argue that ‘ . . . it is not clear that the difference between an individual’s report of the quality of the life she lives despite her limitations, and others’ view of that life, is merely the difference between adaptation and nonadaptation’.40 These empirically observed discrepancies between reported and projected accounts of quality of life in disability highlight the limits to our ability to imagine ourselves into situations in which our bodily capacities are significantly different, or to imagine the lives of others with very different bodily capacities. People whose norm is to be able to move around on the two legs they were born with may find it inconceivable that a wheelchair might be experienced as an extension to or integral part of the body.41 And even if it is accepted as plausible (I understand how that might be), a person who has not had that experience cannot say I understand how that might be and I know what it would be like, other than through extrapolation from a similar but actually different experience (I know what it is like to feel my car as an extension of myself, so maybe that’s how people accustomed to wheelchair locomotion feel too.) 4. Sympathetic Moral Imagination We have argued that the epistemic obstacles to imagining being another are so signifi- cant as to make this mode of imaginative engagement highly implausible as a basis for our capacity to morally engage with others. Nevertheless, the suggestion that one should imaginatively ‘put oneself in x’s place’ in order to understand her perspective seems to invite us to engage in this mode of imagining. Given the difficulties of imagining being another, the problem is that when we take up this invitation what we are most likely to do is to engage in either ‘in-the-other’s-shoes-imagining’, if we have some knowledge of the person or, in cases when we do not know her, simply to imagine ourselves differently situated. But imagining oneself differently situated, or even imagining oneself in the other’s shoes, is not morally engaging with the other; rather, it is projecting one’s own perspective onto the other. When the other person is very different from ourselves, the danger of this kind of projection is that we simply project onto the other our own beliefs and attitudes, fears and hopes, and desires and aversions. Iris Young has drawn attention to this kind of danger.42 Responding to Benhabib’s account of moral respect as adopting another’s standpoint or putting oneself in the other’s place,43 Young argues that this conception of respect implies that different standpoints are reversible. But the notion of reversibility, she claims, is ontologically incoherent because each person’s standpoint is distinct and ‘is instituted by its internal relations to other standpoints’.44 Furthermore, thinking that it is possible leads to morally relevant differences and particularities being obscured. The presumption that one does adequately share another’s standpoint can foreclose the kind of exploration that might reveal morally significant differences in values and priorities, which is particularly problematic when the other is socially disadvantaged with respect to oneself or very differently situated. The danger of overlooking such differences is that, even if one is well-intentioned, one may end up projecting one’s own values and priorities onto the other, misrepresenting her views, needs and concerns, and arriving at moral judgments that are inappropriate or paternalistic.

## Stigma Adv

### Stigma Adv—Transportation key

#### Stigmas are shaped by the transportation mobility environment-

Imrie 2000 (Rob, Prof. of Geography @ King's College London and PhD in industrial sociology- Imrie is a fmr. Prof. of Human Geography at Royal Holloway London, awarded the "back award" by the Royal Geographical Society, Prof. at the Urban Research Centre, fmr. University of Western Sydney visiting professor, and on the editorial board of 'Access Journal', Environment and Planning A 2000, Vol. 32, p. 1641-1656)

¶ Disabled people's mobility and movement are highly circumscribed by sociocultural¶ attitudes, practices, and the related design of the built environment. From the micro-¶ architecture of urban streetscapes, to the discontinuous nature of transportation¶ infrastructure and networks, one can agree with Paterson and Hughes (1999,¶ page 605) who suggest that it is ``hegemonic bodies that are culturally formative of¶ the codes and idioms'' which condition the norms of movement and mobility (also, see¶ Corker, 1998; 1999; Hughes, 1999). Such norms revolve around conceptions of the¶ bodily incompetence of people with physical and mental impairments, while propagat-¶ ing welfare policies and procedures which seek to discipline disabled people into a state¶ (and status) of nonimpaired carnality. For disabled people, then, their immobility is¶ their own fault or the consequences of a deviant corporeality which requires medical¶ care and rehabilitation or, failing that, the application of charitable works.¶ Law (1999, page 583) suggests that an excavation of the ``practices and meanings¶ related to mobility should not detract us from the politics of mobility''. For disabled¶ people, a politics of mobility is, however, not divisible from broader challenges to, and¶ reformulations of, the hegemonic values and practices of a society which, as Paterson¶ and Hughes (1999, page 609) note, serves to maintain a hierarchy of identities. Such¶ hierarchies essentialise conceptions of disability (as impairment of a particular type),¶ with the effect that the complexities of disabled people's corporeality and experiences¶ (of mobility and movement) are rarely described, acknowledged, nor understood¶ 1652 R Imrie¶ (see, for example, Corker, 1998; 1999; Gleeson, 1999; Hine, 1999; Hine and Mitchell,¶ 2001; Imrie, 1996; 2000b). Not surprisingly, as some respondents intimated, the shift-¶ ing, indeterminate, and incoherent corporealities of disability are often at odds with the¶ static categories and practices of, for example, producers and providers of transporta-¶ tion services.¶ Such services treat disabled people as `different' and `special' or even as `burden-¶ some'. As Corker (1998, page 82) suggests, the ascription of ``difference'' to disabled¶ people is often used to distinguish them ``as persons who can justifiably be treated¶ unequally''. For Corker (1998, page 82), the unequal treatment of (disabled) people, in¶ relation to ``the distribution of benefits and burdens, and in the absence of any¶ justification, is a paradigm of injustice''. Arguably, these injustices require a politics¶ of mobility in which liberal conceptions of mobility and freedom are reassessed to¶ destabilise the efficacy of `the mobile body'. Given liberalism's abstract universality¶ and individualism, and its preoccupation with the sameness of treatment of subjects,¶ alternative frameworks are required, so some argue, which seek to develop ``a recogni-¶ tion of difference and responsiveness to individuated needs, as well as the protection of¶ the rights of difference'' (Gould, 1996, page 180). A politics of movement and mobility,¶ then, ought to enable us to think about, and respond to ``the diversity of mobility,¶ networks and access required by diverse groups in their daily lives'' (Huxley, 1997,¶ page 2).

Public transport impoverishes people with disabilities by condemning them to spatial and social isolation

Kitchin 1998 (Rob, School of Geosciences, Queen’ s University of Belfast, “'Out of Place', 'Knowing One's Place': Space, power and the exclusion of disabled people,” Disability & Society, Vol. 13, No. 3, http://dx.doi.org/10.1080/09687599826678.)

In addition to disablist organisation of space, the organisation of social relations currently spatially isolate and marginalise disabled people, and their careers. A classic example of how society spatially disadvantages disabled people is the design and maintenance of public transport. Many disabled people are denied the freedom to travel where and when they like. Their spatial behaviour is restricted because they are unable to walk or drive themselves and public transport is either poorly designed or there is inadequate provision (e.g. infrequent or unreliable service). Often journeys have to be planned several days in advance, to allow time to book provision. For example, it is not possible for wheelchair users to travel on the London underground without pre-booking 24 hours in advance, and then travel is restricted to stations with a lift. Disabled people often have to travel circuitous routes and are denied the same spatial choices as `able-bodied’ people. Consequently, access to employment and social events can be denied. The spatial manifestations of inaccessible public transport reproduces unemployment and underemployment amongst disabled people, and restricts their social activities . This, in turn, restricts the ability to earn, and thus confines them to poor, cheap and inadequate housing and welfarist lifestyles. Similarly, holiday destinations are limited because of difficulties in getting there and ending somewhere that caters for special needs. In cases where welfare provision is an essential part of daily life, and institutionalisation has been rejected, social relationships currently place an emphasis on authority-provided care or family care with little or no support. Authority provided care usually consists of `helpers’ coming several times a week to help with household chores such as cooking and cleaning. Usually, visits are timetabled and set to a routine. Spatial behaviour is restricted to modes of travel provided by the authority, and is limited both in time and distance. Trips outside the home usually have to be timetabled carefully in advance. Where a family member is the main carer, inadequate and infrequent support can place an intolerable burden upon the career, and severely strict their own and their disabled caree’ s spatial behaviour. Feminist analysis of the geographie s of child-care has demonstrated that because of their role within the home, women’ s spatial behaviour is restricted and unrewarding in comparison to men’ s (see England, 1997). Milligan (1997) , in a study of the geographies of caring within Glasgow, has drawn similar conclusions for carers. Carers are tethered to the site of caring, especially if they are the sole carer, with little time for social life. Spatial behaviour is usually restricted to walking distance of the site of care, or short car journeys to specific locations such as shops. In addition, provision of relief support by local authorities varies across districts because of priorities and patterns of spending. Where people live then effects the level and extent of carer support. If the carer, the partner with the most mobility, is restrained, then the disabled caree is even more spatially and socially isolated, often con® ned to the home and rare visits to day-care centres.

### Stigma Adv – Internal Link

#### Stigma and discrimination underlie disability inequality; we must reorganize society to remove such morally reprehensible boundaries.

Bickenbach 2009 (Jerome E. Professor of Philosophy and Law at Queen's University, Canada, and consultant for the World Health Organisation. “Disability, non-talent and distributive justice” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

[T]o criticize inequality and to desire equality is not, as is sometimes suggested, to cherish the romantic illusion that [people] are equal in character and intelligence. It is to hold that, while their natural endowments differ profoundly, it is the mark of a civilized society to aim at eliminating such inequalities as have their source, not in individual differences but in [social and political] organization. (Tawney 1931: 62) Introduction Theories of justice are about what members of social and political communities are entitled to. Justice theories are distinguished in part by the ground or rationale for the provision of entitlements: the need for commensurate and proportionate punishment or praise for corrective justice; the need for fair or equal apportionment of resources, welfare or opportunities for distributive justice; and the need for fair play, dignity and respect for procedural (or relational) justice. Viewed separately, these entitlements may be allotted in terms of one or several of these rationales; or the allocation that one form of justice requires another may, in the circumstances, prohibit or limit. Tawney's seminal vision was that inequality of income, status and respect (the inequality that truly matters to us) does not flow inexorably from natural differences between people but is a product of the way we organise society: the inequality that is morally deplorable is not 'inequality of personal gifts, but of the social and economic environment' (Tawney 1931: 50). This insight creates an account of justice that merges all three kinds of justice or rather, one in which corrective and procedural justice are means towards the single goal of egalitarian distributive justice. Tawney's insight is familiar to disability scholars (though its age belies the ubiquitous labels of 'new paradigms' and 'the new social model'). This includes the underlying perception that the disadvantages of disability are brought about, not simply by the underlying impairment, but as well by social and political institutions. If we broaden Tawney's scope somewhat, and include cultures, attitudes, the built environment, expectations of normality, and so on, we have the essence of the so-called social model of disability, variously described (see e.g., Amundson 1992; Bickenbach 1993; Hahn 1988; Oliver 1986; Saflios-Rothschild 1970; UPIAS 1976; Wright 1983). Here too is the expressed rationale for antidiscrimination law and policy, as embodied in the Americans with Disabilities Act (1980), its predecessors and worldwide successors. Finally, and from the perspective of analysing disability as a demographic variable (like age, sex or ethnicity), for the purposes of describing and measuring the impact of disability on the population, the insight is implicit in current epidemiological models of disability (Altman 2001; Fougeyrollas 1995; Nagi 1965; WHO 1980), including the most recent found in WHO's International Classification of Functioning, Disability and Health (WHO 2001) (Bickenbach 1999). So why revisit Tawney? One reason is that his talk of 'natural endowments' and 'personal gifts' - which we will return to below - appears to support those who, under the rubric of the social model of disability, argue that the disadvantages of disability are entirely or mostly a product of social and political arrangements and have little or nothing to do with underlying impairments. Some disability advocates have expressed doubt that a theory of distributive justice must include entitlements to resources designed to correct or ameliorate the impact of impairments, not because these resources are not required, but because such a justice claim is grounded in the medical model in which disability is primarily viewed as an impairment or functional incapacity. Anita Silvers in particular argues that this focus on impairments is both demeaning (as it implies that people with health problems are inferior and need to be fixed) and ignores the salient social fact - which the Tawney insight strongly endorses that the morally deplorable disadvantages that people with impairments face are the result of stigmatisation and discrimination, not from underlying differences in 'natural endowments' (Silvers 1994). On the other side, disability scholars like Tom Shakespeare (2006) object to the social model's refusal to accept that impairments themselves disadvantage people, seemingly moving the centre of gravity of disability scholarship and politics away from Tawney's insight. So, on this debate, Tawney's insight is still current. The second reason to go back to Tawney is that his blunt statement of the 'inner' and the 'outer' sources of inequalities raises a thorny issue for theories of justice in general, and disability theory in particular. Since it is vital to put this issue clearly, with full regard to both its nuances and its potential pitfalls, I want to begin with a few matters of interpretation so that the insight can be better situated within the disability critique of theories of distributive justice.

### Stigma Adv Genocide Impact

#### Current ontology leads to otherization and genocide

Pfeiffer, 2002 (David, Ph.D., Professor of Public Management at Suffolk University, Disability Studies Quarterly, Vol. 22 No. 2, Spring, p. 3-23)

It is here contended (as the result of the author's research) that accepting the Greek, Christian, or modern ontology, as here outlined, leads to a fanaticism in which the "other" should be, needs to be, must be destroyed. A fanaticism in which giving one's life in the destruction of the lives of the "other" is the highest moral, ethical, and religious act possible. In the US during the nineteenth century many persons conceived of a manifest destiny for the country to bring democracy to the rest of the world. The US built up quite an empire doing it. The US entered World War I to make the world safe for democracy. The US entered World War II to defend democracy. The US fought in Korea, Vietnam, Kuwait, and now in Afghanistan to protect freedom and capitalism. The wording changed a little as did the emphasis, but the ontology was the same: the US knows truth, justice, goodness, beauty, and what is best for the rest of the world and it is are ready to kill others to prove it. But the US is not the only country to adhere to this ontology. Some Japanese in the 1920s and 1930s conceived of their people as having a pure spirit unsoiled by Western culture. Therefore, their military campaigns during the 1930s and 1940s were to purify East Asia and to destroy the influence of the "white devils." Some Germans in the 1920s and 1930s conceived of their people as having a pure spirit unsoiled by Western culture. Therefore, their military campaigns during the 1930s and 1940s were to purify Europe and to destroy the influence of the "Christians, liberals, and Jews." The English did it, the Russians did it, the Germans did it, the French did it, the Spanish, the Italians, the Japanese did it, the Balkan nations, the Chinese - they all did it. In fact, no nation and no religion avoided killing others (if they had the resources to do so) in the name of truth, justice, goodness, and even beauty. In all of these cases value systems embodied in utility functions based on respect and more importantly based on the equality of people, of gender, of race, and of differing intellectual viewpoints were the enemy which had to be destroyed. As well discussed in Buruma & Margalit (2002), they had to be destroyed because they undermined the ideal of the pious, uncorrupted peasant who worked hard and always obeyed authority. The religious leaders and the political leaders worked together to keep society stable - and therefore their privileged position. According to the religious and political leaders it is the soul of the peasant which is in danger from these values. It is no accident that West European and US missionaries go to other lands to save souls. And they go into the country side and into the urban slums in all parts of the world to save souls. It is primarily the skeptical intellect which is the target of missionaries. The peasant must become pious (as defined by the religious leaders) and obey the law (as defined by the political leaders). The scientists present the "facts" which support the definitions of the religious and the political leaders. Intellectuals who question motives and means must be removed and silenced. Law is based upon divine revelation and implemented by leaders. It is this view which unites right wing Christians in the US, ultra-orthodox Jews in Israel, fascists in many dictatorships around the world, far right Islamists, and any authoritarian group. It was far right Islamic terrorists who crashed those planes on September 11. It was right wing Christians Jerry Falwell and Pat Robertson who said it was punishment from God (their god of course) for the denial of God (again their god) in US society. They both had the same ultimate goal: to chastise the US populace in order to force them to embrace their ontology, their epistemology, their value system. People with disabilities are seen in the US today as the "other" which is concretely involved with the world of experience. Any ontology which presents a world of experience as inferior to a world of divine law will lead to the oppression of people with disabilities. Any ontology which emphasizes ablism and normality dooms people with disabilities to destruction. Any ontology which presents an epistemology based on authority and conformity results in the death of people with disabilities. Is starting with a skeptical, experienced based epistemology the only way? The answer is no. To take such a position will lead to the attempt to cleanse the intellect of people who disagree with that position. Cleansing the intellect is no different than cleansing the soul. They both involve killing the "other." Much is explained when the dominant view of people with disabilities is seen to rest on an ontology which has an epistemology based on authority and conformity. Perhaps the most fundamental research question of all in disability studies is how do we turn around this dominant ontology.

### Stigma Adv – Oppression Impact

#### **Ableist stigma results in internalized oppression and marginalization-**

Galvin 2003 (Rose, Spring 2003, PhD of philosophy BSc and BA(hons), "The making of the Disabled Identity: A Linguistic Analysis of Marginalisation" Disability Studies Quarterly Spring 2003, Vol. 23, No. 2)

¶ ¶ ¶ Prior to becoming disabled, certain privileges and statuses are taken for granted. Much in the same way that "whiteness" is an invisible insignia of the norm, "ablebodiedness" is also an unquestioned, unremarked upon state which only becomes notable in its absence. To become disabled is to be relegated to a marginalised status in society and brings into high relief for the disabled person the advantages accorded those who inhabit the unacknowledged "centre". To become disabled is to lose access to these privileges and, in so doing, to begin to be defined in very different ways. These processes are subtle such that the recruitment of disabled subjects into inferior subject positions derives from the creation of identities which seem natural and very much the responsibility of the individual psyche. Although the loss of one's comparatively privileged subject position may be very sudden and momentous according to the particular nature of the accident, illness or injury, the overall summoning to a new level of identification is a gradual process whereby the doubts from within, the stares and snubs from without, and the lack of access to previously available social locations and resources erode one's prior claim to social acceptability.¶ ¶ This change in status from ablebodied to disabled can be seen to result in a state of 'internalised oppression', that is, the 'feelings of inadequacy, self-doubt, worthlessness and inferiority which frequently accompany the onset of impairment' (Barnes, Mercer and Shakespeare 1999: 178). According to the medical model, these feelings are part of an individual psychological reaction to loss and personal tragedy and can only be remedied through the disabled person learning to cope. However, when viewed from the perspective of the social model, internalised oppression can be seen to result from the imposition of a marginalised identity.¶ ¶ Mason (1999) points out that 'internalised oppression is not the cause of our mistreatment, it is the result of our mistreatment. It would not exist without the real external oppression that forms the social climate in which we exist' (Mason as quoted in Marks 1999: 25). The recognition that the identity loss which accompanies disability is not a personal crisis, but rather the result of social forces which benefit from the construction of disability as an inferior status, is the first step in devising an appropriate remedy. For the solution to this loss lies not in learning to "cope" with it, but through challenging it at its roots by recognising that the possession of an inferior identity is both contingent and expedient and need not be that way at all.

### Stigma Adv – Poverty Impact

#### Disabled people are ignored by development efforts even though they are some of the most poor and excluded--- it also causes a cycle of poverty and stigmatization among the poor

Yeo, 2001 (Rebecca, Action on Disability and Development, August, http://www.chronicpoverty.org/pdfs/04Yeo.pdf)

Disabled people are estimated to make up approximately 10% of any population (WHO) and a higher proportion of those living in chronic poverty. There has recently been a call for more information relating to disability and chronic poverty. This is due to the realisation that disabled people are disproportionately amongst the poorest of the poor in all parts of the world, and that international development targets are unlikely to be met without including disabled people. In the poorest countries of the world, particularly where there is no benefit system, being amongst the very poorest has more severe implications of life or death than in richer countries. The basic cause of this poverty is exclusion: exclusion from social, economic and political life. The industrialised north is not exempt from this exclusion. In the UK, in 1998-1999 only 1 third of disabled adults of working age were in employment (Labour Force Survey - winter 1998-1999). In 1996, the Development Assistance Committee of the Organisation of Economic Cooperation and Development (OECD) agreed seven international development targets. These include the aim to halve the number of people living in extreme poverty by 2015, together with targets towards achieving gender equality, reducing infant and maternal mortality rates and achieving universal primary education. It is unlikely that any of these targets can be met without considering the needs of disabled people. Indeed achieving universal primary education would be impossible without including disabled people. However, whilst there has recently been a shift by some NGOs, donors, and governments towards considering the issues of disability rights in their rhetoric, disabled people in many parts of the world, have seen little change in terms of concrete action. Whilst the international development targets with their strong focus on poverty reduction would seem a positive approach, there are several dangers of the current strategy. The targets could result in focussing on those it is easiest to bring out of poverty, not those in chronic poverty, among whom disabled people are disproportionately represented. A strategy based on economic growth and trade will not be widely beneficial to disabled people who, through discriminatory processes, are largely excluded from the labour market **altogether. If current strategies are continued, then in the unlikely event that any of the targets are met, disabled people would become even more disproportionately represented amongst those living in chronic poverty**. There is then a further danger that the remaining level poverty would become accepted as **an inevitable fact of life.** Disabled people are so severely excluded from all areas of society that there is not even comparable or reliable data on incidence, distribution and trends of disability, let alone the extent of disabled people’s poverty. What little research does exist has been done6 overwhelmingly by European or North American non-disabled academics. There has been little opportunity for influence of the agenda by any disabled people, let alone those living in chronic poverty themselves. Despite this lack of comparable data there is plenty of anecdotal and more substantiated evidence to show that disabled people are generally amongst the poorest of the poor. It is already known that: living in poverty increases the likelihood of getting an impairment; disabled people generally experience higher rates of poverty as a result of being disabled; and that when people living in poverty become disabled they are often more severely marginalised than are wealthier people. Clare Short writes of the value of good statistics as a basis for creating the will to reduce world poverty: ‘Much work is needed to improve the collection of reliable and comparative data and to strengthen local statistical capacity’ (DFID, 2000b). However it is important that the focus of research is on practical benefits for reducing the chronic poverty faced by disabled people, not just on gathering data to prove something that is already well known. Depending on how it is carried out, the process of gathering statistics may help to motivate people, to assess progress and even to challenge the very exclusion that causes chronic poverty

### AT: K of Stigma Impacts

#### Their unilateral valorization of the possibilities of difference is an implausible understanding of how oppression works.

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

However, I will now explore the SCOD a little further, my main argument being that despite (or perhaps because of) its promising anti-essentialist credentials and more empowering interpretation of the social model, it is, I believe in serious danger of losing plausibility in respect to its understanding of the experience of some impairments. Certainly, by itself having a physical condition outside of a norm does not determine whether it is defined as a handicap or a talent. For example, a person's physical condition of abnormal tallness, although might signify a handicap in some social contexts (e.g. for being a jockey or ballerina) may be highly valued in others, in order to become, say, a much appreciated, and very well-paid, basketball player or super-model. So, the social construction process in relation to this abnormal characteristic at least, although it defines it as a handicap in certain social contexts, defines it as a talent in others. However, the social 'transferability' from handicap to talent is much less possible for the above disabled interviewee. Her abnormal characteristics are regarded as less than ideal because they are defined by others as handicaps across a number of different social domains. Therefore, although she is able to exploit her abnormal 'gift' in order to become a more liberated person and independent thinker from her perspective as disabled person, this aspect of her experience would not usually be appreciated as talent-possessing by non-disabled people. According to the SCOD interpretation, it is precisely because of these disabling social construction processes that allow others (namely non-disabled people) to define her physical characteristics as handicap across these various social domains. However, one objection to the above move is to claim that there are bound to be abnormal medical conditions (usually defined as deficiencies) that even in principle are not subject to this type of SCOD transferability of talents and handicaps. For example, chronic incontinence might be thought of as a deficiency for all humans regardless of particular social arrangements and social construction processes. Similarly, those with severe learning impairments in any society possessing more than a basic level of technology may also be thought of as an unmitigated disadvantage for the individual concerned. Nevertheless, I would argue that even with these extreme examples, the objections to the SCOD interpretation are proceeding too quickly, and moreover are in part based on how we understand human agency and the positive responses that might be made to any human experience, despite the wholly negative views that might be held by others of these experiences. But I will now explore how this haste is in part a result of ambiguities concerning what the SCOD interpretation so far conceived is claiming, which then I believe lead to questions concerning the plausibility and coherency of the DRM's case which promotes both the POD and SCOD interpretations of the social model. Identity and human agency First, there are deeper political and philosophical questions for the DRM concerning how to fully embrace existing identities (reflecting SCOD) given the presence of disabling social and political structures (reflecting POD). The point being that, according to the SCOD interpretation, positive self-awareness is paradoxically worked out within a disabling social and political environment, and so to some extent at least is informed by that environment. However, if one is to take either the POD or SCOD interpretation seriously (i.e. emphasising the profound influence of society on the experience of 'being disabled'), the correlate to the latter's structural transformation (as promoted by POD) is that former positive identities (as promoted by SCOD) will presumably change in response, as the structure of society changes. Recognising this change as a social and political process therefore produces a coherency problem, between, on the one hand, the promotion of disabled identities as these exist at present, and the promotion of future nonoppressed identities as these would exist after social and political transformations have taken place, on the other. In order to address this coherency problem, I will first separate out two claims that could be made by proponents ofthe SCOD interpretation, which I believe can give an added nuance to the DRM's position: An individual medical condition when defined as deficient is socially constructed in every sense. Medical model interpretations of disability socially construct incorrectly medical impairments as deficient in every sense. A SCOD interpretation of the social model of disability may make both claims but this is not logically necessary. So, by maintaining a distinction between these two claims it is possible to concede some limited ground to the medical model (through rejecting the first claim) and therefore admit that having certain medical impairments at least in certain respects is deficient (in a non-social sense), albeit these are deficiencies reinforced and compounded by discriminatory social practices. Nevertheless, via the second claim it is possible to argue from the SCOD interpretation that having even a severe impairment is not necessarily an unqualified deficiency, because advantages too might be gained from having the condition, that in turn contribute to a disabled person's positive sense of her own identity as this exists presently. I would argue that this move that combines the second social constructionist claim of SCOD with the social structuralism of POD is broadly consistent with the UPIAS distinction highlighted above between impairment - defined as a limiting medical condition: and disability or handicap - defined as a socially imposed restriction upon the impairment. Moreover, if impairment is in some sense seen as limiting according to UPIAS, it also in principle allows for some elements of the PEID interpretation of impairment. However, is logical coherence between these various interpretations of disability (despite the appeal of theoretical elegance) what we want, either politically or philosophically? I have so far argued that these interpretations are consistent with many of the claims made by commentators from the DRM. Briefly put, the discriminated position of 'the disadvantaged' (in this case disabled people) is not only caused by social and economic structural injustice. It is also caused by what might be termed identity exclusion - i.e. when the diversity of the responses to the experiences of 'the disadvantaged' are effectively ignored or marginalised in fa vour of more dominant constructions. Nevertheless, implicit within the above is, I believe, a particular conception of individual agency, the presence of which produces what I will call a 'productive tension' when understanding just human relations. This tension reflects the idea that individuals are unbound by contingent-determinism (whether social or medical), but at the same time upholds a critique of social structures that systematically excludes people with medical impairments. More specifically, what is this conception of human agency? My main claim is that the capacity for human agency, involves what might be termed an active engagement with experiences; that is, providing individuals with the ability to step back from their circumstances and conditions and so respond to them, often in a surprising way. This surprise is born from human agency itself, based on a capacity a person has to choose her life and more importantly perhaps a perspective on her life, which is both dynamic and unpredictable. Given this capacity, an agent is able to radically go against expectations in respect to her own individual responses to her experiences and circumstances - i.e. expectations reflected, not only via dominant social norms, but from reflections of others close to her, and even perhaps from herself. Recognising this capacity, I believe has profound implications for how we understand matters relating to disability, and are reflected in the arguments presented so far. For example, take the experience of human suffering (either physical or emotional) which may be brought about by circumstances which are beyond a person's control. The person who is suffering might wholly regret the experience and the circumstances which caused it, so leading to an unqualified deficiency in her life, as measured against, say, her understanding of personal well-being. So, to use the language of the SCOD interpretation explored above, the suffering therefore produces a deficiency in every sense. Now, it may well be that some disabled people respond to their impairment in precisely this way, and consequently conform entirely to the expectations of the FEID interpretation of the medical model. However, many other disabled people do not, and, following the SCOD interpretation, would radically reject these expectations. Indeed, there has been fierce debate within the DRM as to whether this personal perspective on disability, which views having particular impairments as deficient in every sense, should be seen as merely a product of dominant medical constructions of disability that define being disabled as necessarily tragic, or whether it is a perspective that should be taken more seriously as a legitimate response to certain conditions of impairment (see e.g. Morris 1991). There is insufficient space to explore these debates further here. Suffice it to say that my preference for claim two above of the SCOD interpretation, would allow disabled people to legitimately regret at least some aspects of their experience of impairment, without concluding that they are merely capitulating to medicalised constructions of disability. I will now briefly outline how it is in this latter context especially that my claims about human agency can be better understood. First, it might be argued that pain and suffering (physically or mentally), although a reality that some disabled people experience, are certainly not the case for all. Pain-free impairment does not therefore lead to a reduction in personal well-being, even if it is assumed that personal well-being is necessarily threatened by the experience of pain and suffering. Second, I would contend that even the experience of pain and suffering is not straightforwardly deficient for reasons to do with the complex and paradoxical way human beings value their lives, and as related to their capacity for agency in the way I have described it. So, a person often responds to and learns from all her experiences which may include at least some level of pain and suffering, leading to a more enriched life, all things considered. It is in this context that whilst it might be thought reasonable that no-one would want a painful life, a completely painless existence could also quite plausibly be seen as deficient for most people. My further contention is that this understanding of pain and suffering, as related to the capacity for human agency, allows for a more nuanced interpretation of human experience than either the medicalised or social model interpretations so far explored. It clearly blocks any reductionist interpretations of disability, that having an impairment necessarily preludes a life that is essentially tragic. However, this understanding also prevents the tendency in certain SCOD interpretations of disability (i.e. those that make the first claim above) to deny the experience of pain and suffering for some disabled people. Nevertheless, acknowledging the force of SCOD, also allows us to recognise that having a painful impairment is not necessarily an unqualified deficiency for the individual concerned, because advantages too might be gained from having the condition, that in turn contribute to a disabled person's positive sense of her own identity as this exists presently.

## Automobilities Adv

### Automobilities Adv-- Public Transit key

Public transportation is a critical nexus from which to understand how mobility and disability determine our notions of equality

Langan, associate professor of English at the University of Californiaat Berkeley, in ‘1 [Celeste, “Mobility Disability” in Public Culture 13(3): 459–484]¶

In “Energy and Equity,” Illich (1978: 138) erroneously asserts that “people are¶ born almost equally mobile.” Disability scholars have not only made us sensitive¶ to the error of this assertion and to the fact of corporeal variation. They have¶ demonstrated that disability, far from merely describing marginal conditions, is¶ central to imagining forms of identity. It would be infinitely more accurate, after¶ all, to say that people are born almost equally immobile; infancy is a condition of¶ mobility deficiency and social dependency.¶ The importance of this reconceptualization seems to me twofold. It draws¶ attention to the social construction of mobility, and it preserves the category of¶ equality as relevant to the imagining of social progress. We begin to recognize in¶ public transportation systems only the extension of those conditions that allow¶ the potential for mobility to develop. The consequence is that we may reject the¶ extremity of Illich’s distinction between pedestrian and prosthetic mobility, a distinction¶ made evident in his description of the generalized disability of the prosthetic¶ subject of mass culture:¶ To “gather” for him means to be brought together by vehicles. He comes¶ to believe that political power grows out of the capacity of a transportation¶ system. . . . He believes that the level of democratic process correlates¶ to the power of transportation and communication systems. He has¶ lost faith in the political power of the feet and of the tongue. (Illich 1978:¶ 123)¶ At the same time, however, we may uphold the validity of Illich’s representation¶ of mobility as the foundation of equity:¶ Citizens of a society founded on the notion of equity will demand the protection¶ of this right against any abridgement. It should be irrelevant to¶ them by what means the exercise of personal mobility is denied, whether¶ by imprisonment, bondage to an estate, revocation of a passport, or enclosure¶ within an environment that encroaches on a person’s native ability to¶ move in order to make him a consumer of transport. (Illich 1978: 138)¶ In their new alliance, the mass-transit dependent and “individuals with wheelchairs”¶ allow a richer understanding of the forms of mobility that democratic justice¶ requires. It is only within such an alliance—a nonessentialist alliance that¶ recognizes both potential conflicts of interest and the transitivity of identity—¶ that the relative value of various forms of mobility can be adjudicated.

#### Transport divides people by race and class through different modes of transportation-some modes are deemed competent, while some are disabled

Aldred and Woodcock 08 [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pgs 5-6; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

Considering transport economically and socially allows us to update and develop the materialist base of the social model of disability. Transport creates new abilities and disabilities, with mass motorised transport (and within this, the shift from public to private motorised transport) fundamentally changing economies and societies, and their requirements for participation. As DS writers (e.g. Oliver 1990) point out, the separation of home from work transformed the positioning of people with impairments relative to family units and workplaces. Motorised transport allowed this separation to increase, starting with rail and underground enabling an exodus from overcrowded urban areas. More recently the car has facilitated and extended suburbia in the context of desire for social segregation caused by class inequalities and racism. It is the most heavily advertised, even paradigmatic commodity. As the number of car users increases, ownership becomes increasingly necessary for others, due to traffic danger and increased distances. The car allows the creation of distances and obstacles only it can overcome. Central to the development of contemporary capitalism, motorisation supports industries including insurance, construction, rubber, glass, advertising and oil. In free market discourse, distance is friction restricting a smoothly flowing world market; restricting road travel becomes a barrier to trade and freedom. Negative environmental, social, and health impacts of prioritising motorised modes are generally externalised by motorisation’s beneficiaries (Dora and Phillips 2000). Our environments are continually reshaped by transport, geared to accumulation and consumption rather than need. Transport infrastructures are intimately linked to firms’ capital accumulation strategies, increasing mobility of people and goods while decreasing access. The out-of-town supermarket means people travel further to shop, and prioritises motor transport; “shopping villages” are unpleasant or impossible to reach by bus, foot, or bicycle. Retailers benefit from economies of scale, and exclude the least valuable consumers (car free households being on average lower income). Meanwhile the pedestrian’s ability to experience greater detail and depth is only prized within the retail environment. As services and workplaces have moved further from people’s homes, mobility becomes increasingly important for everyday life. This affects the construction of particular disabilities. A small minority of the workforce can attain virtual mobility, and some DS writers believe that current¶ trends in work organisation provide more opportunities for disabled people. Conversely, Abberley¶ predicts that “disabled people will continue to be in the forefront of those groups who cannot provide the versatility and work rates demanded by the labour market” (1999:12). In the UK, half of¶ disabled people of working age are in work, compared with three-quarters of non-disabled people¶ of working age (Department for Work and Pensions 2006).¶ Most disabled people in motorised societies aspire to car ownership and value its convenience, as¶ do most non-disabled people. This is unsurprising given environments that demand automobility¶ (Böhm et al 2006). Car use appears ever more “normal” and for a minority of disabled people the¶ technological modification of individual motor vehicles offers benefits within a motorised system. To¶ an extent the car’s properties become those of the driver, providing superhuman speed, force, and¶ size.¶ However, most disabled people do not have household car access (60% of disabled people in the¶ UK in 2002, compared with 27% of the general population: DPTAC 2002). Reliant on taxis,¶ relatives, or friends where car trips are needed, many can be considered as marginal car users.¶ 6¶ Disabled people would benefit from improved access to non-car transport, but welfare systems¶ may even inhibit access to active travel. The UK system often reinforces “the ablist cultural hegemony ... linking disability with inability” (Roulstone and Barnes 2005:3), with tests of functional inability potentially discouraging people from healthy exercise.

### Automobilities Adv – Disability Key

**People with disabilities are disadvantaged in street settings due to physical setbacks**

**Aldred and Woodcock 08** [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pgs 6-7; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

**Some** temporarily **able-bodied people find themselves restricted and excluded, indeed disabled, by environments problematic for people conventionally classed as disabled**. Outside war zones, motor vehicles are the predominant source of danger, circumscribing people’s behaviour and independence. Driving can negate impairment and increase the driver’s mobility**, but car use simultaneously disables active travellers by limiting their use of the street**. To navigate motorised streets safely, **non-car users need a range of abilities: judging vehicle speed, reacting fast to new information, crossing roads quickly, hearing vehicles approaching, and seeing over parked vehicles**. As vehicle numbers and sizes increase, environments demand ever greater abilities. **The need to see over ever larger vehicles** disproportionately **affects** people of lower height including children and **wheelchair users**.3 The average human size and fitness is now insufficient to navigate streets safety, with even greater obstacles for those with impairments. Smoothing the path of motorised traffic (through road barriers, fast bypasses, one-way streets, etc.) makes local amenities less accessible, increasing the distance pedestrians have to travel and¶ excluding those who can only walk limited distances.¶ Danger and noise from high traffic volumes can sever communities, reduce access to services and¶ employment, increase stress and reduce social support networks. Children’s independent mobility¶ has suffered greatly (Hillman et al 1990): compared with previous generations they have been¶ disabled. In the US pedestrian crossings are designed so that 85% of users can get through in¶ time, explicitly excluding others.¶ **Steps and stairs cause problems for those with mobility impairments**, parents with small children,¶ those with heavy bags, and cyclists. The withdrawal of support staff (e.g. estate caretakers, guards¶ on public transport) adversely affects all these groups. Conversely accessible environments can¶ benefit different groups e.g. Sustrans’ off-road routes are widely used by people with disabilities¶ (Sustrans 1998). The pavement is a key area: in the UK two thirds of disabled people (65%) are¶ dissatisfied with pavement maintenance and half say they would go out more if walking conditions¶ improved (DPTAC 2002).¶ 3 The failure to make these judgements accurately has potentially devastating consequences.¶ 7¶ Sprawled car dependent patterns of living create distances too great to traverse on foot or even¶ cycle, particularly for those with lower than average speed**. The social structures that demand and promote mobility simultaneously immobilise many: some people are excluded most of the time, and over the life course everyone faces such problems**. Changes to benefit people with¶ impairments should not be seen as ‘special’ environmental adaptation (c.f. Verbrugge and Jeffe¶ 1994). Our (constantly changing) abilities lie on a continuum, and universal design recognises this¶ and seeks to include everyone (Jackson and Kochtitzky undated).

**Peoples with disabilities are constrained to certain routes-preventing integration of the able and disabled**

**Langan 01** (Celeste, Associate Professor of English at the University of California Berkeley, “Mobility Disability”, Public Culture, Vol. 13 No. 3, Fall)

The deep irony of this description of social progress is felt not only in its reduc-¶ tion of political freedom to the freedom to buy; it is also evident in its capitulation¶ to the ideology of automobility. Wexler’s ﬁlms, by focusing on the discomforts of¶ bus travel as the price of democratic deliberation, resist such a capitulation.¶ Bus II, at ﬁrst glance, has even less to do with disability issues, and might even¶ appear to disrupt the rich analogy that could be developed between the quasi-¶ Freedom Riders depicted in The Bus and wheelchair activists. Filmed twenty¶ years after the ﬁrst documentary, Bus II accompanies a group of antinuclear¶ activists traveling from Los Angeles to the 1983 United Nations Disarmament¶ Conference and the march—the largest in U.S. history to that date—that was¶ held in connection with it in New York. Like the Greyhound charter in The Bus**, the refurbished school bus that transports the “Bread not Bombs” group is clearly not wheelchair accessible, and no visibly disabled people participate in the cross- country trip. The passengers seem less culturally and racially diverse** than the rid-¶ ers on The Bus; moreover, the chief drama of the trip is generated by the inﬁght-¶ ing that develops among the participants. However, Wexler’s focus on the internal¶ politics among the bus riders is key to a central theme cultivated over the course¶ of the trilogy: the continuing negotiations concerning the direction and pace of¶ the bus, far from constituting a form of social hijacking of individual capacities—¶ the slavery of the talented to an unwieldy and indeterminate general interest—¶ actually express the character of democratic rights. This understanding is brought¶ home in one extended conversation that takes place between the bus riders and an¶ ofﬁcial at Los Alamos, a nuclear research site supervised by the University of¶ California, which brilliantly captures the impaired agency that nuclear weapons¶ represent to the protesters:¶ Protester #1: My feeling about these two labs managed by the University¶ of California is that it gives them a false sense of validity**. No one asked me if I wanted a neutron bomb. If this is a democracy, I think someone should have**.¶ Lab Spokesperson: **Who asked you if you wanted a vehicle? You know there are a lot of people on the highway killed every year. And yet, you know— and yet, democratically, if you thought vehicles were bad, you could do the same thing you’re doing now, and no one would stop you.**¶ Protester #2: **But isn’t there a conscious choice that a person makes when they get on the freeway and they realize, “Hey, there are a lot of people out there that are driving and don’t know what they’re up to?” And I might make a mistake, whereas, I mean, if a bomb goes off ten miles, or twenty miles, from here, and we have no control over who’s** dropping it, or who’s making it, or how big it’s going to be, it’s going to affect us**; it’s going to affect people farther away**. We have no choice in that matter.¶ **The spokesperson’s comparison of nuclear weapons to a car and the protester’s rejection of the analogy are both relevant**, I think, **to the conceptualization of mobility disability. Though the bus riders sometimes feel a constraint on their movement that would not be apparent if each drove a car, they have consented to that constraint and have developed mechanisms for the ongoing negotiation of its severity. Although the car seems to offer a greater degree of agency, the isolation¶ of each driver, the impossibility of negotiation and communication with other¶ drivers, makes that driver more vulnerable to decisions—to speed, to drop a¶ bomb—in which he or she did not participate, but that may have injurious effects**.¶ The analogy between the car and the bomb, proffered ﬁrst by the Los Alamos¶ spokesperson, suggests **that the ampliﬁcation and reiﬁcation of agency both¶ terms represent mean the imminent demise of the space of publicity**.

### Automobilities Impact -- Racism

Automobility causes a greater divide between minorities and the wealthy upper class

Springs 7 [Mary Alice, School of humanities @ college of charlston “Inequity in transportation: The Problem with Auto Hegemony]

It is well known that ubiquitous use of the automobile has become a threat to the environment. However, humans have also become negatively affected by the proliferation of the current auto-centered culture, particularly low-income minority groups. Those who have access to a vehicle have a great advantage in our society while those who do not suffer in many ways. The current style of American transportation planning virtually ignores the needs of those who do not have access to a personal vehicle. Since low-income minority groups are disproportionately represented in this category, traditional transportation planning could be observed as structural discrimination. In recent history, inadequate appropriation of funds towards public transportation in the United States has been mostly to blame for the lack of safe, efficient travel options of those who do not have access to a car. Medical ailments have been linked to the increased frequency with which low-income minorities live in areas with high vehicular ambient air pollution, even though these individuals are less likely to produce that pollution. As private car hegemony is globalizing, poor minority groups in developing nations are at risk of experiencing these same phenomena as more and more of their valuable agricultural land is starting to be usurped for the purposes of building road infrastructure for the automobile. Amid all the problems our society is facing, a new paradigm shift towards equitable and sustainable transportation planning is desperately needed.

**Automobility causes a shift away from public transportation to a politics valuing the elites – this causes racist disparity**

Springs 7 [Mary Alice, School of humanities @ college of charlston “Inequity in transportation: The Problem with Auto Hegemony]

Rising personal income, increased automobile availability, low fuel prices, and substantial public investment in highway infrastructure have combined to reduce the demand for public transit (Garrett and Taylor 6). According to Thomas Sanchez et al., eighty percent of all surface transportation funds are spent on highways in the U.S., while only twenty percent goes towards public transportation (11). Since the establishment of the Urban Mass Transit Administration in 1964, public transportation has received approximately fifty billion dollars, while, since 1956, roadway projects have received over two hundred and five billion dollars (Dittmar and Chen qtd. in Bullard, “Thirteenth” 2). Without adequate funding, public transportation authorities have had to raise fares to cover their budgets (Sanchez et al. 13). This is having a substantial impact on “the poorest twenty percent of American households, those earning less than $13,908 (after taxes) per year, who spend 40.2 percent of their take home pay on transportation” (Surface Transportation Policy Project). When trying to explain why public transportation services receive inadequate funding, an analysis of the demographics of transit ridership stirs suspicion of discrimination. John Pucher and John Renne have analyzed data compiled by the National Household Travel Survey (NHTS), which examines American travel trends. In their study of the 2001 NHTS data, they determine that low-income individuals and minorities make up sixty-three percent of the nation’s transit ridership (49, 67). Pucher and Renne argue that “the poor, racial and ethnic minorities and the elderly have much lower mobility rates than the general population” (49). The survey showed that increase in mobility strongly correlates with increasing household income (Pucher and Renne 54). A higher proportion of the economically disadvantaged, which features a disproportionately high number of minorities, therefore depend on public transit. The allocation of state transportation funds is determined by state departments of transportation and Metropolitan Planning Organizations (MPOs). Under-representation of urban populations occurs frequently as board representatives are usually selected based on geographical district boundaries that are drawn regardless of population density, usually resulting in higher suburban representation (Sanchez et al. 33). Individuals within these organizations and other politically influential stakeholders will thus ultimately determine how public funds are divided and spent on transportation (Sanchez et al. 33). Whether they are private or public representatives, people with more political power are able to sway local transportation markets more than the average person. There are no existing effective mechanisms to ensure that agencies will make an effort to “seek out and consider” the needs of low-income and minority constituents (Sanchez et al. 33 and Federal Highway Administration 23 CFR §450.316). Until local governments establish and strictly enforce initiatives to examine the transportation priorities of transit dependents, inequalities between public and private transportation and between urban and suburban commuting will continue to disadvantage the poor. There has been a lack of congressional and state legislative acknowledgment of the importance of public transit. Jason Henderson notes Vukan Vuchic’s proposal of the “inevitability hypothesis,” which “suggests that present trends in the growth of automobility are natural and inevitable” (qtd. in Henderson 294). Vuchic suggests that scholars and organizations such as the Transportation Research Board have also subscribed to this ideology. The problem is that the U.S. Congress, which is advised by such entities, does not have much interest “in making cities more transit-friendly or less automobile dependent if it means limiting parking supply, increasing fuel taxes, or taking away road space—in other words, directly contesting the spaces of automobility” (Henderson 294-5). When those in power have no incentive to improve the transportation opportunities for those who depend on public transportation, the natural consequence is that those in power ignore the needs of the poor, comprised disproportionately of racial minorities. This, again, suggests a discriminatory and racist aspect of transportation policies currently pursued in the U.S. People who are dependent on public transit as their primary mode of transportation are what Mark Garrett and Brian Taylor call “transit dependents”(6). It is crucial that transit dependents have a well functioning public transit system because it “is vital for access to jobs, schooling, medical care, and other necessities of life” (Garrett and Taylor 6). In recent years, transit operators have felt public pressure to expand their services in order to reduce traffic congestion and pollution (Garrett and Taylor 7). This shift in public transit funds has primarily gone to serve the suburbs, which draws funds away from downtown bus services “in an attempt to appease more affluent constituencies and lure middle-class riders back from automobiles” (Garrett and Taylor 13). Indeed, municipal officials have increasingly geared their policies towards “discretionary commuters,” as Mark Garrett and Brian Taylor (9) call them, or what Robert D. Bullard et al. refer to as “choice riders” (179). These titles refer to suburbanites who typically have access to a private vehicle and do not necessarily rely on public transportation. Unfortunately, the result of this phenomenon is diminished accessibility for urban residents (Garrett and Taylor 9). As funds are drawn away from downtown transit services and funneled into suburban commuter services such as express bus services and light rail systems, fares of inner-city bus and subway systems naturally are driven up (Garrett and Taylor 7). Because the majority of labor opportunities for low-income workers are in the city, these urban residents rely most heavily on the inner-city public transit services to get to work (Qin Shen qtd. in Garrett and Taylor 9). According to Alan Pisarki, “although central cities contain only 20 percent of all workers, they still account for 69 percent of all transit use. In contrast, suburbs have half of all workers but generate only 29 percent of transit trips” (qtd. in Garrett and Taylor 9). Poor urban residents, who tend to work within the city and already spend a higher percentage of their income on transportation, are more vulnerable to price increases because of their dependence on public transportation (Garrett and Taylor 20). On the other hand, suburban commuter services have to be heavily subsidized in order to keep fares low so as to keep these services competitive with the automobile, which suburbanites have the freedom to use as they please (Garrett and Taylor 20, 22). In order to maintain social equity for low-income individuals who cannot afford a car, more funding needs to go towards inner-city transportation systems. Another malady of auto hegemony is the phenomenon of the construction of highways through low income and minority neighborhoods. One case study of this occurrence took place in Oakland, CA. After the Loma Pleta earthquake damaged the Cypress freeway, which was originally built through the West Side, residents of that area fought the state highways agency to cease its rebuilding (Shutkin 77). Community organizations objected to the project because, they argued, it forcibly dislocated residents, destroyed homes and businesses, impaired local economic development, and generally disrupted the life of the community (Shutkin 77). The residents had to resort to civil rights laws in order to protect the vitality of their community, but they did eventually prevail (Shutkin 77). While this particular community was successful at diverting the rebuilt highway from their area, this case reveals a trend: communities that contain economically disadvantaged racial and ethnic minorities are more likely to have highway construction in their locale than any other community.

**People of color are subjected to the effect of the elites rampant use of automobiles – inner city residents are faced with the horrible condition of air pollution that has horrible side effects**

Springs 7 [Mary Alice, School of humanities @ college of charlston “Inequity in transportation: The Problem with Auto Hegemony]

Economically disadvantaged communities not only suffer from limited access to transportation, but they also suffer another terrible side effect of our “love affair with the automobile.” Because highways are more likely to be built through these communities, these residents are more likely to suffer physical ailments and higher rates of mortality associated with vehicular air pollution and pedestrian-auto collisions. According to Douglas Houston et al., “Vehicle traffic remains a major and often dominant source of air pollution” (566). The authors further argue recent scientific research shows a positive correlation between vehicular air pollution and a variety of adverse medical conditions (566). Such medical conditions include eye irritation, lung cancer, asthma, upper respiratory tract irritation and infection, exacerbation of and increased mortality from cardio-respiratory diseases, low birth weight, and cancer. Studies have shown the prevalence of health disparities between different demographic groups as they relate to their neighborhood proximity to high volume traffic roadways. William Shutkin writes, “People of color, who live in cities to a far greater extent than whites, are disproportionately exposed to urban air pollution” (75). It has been stated that low-income minority groups tend to suffer more frequently from asthma and, as a result, are hospitalized and have a higher mortality rate than other demographic groups (Houston et al. 568). Houston et al. add to this discussion by noting that environmental justice research has confirmed a relationship “between a neighborhood’s racial and socioeconomic composition and proximity to hazardous air pollution” in Los Angeles (568). A study done by Michelle Wilhelm and Beate Ritz shows that air pollution from vehicles not only affects the living but unborn children as well. Wilhelm and Ritz found a ten to twenty percent increase in the occurrence of low birth weight and pre-term births of infants of mothers “living close to heavily traveled roadways” (211). In a study of 5,000 people, “those who lived near a major road or highway were twice as likely to die from cardiovascular or respiratory disease as those who did not” (Hoek et al. 1203). There has also been evidence that suggests that children who live in close proximity to heavy traffic roads face a higher risk of childhood cancer, particularly leukemia (Pearson et al. 179). Hence, there is a growing amount of empirical evidence suggesting that people who live in close proximity to high volume traffic roads are at a higher risk for a number of health complications and lower life expectancy. As property values of these typically undesirable home sites are lower, low-income minority residents are more likely to live in these areas and thus suffer the most from the traffic related air pollution to which they do not contribute. Not only are low-income minorities more likely to suffer from vehicular air pollution, they are also more likely to be victims of pedestrian/auto collisions resulting in death. Because minorities are more likely to be poor and therefore not own a car, they currently have the highest rates of pedestrian fatalities. According to the 2000 U.S. census, African-Americans, Hispanics, and Asian Americans were more likely than whites to walk as their primary mode of transportation (Sanchez et al. 25). The results of this are represented in the difference between pedestrian fatality rates among whites and minorities. A study of Atlanta pedestrian fatality rates during1994–1998 found that whites had a significantly lower pedestrian fatality rate of 1.64 per 100,000 than Latinos (3.85) and African Americans (9.74) (Sanchez et al. 25). Citing statistics from the Centers for Disease Control and Prevention and the 2002 Surface Transportation Policy Project, Sanchez et al. conclude that “African Americans and Latinos have a pedestrian fatality rate that is almost twice as high as that of whites and they have a higher percentage of pedestrian fatalities than their percentage of the population in the United States” (25).

### Autmobilities Adv – Solves Democracy

**Democratizing technology transcends the use of technology as solely for rationale purpose and invokes a radical disruption in which it can be used to promote democratic equality for the “other”.**

Doppelt 01 (Gerald, Gerald Doppelt is a Professor of Philosophy and was Director of the Graduate Program in Science Studies at the University of California, San Diego, “What Sort of Ethics Does Technology Require?”, American Philosophical Association, Journal of Ethics 5, no. 2 (2001), 157-195, http://www.sfu.ca/~andrewf/books/Symposium\_QT\_NewMexico\_Doppelt.pdf)//SK

If I am right, Feenberg's vision of democratizing technology and an alternative modernity must be grounded in an ethical account of the interests which might define, justify, and motivate this emancipatory project. What I've called the Lockian moral code does not just provide rights-based protections of technology as private property. As a modern ethos, it shapes users' very desires and interests in ways which tend to bind them to the rationality of established market and technical relations. Feenberg's work is permeated by an ironic tension or contradiction. His theory of democratization rests exclusively on the 'political agency' paradigm. But his examples of successful democratization, as well as his evaluations of absent, failed, or flawed democratization, implicitly rest on the 'equality' paradigm: a view of the sorts of substantive interests, the specific changes in the technical codes at issue in a genuine democratization of technology. He observes that a version of his ideal of deep democratization, under the heading of "self-management" or "co-management", has been embraced and practiced by unions in Germany and Scandinavia. Though workers gained some degree of democratic control over technology, for Feenberg, the results are disappointing because it produced "no major changes in technical codes". 27 Workers' new found political agency failed to generate any significant impact on the democratization of technology. In this context, Feenberg obviously has some implicit view of the workers' major or true participant interests - what would have produced a significant enough change in technology to count as its democratization. In a similar vein, he explains the absence of pressure to democratize technology as a result of: (1) the public's lack of awareness of its participant interests - "...how profoundly affected it is by technology"; 28 and (2) American workers' agreement to exclude "the most important implications of technology for workers" from technical politics - in favor of focusing on issues such as "job security". 29 In all these cases, for Feenberg, the obstacle to democratizing technology is not primarily political powerlessness (the political agency paradigm), but users'/participants' failure to recognize or assert the "right" interests and changes in technology (the equality paradigm). His own assessment underscores the need for going beyond his whole discourse of deep democratization in order to define and justify the moral substance of an alternative modernity. When we turn to Feenberg's accounts of successful democratizations of technology, the same points emerge, with some clues concerning how to address them. He characterizes the movement of disabled people for barrier-free design or ramps on streets, public buildings, businesses, etc., as the most "compelling" example of a democratic politics of technology. 30 The dominant technical code for designing sidewalks could 'rationally' or 'efficiently' exclude ramps, as long as disabilities count as purely personal problems, irrelevant to the design of public spaces. But disabled people comprise a large population with a powerful participant interest in "mainstream social participation".31 Once they mobilize and gain public recognition of this interest, many technical features of the built environment are transformed. Why is this such a compelling case of democratizing technology? Indeed, it qualitatively different from Feenberg's other case of millions of French users of Minitel transforming it from an information to a communication technology, which hardly seem to democratize anything, by my standards (i.e. democratic equality). 32 Arguably, in both cases, groups of users exercise power previously denied to them in order to bend technology to their legitimate interests. Feenberg's concepts of users, power, and participant interests, are too abstract to capture the important differences between these cases, and to show why the first is so much more compelling a case of democratization than the second. We need to attend to the paradigm of democratic equality and ask who is this group of 'users', where do they stand in society, what have they been denied, and what is the ethical significance of the technical change they demand? Disabled people are suppose to be equal citizens with the same rights, equality of opportunity, personhood, and dignity that other groups enjoy. In practice, they are victims of prejudice and discrimination, inequality and indignity. Their movement for barrier-free technology was identified by them, and eventually, much of the public, as a struggle for basic civil liberties, citizenship, the right to enjoy the same access to public buildings, social life, urban mobility, as other Americans. Thus, disabled peoples' transformations of technology is democratic first and foremost, because it involves a victimized groups' gaining (1) the same ability to exercise fundamental rights and liberties as other citizens, and (2) public recognition that they can do so, and deserve to. In sum, the action of the disabled, unlike that of the Minitel users, is about the ideal of democratic equality. It counts as a democratization of technology precisely for that reason. But doesn't it also count that the disabled gained this democratic, moral, and technical change or result through their own political agency? Doesn't this aspect of 'democratization' make it akin to the case of the French users who 'hacked' the Minitel system to bend it to their purposes? My answer is 'yes and no'. Had barrier-free design been the result of political actors other than the disabled themselves, it would still have constituted a democratic change in technology. Why? Because it enhances democratic equality. Nonetheless, the fact that the political agency of the disabled played a key role in generating this result, is part of what makes it a democratization of technology. Why? Against Feenberg, it is not simply because it is a case of users exercising power over design, like Minitel's hackers. Rather, in the case of the disabled, it is their political agency on behalf of effective rights as citizens, as well as the access they gain (the ramps) which transforms their recognition and position within the space of democratic equality. It is the fact that they claim their rights and the equal worth of their freedom, as much as the technical change they win, that secures their recognition and citizenship.

### Automoibilites Adv – Solves Enviroment

#### Transition away from motor economies breaks down social hierarchies within transportation infrastructure-reduces negative impacts on environment

Aldred and Woodcock 08 [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pgs 9-11 ; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

People with mobility impairments would gain much from inclusive urban environments, as would¶ other marginalised road users. Such environments need regular resting facilities for wheelchair users, visually impaired people, stick users, and others (Wixey et al 2005). However, this way of being in the world is marginalised by motor-centric cities; it is more pleasant to speed along a busy,¶ noisy road by car than to sit down by it. Policies to promote social participation and health – and¶ avoid environmental crisis – demand fundamental change. This means challenging car dominance¶ in favour of accessible, inclusive environments with major increases in walking and cycling, and a¶ major reduction in car use. Even now most trips are short trips; in London 72% of car trips are less than 8 km long, a distance suitable for cyclists or vehicles of similar speed, such as electric scooters. However, like the¶ Department of Transport’s handbooks on transport (1982 onwards) the DPTAC prioritises private¶ cars, stating that for many disabled people private cars are the only form of accessible transport,¶ and that restrictions on car use are negative for disabled people. This demonstrates a failure to understand the harms of car based transport systems and to imagine how people with impairments could benefit from a society prioritising active and green transport. The DPTAC pays little attention¶ to electric scooters and less to cycling. Yet these could play a key role in enabling local mobility, if¶ combined with measures to counteract urban sprawl and provide employment, services, leisure¶ activities, and retail close to where people live.¶ BOX: We conducted expert interviews with two people involved with disability cycling to¶ supplement our analysis in this under-researched area. Their words are paraphrased below to¶ indicate the potential options, and possible benefits from cycling.¶ Jim Blakemore recently set up Bikeworks, a not for profit inclusive cycling company, in East¶ London. Currently his activities include cycle training for adults and children with learning¶ difficulties (on traditional two wheelers and recumbent bikes, tricycles, and linked cycles) and for¶ people with obesity referred by health professionals. For some people cycling is primarily exercise,¶ fun, and independence, whilst for others a form of transport, perhaps an accompanied cycle¶ journey (e.g. cycle trains, linked cycles, or multi-user cycles) replacing a taxi or community bus ride¶ Paul M. Smith sits on the British Handcycling Association Committee and studies health benefits of¶ handcycling, suitable for many wheelchair users (and others). He finds that handcycling offers¶ considerable health benefits, improving energy balance, developing aerobic fitness, and¶ 10¶ postponing secondary diseases. It is less likely to result in overuse injuries sustained by wheelchair¶ users. Handcyclists travel considerably faster than a standard day wheelchair and can cope with¶ varying terrain more effectively. Some handcycles can be attached to the front of wheelchairs,¶ while others resemble recumbent bicycles.¶ Jim and Paul agree the biggest barriers to take-up are knowledge and cost. Many disabled people¶ cannot afford traditional or modified cycles, even though they are much cheaper than modified¶ cars. Unlike modified cars, there is no national subsidy scheme available, and very limited project¶ funding is available.¶ Jim finds that other problems include stereotypes: support workers may assume that people with¶ learning difficulties are unable to cycle, whereas they may actually only need additional training.¶ There is a lack of instructors and inclusive, effective cycle training is only now being developed.¶ The health benefits from increasing active travel, makes it important that people with impairments¶ are not excluded. Cycling can be more inclusive than is often realised (see box) and a range of¶ electric scooters exist, with speeds ranging from cycling to walking paces. Smaller and lighter than¶ cars, these vehicles have much lower greenhouse gas emissions, and a much smaller environmental footprint. If necessary they can be enclosed. Scooters could offer a high degree of¶ independent non-car based mobility, with door to door access, in the urban environment. But in a¶ system prioritising the car and those without impairments, these vehicles appear inferior – and the¶ risk of injury in heavy motorised traffic is real. This can lead to conflict on the pavement as vehicles¶ better suited for the road compete with pedestrians.¶ Cycling for disabled people is a neglected area lacking support. Small organisations, often reliant¶ on short-term grant funding, exist in some areas including Jim’s Bikeworks in East London and¶ Cycling Projects in North West England. York-based Company of Cyclists provide disability try-out¶ roadshows stating that “[c]ycling is liberating for disabled people …[y]et the potential and the¶ possibilities are largely unrecognised by both the public and professionals in the caring services.”¶ Increased financial, social, and organisational support are needed to realise this potential.¶ In a society that prioritised active and green transport, all people travelling by active modes, semiactive modes (pedal cycles with a small electric motor), and small electric scooters would be much safer than at present. As the number of cyclists increases, so cycling becomes safer (Jacobsen¶ 2003). There would be a range of low energy travel options, with low maximum speeds, and urban¶ speed limits of 20 mph or less producing much safer and calmer environments.¶ Such an environment would not re-create the current “disabled”/”non-disabled” binary. A range of¶ 11¶ active transport options would be used (including skateboards, scooters, and rollerblades). Many¶ people with impairments can use traditional cycles, including some who find walking difficult.¶ Electric scooters and power-assisted cycles (foot or hand pedal) would fulfil important functions; in¶ hilly terrain, for longer journeys, or when pulling heavy loads. Taxis would retain a role, although¶ they could be replaced by light electric vehicles, rickshaws, and tandems. For long distance travel, a comprehensive and accessible public transport system is essential. However, here we concentrate on the majority of journeys that could be substituted by pedestrian travel, cycling, or electric scooters.

#### The aff is a sustainable, ecocentric alternative to destructive car economies

Aldred and Woodcock 08 [Rachel Aldred and James Woodcock; School of Social Sciences, Media, and Cultural Studies University of East London and Department of Epidemiology and Population Health London School of Hygiene and Tropical¶ Medicine ‘Transport: challenging disabling environments’ Local Environment: The International Journal of Justice and Sustainability; pg 11; [http://www.informaworld.com/smpp/content~content=a901696392](http://www.informaworld.com/smpp/content~content%3Da901696392)]

Transport mediates our unequal relationships with each other and with Earth, economically, ecologically, and socially. As the eco-system is now heavily geared to meet social demands,¶ choices about transport systems will be a major determinant of the sustainability of human life.¶ Transport is central to the material construction of inequalities embodied as impairment and experienced as disability. Automobility promises the annihilation of distance, but prioritises some people’s journeys at the expense of others. Some distances become larger, as when dual¶ carriageways and fast one-way systems bisect inner-city areas, speeding up commuters while¶ forcing local people to detour. Rather than dissolving space, the car economy redistributes it, and most disabled people are among the losers along with people in poor neighbourhoods and children.¶ While there are significant variations between cities, increasing levels of motorisation (in terms of¶ passenger vehicle kilometres) in all countries threaten gains achieved in some towns and regions.¶ In poor countries, levels of disability and road traffic injuries are relatively high and the issues discussed here are even more pressing. Despite existing conflicts over this issue, environmental and disability movements do have common interests in challenging the car economy, and proposing sustainable and inclusive¶ alternatives including accessible forms of active and green transport. This means prioritizing access for all above mobility; small-scale, liveable, mixed use developments. This offers the chance to counteract the social construction of disability and reduce rates of motor-related ill-health and illness, so providing socially and environmentally sustainable places.

## Solvency

### Disability comes first

#### \_\_\_\_ Addressing disability is critical to breaking down the dominance of the discourse of normal – its comes first

Breckenridge & Vogler, Department of South Asian Languages and Civilizations at the University of Chicago & an associate professor of philosophy at the University of Chicago and codirector of the Master's Program in the Humanities, in ‘1

[Carol A. & Candace, “The Critical Limits of Embodiment: Disability's Criticism”, Public Culture 13.3]

No one is ever more than temporarily able-bodied. This fact frightens those of us who half-imagine ourselves as minds in a material context, who have learned to resent the publicness of race- or sex- or otherwise-marked bodies and to think theories of embodiment as theories about the subjectivity of able-bodied comportment and practice under conditions of systematic injustice. From this perspective, disability studies may be twice marginalized--first, by able-bodied anxiety; second, by a tendency to treat disability as just another hindrance to social mobility, perhaps one best left to medical discourse or descriptive sociology.¶ New work in disability studies, however, challenges established habits of thought about "having" a body. Disability studies dissolves deeply entrenched mind-and-body distinctions and further destabilizes the concept of the normal, whose charted internal ambiguities have themselves become too familiar. An ethics and a politics of disability are crucial to the work of the university--pedagogically, theoretically, [End Page 349] and institutionally. But reconfiguring knowledge in light of disability criticism is a project that is likely to take longer than making public space accessible.¶ Disability studies teaches that an assumed able body is crucial to the smooth operation of traditional theories of democracy, citizenship, subjectivity, beauty, and capital. By assuming that the normative human is an able-bodied adult, for example, liberal theory can conflate political or economic interests with desires, political representation with having a voice in policy-making, social organization with voluntary association, and so on. Liberal theory naturalizes the political by making it personal. And the "person" at the center of the traditional liberal theory is not simply an individual locus of subjectivity (however psychologically fragmented, incoherent, or troubled). He is an able-bodied locus of subjectivity, one whose unskilled labor may be substituted freely for the labor of other such individuals, one who can imagine himself largely self-sufficient because almost everything conspires to help him take his enabling body for granted (even when he is scrambling for the means of subsistence). However, the mere possibility of a severely cognitively disabled adult citizen disrupts the liberal equations of representation and voice, desire and interest. Advocacy for the severely cognitively disabled is not a matter of voicing their demands. More generally, the intricate practical dialectics of dependence and independence in the lives of many disabled people unsettle ideals of social organization as freely chosen expressions of mutual desire.¶ Innovative intellectual formations in the academy--including feminist, postcolonial, sexuality, gender, queer, and critical race studies--have brought energy to work on the body. They have taught us to think the body as a site of excess and surplus, to theorize the extreme body, the mutilated body, the body in pleasure and pain (as James Porter and others have pointed out). 1 They counter the medical focus on alterity as a matter of having too little or too much of a body. Different kinds of inter- and cross-disciplinary work on the marked body, moreover, have contributed significantly to each other. Critical race theorists, for example, have pointed to the whiteness of feminism. The ensuing debates have led to work that seeks to demonstrate the constitutive relation between race and gender. These two realms--once considered separate--now refract and image each other. But disability studies reminds us that feminism, sexuality and gender studies, and [End Page 350] critical race theory meet at a point of incomprehension when faced with the corporeality of the disabled body.

### State Key

#### **Legislation is the only way to succesfully implement universal design**

Bringolf 08 (Jane, Urban Research Centre, University Western Syndney, "Universal Design: Is it Accessible?” Multi, Vol. 1, No. 2.)

Legislation is the antithesis of the original concept of universal design because it locks designs into a given point in time and impedes the notion of continuous design improvement. Nevertheless, there are those who believe that universal design should take the legislative route. Advocates of people with disabilities have good reason to believe that nothing will improve without legislation. It was not until disability discrimination legislation was enacted, that people with disabilities could participate in education, housing, employment, sport, entertainment and recreational pursuits on an equal basis as non-disabled people. The advantage of legislation is that it forces designers to consider the needs of people with a disability. Good “accessible” design is by and large, good design for most people because it considers physical, cognitive, and sensory, aspects of all users. The disability rights movement fears that market forces, and changes in design thinking will be insufficient to guarantee desired results any time soon, and that legislation is the safer route in spite of the negative effects.

### Fed Key

#### Fed key

ECMT, 2000 (The European Conference of Ministers of Transport, “Improving Transport for People with Mobility Handicaps,” <http://www.internationaltransportforum.org/Pub/pdf/99TPHguideE.pdf>)

Both central and local government should have responsibilities towards the development of accessible transport and infrastructure. The balance between the two will differ one country from another but in broad terms responsibilities can be apportioned as: – Central government: national laws and regulations defining access in the environment – highways, pedestrian areas, public buildings, commercial and retail premises, etc. These may take the form of town planning regulations or specific laws or decrees. They provide the statutory or mandatory framework within which local and regional authorities carry out their duties and transport operators plan and provide their services. Central government should also be the source of information and guidance on matters relating to access and mobility for disabled people which, while not considered appropriate for legislation, should be provided to a consistent standard throughout the country. An example might be the design of tactile guidance surfaces for visually impaired people. While there is no legal requirement to provide these it is obviously sensible that wherever they are provided they should be of the same design. A new and interesting development, initiated by the Netherlands Ministry for Social Affairs, is for a company contracted by the Ministry to organise longer distance (city to city) journeys for disabled people, including ensuring that assistance is provided for the traveller wherever it is needed. The traveller will pay his own fare, but the cost of organising the trip and making assistance available will be borne by the government. This service is intended to help overcome travel problems until such time as public transport services become fully accessible and can be used by disabled people without the need for assistance. – Local and regional government: carry out duties laid on them by central government, where appropriate to enact local regulations and bye laws concerning access and mobility. To monitor the provision of accessible infrastructure and transport services and to ensure that they meet appropriate legal requirements and standards. In many countries, local authorities have direct control over local public transport services and should therefore be able to influence their development to the benefit of disabled people. In some countries, most of the local public transport is in private ownership and therefore beyond direct control of local government, but there may be scope for the local authority and local transport operators to enter into “quality partnerships”. In these the two parties jointly undertake to improve the quality of local services – and better access for mobility handicapped people should be an important part of this. An example would be a local authority agreeing to provide raised bus boarders and covered seating at bus stops and the bus operator matching this by introducing low-floor wheelchair accessible buses.

#### Fed key: ADA mandates

William Peterson 1998 (National Institute on Disability and Rehabilitation Research, U.S. Department of Education, Washington, D.C Public Policy Affecting Universal Design Assistive Technology: The Official Journal of RESNA10:1, 13-20)

In preparation for the ADA, the Access Board de- veloped the Americans with Disabilities Act Acces- sibility Guidelines (ADAAG) for buildings. The De- partment of Justice quickly adopted all nine sec- tions of ADAAGas the standard for accessible de- sign in its regulations for Title III of the ADA. The Access Board is currently working on expanding ADAAG to include play areas, recreational facili- ties, outdoor developed areas, over-the-road buses, and water vessels. Furthermore, the Access Board expects to publish ADA accessibility guidelines for state and local government facilities covered under Title II of the ADA in 1998 (Access Board, 1997). Over time, more and more buildings will be re- modeled (or razed and then rebuilt). As this hap- pens, more buildings will become universally ac- cessible. As buildings become accessible, there will be fewer barriers and therefore increased employ- ment opportunities for individuals with disabili- tie s. Once employed , individuals with disabilities will have more money to spend and will eventually be recognized as assets to society, not as a group that needs to be taken care of. This is not unlike how the baby boom generation has been treated its entire life, only for other reasons. At every stage of their development, baby boomers have been ca- tered to by society due to their economic clout. Baby boomers are now middle-aged and will soon be considered part of the elderly . As this happ ens, more and more will develop disabling conditions andwilljoinforceswithotherindividualswithdis- abilities and demand equal access, adding extra emphasis to the importance of universal access and the ADA.

#### Fed key: history proves

William Peterson 1998 (National Institute on Disability and Rehabilitation Research, U.S. Department of Education, Washington, D.C Public Policy Affecting Universal Design Assistive Technology: The Official Journal of RESNA10:1, 13-20)

The federal government, both directly and indi- rectly, has had a tremendous impact on the lives of persons with disabilities, especially over the past 50 years. As with all minorities,it wasn't until the disability community organized itself (with help from the President's Committee on Employ- ment of the Physically Handicapped and Mary Switzer's Office of Vocational Rehabilitation) and became vocal that lawmakers sat up and took no- tice. Using early civil rights legislation as their leg- islative foundation , lawmaker s began pa ssing spe- cificdisability-related laws. The first statutory def- inition of discrimination toward individuals with disabilities came in 1973 with passage of the Re- habilitation Act. Since that time, Congress has passed numerous laws that prohibit discrimina- tion against individuals with disabilities in public school settings, public and private housing, state and local governments, employment, the built en- vironment, and with electronic and information technologies. Although the road has not been easy, it has been steady. Each law may be thought of as a single cobblestone strategically placed on the road to equality. However, this road would not have been started ifit were not for some very com- mitted and courageous individuals who challenged the traditionalists and demanded change. During the past decade, it has become increas- ingly obvious to those who write and pass legisla- tion that it makes sense to integrate the concept of universal design and universal access into appli- cable laws. The Hearing Aid Compatibility Act of 1988, the Television Decoder Circu itry Act of1990, the Telecommunications Act of 1996, and the Americans with Disabilities Act of 1990 are ex- amples of how the federal government has man- dated that universal access be incorporated into the built environment as well as into communica- tion products. However, laws alone do not solve all the problems. There is a tremendous need to edu- cate society about the importance of incorporating universal design in the built environment as well as in manufactured products. Considerable work in this area has already occurred and, in some in- stances, what is needed is to simply get the mes- sage out so that others can learn from it . It is also important to be forward thinking and acknowledge the fact that we are in the midst ofa technological revolution that is like no other we have seen in the past. Access to information tech- nologies will be paramount to the success and in- dependence of persons with disabilities. However, this technology is evolving so rapidly that trying to stay current is like shoveling smoke- each time you take a swipe at it with a shovel, its shape changes, making it impossible to determine where it will be tomorrow. The federal government must continue to work diligently with industry, public and private research facilities, small businesses, entrepreneurs, university-based research labora- tories, and consumers to ensure that flexibility is built into every generation of products as well as the built environment.

#### Fed key: employment discrimination

Lex K. Larson, Esq. 2012 (Larson on Employment Discrimination Title Federal Government Contracts (Section 503), google scholar)

Section 503 of the Rehabilitation Act of 1973 mandates that federal procurement contracts in excess of $10,000 include an equal opportunity clause prohibiting discrimination and requiring affirmative action in the employment of qualified individuals with disabilities. This chapter, from Larson on Employment Discrimination (Matthew Bender), discusses how Section 503 impacts the large number of private businesses that enter into transactions for goods or services with the federal government. Regulations promulgated by the Department of Labor and enforced by the Office of Federal Contract Compliance Programs (OFCCP) are the main source of the requirements and prohibitions of the section. The substantive standards of Title I of the ADA apply to analysis of discrimination complaints under this section. Under the Department of Labor regulations, federal contractors and subcontractors subject to Section 503 are required to undertake the reasonable accommodation, including reassignment, of individuals with disabilities who can perform the essential functions of a given job. There is no private cause of action under Section 503; an employee's sole remedy is to file an administrative complaint. The requirements apply to a covered private contractor's entire workforce unless a waiver is obtained; when the contractor is a state or local government the chapter explains that the extension of coverage is more limited. Pursuant to the equal opportunity clause required by section 503, a covered contractor must not discriminate against a "qualified individual due to a disability," and the chapter discusses how the courts have interpreted this provision. The chapter further explains that the regulations also prohibit limiting, segregating, or classifying in a way that adversely affects the individual's employment opportunities. Covered government contractors may not use standards, criteria, or methods of administration including tests that have the effect of discriminating, unless the standards are job-related and consistent with business necessity. The contractor is required to make "reasonable accommodation" unless it would cause "undue hardship," which includes either modifying the job application process or work environment; examples in the regulations include modification of existing facilities for accessibility, job restructuring, or modified work schedules. Undue hardship is defined as significant difficulty or expense, and the chapter discusses the factors courts consider. The chapter also discusses the scope of permissible pre-employment inquiries into medical history or condition and may require a medical exam of employees if it is job-related and consistent with business necessity. Entering into a contract, including a collective bargaining agreement, which subjects its employees to disability discrimination, is prohibited. Denying a qualified individual jobs or benefits because of that individual's relationship with another individual with a disability is also prohibited. Contractors with fifty or more employees and a federal contract of $50,000 or more are required to maintain a written affirmative action program, and the chapter explains the required elements as to notice, review, and procedures for reasonable accommodation. Most courts have held that a private cause of action cannot be inferred under Section 503, and the chapter explains the effect of this preemption. When the Department of Labor determines a covered contractor has violated its Section 503 obligations, a contractor may be required to take corrective action, including retroactive seniority or back pay. The DOL may also institute injunctions and impose sanctions, including withholding payment or terminating the contract.

#### States fail: no enforcement of antidisability discrimination: facilities

Ruth Colker \* and Adam Milani 2002 (Heck-Faust Memorial Chair in Constitutional Law, Michael E. Moritz College of Law, The Ohio State University; Assistant Professor, Walter F. George School of Law, Mercer University GARRETT, DISABILITY POLICY, AND FEDERALISM: A SYMPOSIUM ON BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA v. GARRETT: The Post-Garrett World: Insufficient State Protection Against Disability Discrimination Alabama Law Review Summer, 2002 53 Ala. L. Rev. 1075)

In Board of Trustees of The University of Alabama v. Garrett, n2 the United States Supreme Court held in a 5-4 decision that the Eleventh Amendment barred suits in federal court by state employees to recover monetary damages for the state's failure to comply with Title I of the Americans with Disabilities Act (ADA). n3 The Court expressly declined to rule, however, on whether a state employee could sue for employment discrimination under ADA Title II's n4 general prohibition against discrimination by state and local governments. n5 Nor did it rule on the broader question of whether private parties can use ADA Title II to recover monetary damages from states for disability discrimination outside the employment context. n6 [\*1077] After Garrett was decided, dozens of appellate and district courts quickly dismissed pending ADA Title I cases against state employers. n7 Many courts also addressed whether the holding in Garrett should be extended to all suits brought under ADA Title II for discrimination in government services. While some courts have held that the Eleventh Amendment does not preclude recovery of monetary damages against states under ADA Title II, n8 other courts have applied the Garrett Court's reasoning to hold that ADA Title II did not validly abrogate state sovereign immunity. n9 In fact, one court held that the reasoning in [\*1078] Garrett required it to reconsider and reverse an earlier decision that Title II was a valid abrogation of the states' sovereign immunity. n10 Some courts have also applied sovereign immunity principles to conclude that a parallel statute--Section 504 of the Rehabilitation Act of 1973 n11--cannot be used to obtain monetary damages against a state entity. n12 Still others have held that actions against state officials for in [\*1079] [\*1080] junctive relief are not available under ADA Title II. n13 Thus, state law [\*1081] may soon be the sole remedy for individuals who face disability discrimination by the state. In the first sentence of the "Statement" section of its brief before the Supreme Court, the State of Alabama said that "all 50 States prohibit government-based discrimination against the disabled and, more, affirmatively require all manner of employment and public-access accommodations designed to provide the disabled with the kind of equal opportunity and dignity that all individuals deserve." n14 The brief later elaborated that "these state laws and administrative regulations predate passage of the ADA, far exceed the rational-basis requirements of equal-protection review, all permit monetary relief against the sovereign, and in the end markedly overprotect rather than underprotect the constitutional rights of the disabled." n15 These statements were each followed by a citation to Appendix A of the brief which listed state disability discrimination statutes and regulations. While this appendix listed specific statutes and regulations that allow for "equitable and monetary remedies" for employment discrimination, it merely identifies state statutes with "policies requiring accessibility and accommodation." n16 There was no mention of the scope of these "policies" nor of the types of remedies they provide, if any. Nonetheless, the Supreme Court echoed Alabama's brief and stated that "state laws protecting the rights of persons with disabilities in employment and other aspects of life provide independent avenues of redress." n17 The Court offered no support for the "other aspects of life" statement. Thus, an important question in light of the Garrett sovereign immunity decision is: Would extending the Court's ruling to ADA Title II affect the remedies available for victims of disability discrimination by state actors? More specifically, are there state statutes barring state governments from discriminating in public access and services and, if so, do they offer remedies similar to those found in ADA Title II? n18 [\*1082] In order to answer these questions, we had to define the scope of protection afforded by ADA Title II. We considered that protection to include: . prohibition of discrimination in access to "facilities," n19 . prohibition of discrimination in access to "services," n20 . a private right of action to enforce these protections, including compensatory damages, n21 and [\*1083] . availability of attorney's fees. n22 Our research shows that the statements in the State of Alabama's brief that "all 50 States" have "laws and administrative regulations" which "permit monetary relief against the sovereign" n23 are simply not true with regard to access to state facilities and services. In fact, the statements are not even true for a majority of the states--including Alabama. We found that only twenty-four of fiftyone states provided clear statutory language with protection comparable to ADA Title II. n24 [\*1084] II. State Law A. Prohibition of Discrimination in Access to Facilities The ADA Title II regulations provide broad protection against discrimination at facilities, and we found that all states have laws specifically requiring government-owned buildings to be accessible. Nonetheless, we found ambiguities regarding these statutes' coverage and problems with their enforcement. First, while every state appears to require that public "buildings" be accessible to individuals with disabilities, n25 it is unclear in some states whether this rule applies more broadly to all government-owned entities. Second, fifteen states do not have clear, effective, private enforcement mechanisms for their accessibility policies. We will discuss these enforcement problems in Part II.C, but those problems are noted in boldface type in Table I infra. ADA Title II covers state property that encompasses far more than the buildings themselves. Under ADA Title II, streets and sidewalks n26 as well as parks and recreational facilities must be accessible. n27 Accessible sidewalks are a particularly important right guaranteed by ADA Title II. Without accessible sidewalks, a person with a disability might never get to the front door of a public building. Indeed, one of the earliest appellate court decisions on ADA Title II was a successful class action suit against the Secretary of the Pennsylvania Department of Transportation and the Commissioner of the Philadelphia Streets Department which sought to compel the city to install curb ramps on streets that had been resurfaced since the effective date of the ADA. n28 [\*1085] Most state statutes specifically cover both "buildings" and "facilities" which indicates that their scope is equivalent to the coverage found in ADA Title II. Many states also adopt the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) n29 or accessibility standards promulgated by the American National Standard Institute (ANSI), n30 which cover a broad range of facilities. n31 Still others have state statutes that specifically include sidewalks and curb ramps. n32 Determining whether sidewalks and other facilities like state parks are covered is problematic, however, in three states that limit their accessibility rules to state "buildings." n33 For example, Ohio has a state statute requiring "all buildings" to be accessible to individuals with disabilities, n34 and presumably this statute covers state-owned buildings; but it does not have a public accommodations statute which clearly applies to the state and would cover all state facilities. n35 Similarly, Tennessee [\*1086] has a state policy to make all "public buildings" accessible; the definition of "public buildings" does not mention state parks or sidewalks. n36 Wisconsin has a state statute requiring public "buildings" to be accessible to individuals with disabilities. n37 It does not appear to have a broader public accommodation statute that would be broadly applicable to all state facilities. n38 Although these states adopt ADAAG or ANSI standards, n39 we do not know if these standards would apply to sidewalks because sidewalks might not come within the scope of the state statute.

#### States fail: no enforcement of antidisability discrimination: services

Ruth Colker \* and Adam Milani 2002 (Heck-Faust Memorial Chair in Constitutional Law, Michael E. Moritz College of Law, The Ohio State University; Assistant Professor, Walter F. George School of Law, Mercer University GARRETT, DISABILITY POLICY, AND FEDERALISM: A SYMPOSIUM ON BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA v. GARRETT: The Post-Garrett World: Insufficient State Protection Against Disability Discrimination Alabama Law Review Summer, 2002 53 Ala. L. Rev. 1075)

ADA Title II covers far more than physical access--it bars discrimination in the "services, programs, or activities of a public entity." n41 While some states have statutes barring disability discrimination in state "services," many do not provide this specific protection. Therefore, we looked to statutes barring disability discrimination by "public accommodations" to see if they provided such protection. We found two problems in assessing state coverage in this area: (1) whether the state public accommodation statute barred "services" discrimination, and (2) whether public accommodations statutes which specifically bar services discrimination applied to the state. The sparse case law in this area indicates that these ambiguities can be significant. Accordingly, we have concluded that only twentyfour of fifty-one statutes clearly cover services discrimination by the states. n42 The first problem with state public accommodations laws is that twenty-four states do not have statutes which explicitly cover "services" discrimination. n43 This may not be a significant issue in four of the states, however, because they have adopted language clearly modeled after section 504 of the Rehabilitation Act which states that people with disabilities shall not "be excluded from the participation in, be [\*1093] denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." n44 While this language does not explicitly list "services" discrimination, we assume that a state court would interpret it broadly and therefore imply such coverage. n45 Three states, however, do not have a broad public accommodation statute that applies to discrimination on the basis of disability. n46 Hence, it is not possible for a court to find a nondiscrimination policy in the provision of state services in those states. The remaining seventeen states have public accommodation statutes that do not clearly state whether they apply to services. n47 In eight of those states, the public accommodation statute does not apply to the state, so whether it applies to services discrimination is not relevant to the present inquiry. n48 Of the remaining nine states where coverage of services was ambiguous, courts have interpreted two of the statutes to only apply to "places" or "physical structures." Specifically, in Fell v. Spokane Transit Authority, n49 the Washington Supreme Court held that the state's public accommodations statute did not apply to paratransit services. n50 The statute at issue prohibited any person from committing an act which "directly or indirectly results in any distinction, restriction, or discrimination, . . . in any place of public resort, accommodation, assemblage, or amusement" because of an individual's disability. n51 The parties agreed that public transit was a "public accommodation," and the plaintiffs argued that the relevant "place" of public accommodation was the transit authority's entire service area. n52 The court rejected this argument, saying that the statutory language "made it [\*1094] very clear that the reach of the statute extends to places and facilities, not services." n53 It noted that "Titles II and III of the ADA . . . distinguish services from places of public accommodation," and further stated: What must be very clear . . . is that the state statutory mandate to provide access to places of public accommodation is not a mandate to provide services. While entitlement to services may be in the ADA, the Legislature has not enacted a counterpart to the ADA in Washington creating such entitlements. n54 A federal court interpreting an Ohio statute reached a similar conclusion. n55 The Ohio statute forbids discrimination in "the full enjoyment of the accommodations, advantages, facilities, or privileges of the place of public accommodation." n56 A patient sued a medical clinic under this statute when it refused to provide a sign language interpreter during marital counseling services. The clinic argued that the Ohio Civil Rights Commission's regulations interpreting this section "prohibit[] a facility that is a place of public accommodation from engaging in affirmative acts discrimination against the handicapped, but does not require such facilities to 'accommodate' a handicap beyond making modifications to physical structures." n57 The court agreed: Unlike the implementing regulations for the ADA and the Rehabilitation Act, nothing in [the state regulations] requires a place of public accommodation to provide auxiliary aids . . . . Rather, . . . the regulation requires, as an accommodation, some modification of the relevant facilities and identifies various structural considerations. n58

#### States fail: no enforcement of antidisability discrimination: remedies

Ruth Colker \* and Adam Milani 2002 (Heck-Faust Memorial Chair in Constitutional Law, Michael E. Moritz College of Law, The Ohio State University; Assistant Professor, Walter F. George School of Law, Mercer University GARRETT, DISABILITY POLICY, AND FEDERALISM: A SYMPOSIUM ON BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA v. GARRETT: The Post-Garrett World: Insufficient State Protection Against Disability Discrimination Alabama Law Review Summer, 2002 53 Ala. L. Rev. 1075)

No matter how broad the coverage of state statutes prohibiting disability discrimination, their effectiveness may be limited if they cannot be enforced by those with the greatest incentive to do so--individuals with disabilities who have been harmed by discrimination. In enacting the ADA, Congress was aware that "civil right laws depend heavily on private enforcement" n72 and that the "inclusion of penalties and damages is the driving force that facilitates voluntary compliance." n73 Two enforcement problems exist with the state statutes: (1) nine states have no enforcement mechanism at all against the state; n74 and (2) seven other states provide for enforcement against the state but limit remedies that would be available under ADA Title II. n75 Hence, relief is equivalent to ADA Title II in thirtyfive of fifty-one states. We consider the nine states with no private enforcement mechanism against the state to have antiquated disability laws. n76 These states allow [\*1103] no more than a misdemeanor remedy or enforcement by the state fire marshal for public accommodation or public facility discrimination, thereby making no private remedy available against the state. Alabama is a prime example of a state that has an antiquated statutory scheme and needs to strengthen its state laws on disability discrimination by allowing for private enforcement. The Alabama statute mandating accessibility in state buildings and facilities n77 charges the State Fire Marshal with enforcing the standards. n78 The fire marshal has the power to order that the building conform with the accessibility standards and "such order may be appealed and enforced in the same manner prescribed for appealing and enforcing the Fire Marshal's orders relative to the elimination of fire hazards." n79 The right to appeal, however, applies only to the "owner or occupant of such building or premises." n80 Alabama's public accommodation statute states a general policy "to encourage and enable" full participation "in the social and economic life of the state and to engage in remunerative employment" which is limited to the "blind, visually handicapped and the otherwise physically disabled." n81 More specifically, the statute then provides the right of the "blind, the visually handicapped and the otherwise physically disabled" to have the "full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities and other public places." n82 It also provides the right of the "blind, the visually handicapped and the otherwise physically disabled" to the "full and equal accommodations, advantages, facilities and privileges of . . . public conveyances or modes of transportation, and hotels, lodging places, places of public accommodation, amusement or resort and other places to which the general public is invited." n83 Finally, it provides the right of a person who is "totally or partially blind" to use an assistive animal without being required to pay an extra charge. n84 [\*1104] The penalty for violating these rules is a misdemeanor conviction. Enforcement through a misdemeanor penalty, however, would not apply to the state because neither the state attorney general nor a local prosecutor can charge a fellow state agency with a criminal violation. n85 Thus, under Alabama law there is no private cause of action for compensatory damages stemming from disability discrimination outside the employment arena. n86 Accordingly, although Patricia Garrett could have brought her claim for employment discrimination under state law, she could not have brought a claim of discrimination against the state for a discriminatory denial of services or access to facilities. The Alabama public accommodation statute's limitation to "physical disabilities" also would appear to preclude coverage of many individuals who are covered under federal disability laws. Discrimination based on psychiatric and learning disabilities now make up over thirteen percent of EEOC charges. n87 Neither of these disabilities would appear to [\*1105] be covered under Alabama law. Maryland permits no private enforcement actions; only the state civil rights commission can enforce its public accommodation statute. n88 Limited protection also exists in Colorado and North Carolina, because no compensatory damages are permitted against the state. n89 Four states cap damages in some way. Florida limits damages to $ 100,000 per plaintiff. n90 Nevada's limit is $ 50,000. n91 Kansas limits damages for pain, suffering, and humiliation to $ 2,000 in orders by the Civil Rights Commission. n92 South Carolina allows injured persons to seek injunctive relief or civil damages but caps damages at $ 5,000. n93 Courts interpreting ADA Title II, however, have required a showing of intentional discrimination to recover such damages, n94 so these damage caps may not be a significant limit on private enforcement. Nonetheless, sixteen states offer less relief than is provided under the language of ADA Title II. n95 [\*1106] Table III records whether state statutes provide a private right of action for victims of discrimination by a state actor. n96 It does not distinguish between states based on the scope of the nondiscrimination protection. If a state only prohibits facility discrimination, but not services discrimination, and provides a private right of action, then it is listed as a "Yes" in the private right of action column. n97

### **Funding Key**

#### Funding alone could help end the removal of disabled populations from society through a verity of infrastructure projects

Carpenter et al, 2006 (Matt, Senior Planner with the Sacramento Area Council of Governments, “Senior and Disabled Mobility Study”, Sacramento Area Council of Governments, October 23)

Encourage use of universal design and complete street principles by local governments in the region. • Develop a checklist for planners and designers of transportation projects to use in the preparation of proposals and for application review teams to utilize at the local level. • Develop and adopt local pedestrian master plans. • Require pedestrian improvements when streets are repaved or rehabilitated. • Prioritize addressing ADA requirements for pedestrian access. • Implement local Pedestrian Master Plans and pedestrian access improvements in the planning, design, construction, maintenance and rehabilitation of local transportation infrastructure, including: ¾ Improve design at key destinations for seniors and persons with disabilities by requiring buildings to front the street, or providing safe pedestrian access ways through large parking lots. ¾ Increase pedestrian safety in crosswalks by increasing crossing times or installing “extra-time” pedestrian request buttons at major intersections, insuring accessible curb cuts, adding pedestrian refuge islands in wide streets, audible/countdown signals and/or in-pavement lighting. ¾ Adopt narrower street designs and traffic calming strategies to slow traffic. ¾ Add pedestrian resting areas with amenities such as benches in downtown and suburban settings. ¾ Improve pedestrian access and comfort by providing ample sidewalks, sidewalk connectivity, reducing sidewalk obstacles (poles, garbage cans, etc.), adding lighting for safety and shade for comfort, and using noise-reducing materials and acoustic processes to reduce street and freeway noise. ¾ Insure good bus stop design and access. • Implement roadway measures to increase safety, such as: ¾ Street sign improvements to increase readability and provide address and directional information ¾ Traffic calming strategies. ¾ Highway bypasses to separate high-speed through-traffic from local traffic ¾ Pedestrian overpasses. • Require the consideration of the Federal Highway Administration (FHWA) Older Driver Highway Design Guidelines in SACOG review of federally funded transportation infrastructure projects. There is potential for a Street Design Group of traffic engineers and road/highway designers, planners and landscape architects to determine which of the guidelines to include through a technical review and utilize public input to help determine which guidelines from the FHWA Older Driver Guidelines to incorporate in the checklist.

#### **Accessible Transportation funding cut- plan key to revitalize-**

Suen and Mitchell 2009 (S. Ling and C.G.B, April, Suen works for the Transportation Development Centre Transport Canada and Mitchell works at the Institute of Highways and Transportation UK, from the committee on Accessible Transportation and Mobility, <http://onlinepubs.trb.org/onlinepubs/millennium/00001.pdf>, "Accessible Transportation and Mobility")

¶ Research Funding and Dissemination of Results¶ After two decades of steady progress, research funding for accessible transportation is being cut¶ back throughout the developed world. Unless national research programs are rebuilt to address¶ emerging issues, progress toward accessible transportation will falter, and substantial groups of¶ people will remain unserved.¶ A systematic approach to disseminating best practices and facilitating technology transfer is¶ essential to prevent duplication and to foster universal standards.¶ LOOKING AHEAD¶ Worldwide, the population is aging, and the segment of the population older than 80 years old is¶ increasing fastest of all. Because disabilities increase with age, the demand for accessible¶ transport is expected to grow. Mobility is important for daily living, but people increasingly will¶ have to stop driving because of health problems such as dementia and strokes. This shift will lead¶ to greater pressure for alternatives to the car. Even the best public transport and paratransit¶ services cannot provide the spontaneity and independence that car drivers desire.¶

### Transit Solves

#### \_\_\_\_ Infrastructural changes are critical to destabilizing the ableist subject

Breckenridge & Vogler, Department of South Asian Languages and Civilizations at the University of Chicago & an associate professor of philosophy at the University of Chicago and codirector of the Master's Program in the Humanities, in ‘1 [Carol A. & Candace, “The Critical Limits of Embodiment: Disability's Criticism”, Public Culture 13.3]

Placed outside of education and the workplace (as conventionally understood), some children in the global South find their way to the streets, which they share with others, outcasted by poverty and disability, who have only their bodies for shelter. In the North, the street has become the site of other kinds of circulation. Curb cuts make circulation possible for those who walk, as well as for those who use mobility devices such as wheelchairs, walkers, and baby strollers. A cut is a paved but sloped opening in the curb at crosswalks and intersections that makes the sidewalk and the street negotiable without imposing a step up or down. Increasingly widespread as a result of ADA legislation, curb cuts have turned out to be a good for us all, not just for the disabled. With the elimination of the curb, the spatial obstacle to mobility created by engineers and city planners is removed and, likewise, the walker ceases to be the modal resident. Rather than present an impediment to mobility, this altered relation between the street and the sidewalk allows for more universal circulation. What if we invert the conventional wisdom that sees the disabled body as an impediment to mobility (as in the figure of the cripple in Marx) and, hence, both to work and to the circulation of social and economic relations. The inversion would read, by way of example, something like this: Since both capitalist and socialist economies privilege the able body as the basis for the built environment, the able body could appear to interrupt the mobility of the disabled one. Spatially, curbs designed to separate the street from the sidewalk also separate the walker from the wheeled vehicles designed for transportation. The presumed city inhabitant is a walker and not a wheeler. Thus, when curbs interfere with the circulation of wheelers, it can be said that the able body disturbs the mobility of the disabled one.

#### More accessible transportation would enhance the ability of disabled people to be included in society and end current exclusion

Wilson, 2003 (Louca-Mai, “An Overview of the Literature on Disability and Transport”, Disability Rights Commission, November)

This section gives an overview of the main issues in disabled peoples’ use and experiences of transport. Many issues are addressed in greater depth later in the report. 2.1 Transport disability This review is informed by the social model of disability, the view that society disables people with impairments through the construction of social and environmental barriers (Barnes and Mercer, 2003). Heiser (1995) defines transport disability as ‘the unnecessary exclusion of disabled people from current forms of transport’. Transport includes both public transport (buses, trains, taxis, aircraft and ferries) and private individual transport (cars and bicycles), as well as walking (Mitchell, 1997) and community transport (eg dial-a-ride). Research suggests that 12-13% of the population are transport disabled in some way, that is they experience problems in accessing some or all modes of transport (Henderson, 1999; Jensen et al, 2002; Mitchell, 1997). 2.2 Importance of transport Transport issues are important to disabled peoples’ lives, being the single most prominent concern at local level (DPTAC, 2002a). Accessible transport enables disabled people to live independent lives and means: “…having transport services going where and when one wants to travel; being informed about the services; knowing how to use them; being able to use them; and having the means to pay for them”. (Ling Suen & Mitchell,1998). Education and business are the greatest reasons for using public transport in the UK (Bellerby, 2000), and if disabled people are to access employment, education and services they need access to transport. Porter (2002) suggests that ‘those involved in policy and research into transport disability always have to place transport in the bigger picture’. Experience of transport disability is shaped by expectations and experiences as well as the services available. Transport use Disabled people in England and Wales travel a third less often than the general public. Disabled people drive cars less and are less likely to have one in the household, but nonetheless the most common mode of transport for disabled people is a car driven by someone else (67% of disabled people) (DfT, 2002a; DPTAC, 2002a). While disabled people drive far less (47% less often 1 ), they use taxis/ minicabs (67% more frequently) and buses (20% more frequently) more often. 60% of disabled people have no car in the household, compared with just 27% of the general population (DPTAC, 2002a).

#### People with disabilities are being left behind in the transportation debate – the plan provides accessibility that is a prerequisite to full civil rights for people with disabilities

Schwartz 5/9/12, VP of External Affairs, American Association of People with Disabilities, (“People with Disabilities still left behind in transportation debates” http://www.aapd.com/resources/press-room/press-releases/people-with-disabilities.html)

Washington, D.C. – As conferees begin debating how to move forward with the federal transportation reauthorization, two civil rights organizations are highlighting massive disparities in transportation access for people with disabilities. “Equity in Transportation for People with Disabilities,” a report by The American Association of People with Disabilities (AAPD) and The Leadership Conference Education Fund, documents the lack of funding, enforcement, and oversight of transportation programs that allow people with disabilities the opportunity to participate fully in community life. The collected findings demonstrate that federal and local policymakers have failed to fulfill the promise of the Americans with Disabilities Act (ADA) and provide equal access to affordable transportation for all communities through federal surface transportation legislation. Among the findings: • Many public transit systems– particularly older rail and bus systems, as well as Amtrak--are still inaccessible to people with disabilities. • Paratransit services required by the ADA are plagued by poor oversight, high costs to transit agencies and, and woefully inadequate service. • Taxi services continue to be out of reach for people who use wheelchairs, both due to discrimination by drivers and because of physically-inaccessible cabs. • Enforcement of ADA compliance remains spotty. • Significant access problems remain for people living in rural communities. The report includes recommendations for ensuring that the next surface transportation reauthorization bill can begin to meet the needs of all individuals living in the United States. “This report underscores how much the civil rights community has at stake in the transportation debate,” said Wade Henderson, president and CEO of The Leadership Conference Education Fund. “Because of inadequate funding and enforcement, countless people with disabilities can’t reliably vote, work, attend medical appointments, or enjoy full independence.” Mark Perriello, president of AAPD, commented that “access to transportation is a prerequisite to full civil rights for people with disabilities. The goals of the Americans with Disabilities Act—economic power, independent living, political participation, and equal opportunity—can only be realized with affordable, accessible transportation systems.”

**Transportation is necessary for basic functions.**

McCluskey 98 (Martha T. Professor of Law and William J. Magavern Faculty Scholar at SUNY Buffalo Law School, <http://www.jstor.org/stable/10.2307/796517> The Yale Law Journal)

This Note will focus on federal nondiscrimination regulations governing public transportation as an example of the problems with current disability discrimination doctrine. Public transportation has been a major target of the reform efforts of disability rights groups.13 Access to public transportation is crucial for assuring access to employment, political activity, education, shopping, and recreation. Moreover, this is an area where frequent changes in the law have heightened the questions concerning the meaning of equality in the disability context

#### Transportation is critical to societal inclusion of the disabled-

Rickert 1998 (Tom, 01-01, Rickert is the executive director for Access Exchange International which is a Disability rights organization, http://www.independentliving.org/mobility/mobility.pdf, "Mobility for all: accessible transportation around the world")

Access to transportation is not just a matter of being able to ride on buses and trains. Transportation¶ access also benefits from changes in the attitudes other people have toward persons with¶ disabilities. Prejudice against disabled persons will hinder the success of even the best efforts to¶ improve access. Also, those who have mobility difficulties may need practical, low cost and easily¶ repaired mobility aids, including wheelchairs, canes, walkers and crutches.¶ But even with good attitudes, good mobility aids, and access to transit vehicles, disabled people¶ also need pedestrian pathways, which are free of barriers in order to get to a bus stop or a train¶ station. Barriers can include curbs, potholes, muddy pathways, drainage ditches, piles of refuse,¶ broken pavement or sidewalks, or grates with openings so large that they catch wheelchair wheels¶ or canes. In cold climates, piles of snow can also be a barrier.

**Public Transportation is Essential for disabled people**

Venter et al. 4, C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi (6/29/04, “Practical solutions for transport access of urban residents with

Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

Encouraging greater access to transport, including public transport modes, can substantially transform the livelihoods of disabled people themselves and their immediate families. People with disabilities are specifically recognised as a vulnerable population, due to the double penalty of societal discrimination and physical exclusion which often traps them in poverty (DFID, 2000). Improved mobility is a crucial and necessary element in alleviating poverty throughout the developing world and countries in transition as it can allow people with disabilities to play an active role in society both economically and socially. Inaccessible transport can make it especially difficult for disabled people to find employment, to gain an education and access health care, as well as limit their social and recreational activities. In addition, poverty ensures that disabled people are least likely to be able to afford to live in areas with easy access to social services. Thus, when the need arises disabled people should be able to travel locally or within urban and suburban areas using public transport and other modes with ease. Sadly, however, in the developing world this is the exception rather than the rule.

#### Transportation key to independence-

Suen and Mitchell 2009 (S. Ling and C.G.B, April, Suen works for the Transportation Development Centre Transport Canada and Mitchell works at the Institute of Highways and Transportation UK, from the committee on Accessible Transportation and Mobility, <http://onlinepubs.trb.org/onlinepubs/millennium/00001.pdf>, "Accessible Transportation and Mobility")

¶ Accessible transportation is the passport to independent living for everyone. Mobility means¶ having transport services going where and when one wants to travel; being informed about the¶ services; knowing how to use them; being able to use them; and having the means to pay for¶ them. For people with mobility, sensory, or cognitive impairments—many of whom are¶ elderly—such a goal offers many challenges.¶ Accessible transportation encompasses¶ · Public transport services (subway, buses, taxis, paratransit); related operational¶ procedures, ticketing, and travel information; and the design of such vehicles, terminals, and¶ stops;¶ · Intercity, regional, national, and international transport by motor coaches, railway,¶ marine vessels, and aircraft;¶ · Intermodal linkages;¶ · Personal vehicles; and¶ · The pedestrian infrastructure.¶ The following concepts have taken 30 years to develop and be generally accepted¶ throughout the developed world:¶ · Impairments only become barriers when the environment in general, and the¶ transportation system in particular, creates demands that the individual cannot meet.¶ · Accessibility should be achieved through thoughtful design and system planning for the¶ whole population.¶ · Mobility achieved by uncomfortable, dangerous, or undignified means is not acceptable.¶ · Independence and the mobility required for independent living are rights.¶ Accessible transportation practices are promoted through the series of international¶ Conferences on Mobility and Transport for Elderly and Disabled People (COMOTRED),¶ supported by the U.S. Transportation Research Board since 1978. This initiative is recognized as¶ the world’s leading forum for the exchange of research findings and policy approaches on the¶ subject (1).

#### **Accessible public transportation key-**

Rickert 1998 (Tom, 01-01, Rickert is the executive director for Access Exchange International which is a Disability rights organization, http://www.independentliving.org/mobility/mobility.pdf, "Mobility for all: accessible transportation around the world")

People with disabilities and frail elders need transportation to get to work, school, recreation,¶ medical services, and all the other activities of daily living. Public transportation needs to become¶ accessible for blind persons, those who are partially sighted, people with mobility and cognitive¶ impairments, and persons who are deaf, deafened, or hard-of-hearing. Disabled persons and¶ seniors need the mobility provided by buses trains vans, taxis, and other means of transportation¶ The first section of this publication discusses advocacy for access to transport around the world¶ while the second section introduces some aspects of access to streets and pathways, shelters and¶ waiting areas, and bus stops. The third section deals with access to transit vehicles. The guide¶ continues with brief discussions of access to public buildings and houses of worship and ideas¶ about the role of laws and regulations. The guide concludes with a section on resources about¶ accessible transportation. Readers are referred to this section for sources of further information¶ about the many topics introduced in this guide.¶ This manual is being sent to people in countries around the world. It will help introduce persons¶ with disabilities and their friends to different types of accessible transportation. It will help¶ transportation professionals, social service workers and government officials to review different¶ approaches to transit system accessibility. And it will assist clergy, religious workers, members of¶ communities of faith, and others to be advocates for accessible transportation in their communities.¶ We hope this publication will be especially helpful to persons in less wealthy countries where first¶ steps must be taken on the long path to mobility for all.¶ This guide is published by the Health and Welfare Ministries of the General Board of Global¶ Ministries of The United Methodist Church. Other publications on accessibility concerns may be¶ found in the section on "Resources" on page 24 of this guide.¶ This publication was prepared by Tom Rickert, Executive Director of Access Exchange¶ International (AEI), a non-profit agency in San Francisco, California, USA. Prior to founding AEI,¶ the author was Manager of Accessible Services for the San Francisco Municipal Railway, which is¶ San Francisco's public transportation agency. Photos not credited are by the author.¶ Mobility for all means advantages for all. Most of the improvements which help disabled persons¶ also help everyone else. If disabled persons can get to a bus stop and easily get on a bus, that¶ usually means that other passengers also have an easier time using public transportation.¶ For example, everyone benefits from pedestrian paths and streets without potholes, from bus stop¶ waiting areas which are safely removed from traffic, from easy-to-read destination signs on buses,¶ from proper hand grips on bus doors, and from drivers who call out key stops. But while¶ non-disabled passengers may find it harder to ride a bus without these improvements, disabled¶ passengers may be prevented from using a bus. And without mobility, disabled persons cannot get¶ to work or school or to any other activity.¶

**Public Transportation is Essential for disabled people**

Venter et al. 4, (C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi 6/29/04, “Practical solutions for transport access of urban residents with Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

Encouraging greater access to transport, including public transport modes, can substantially transform the livelihoods of disabled people themselves and their immediate families. People with disabilities are specifically recognised as a vulnerable population, due to the double penalty of societal discrimination and physical exclusion which often traps them in poverty (DFID, 2000). Improved mobility is a crucial and necessary element in alleviating poverty throughout the developing world and countries in transition as it can allow people with disabilities to play an active role in society both economically and socially. Inaccessible transport can make it especially difficult for disabled people to find employment, to gain an education and access health care, as well as limit their social and recreational activities. In addition, poverty ensures that disabled people are least likely to be able to afford to live in areas with easy access to social services. Thus, when the need arises disabled people should be able to travel locally or within urban and suburban areas using public transport and other modes with ease. Sadly, however, in the developing world this is the exception rather than the rule.

**Lack of Transportation affects all aspects of a persons life and stops any possible integration**

Davies , Stock ,Holloway ,Wehmeyer , 2010(Daniel K. Davies, Steven E. Stock, Shane Holloway, and Michael L. Wehmeyer from the American Association on Intellectual and Developmental Disabilities, Evaluating a GPS-Based Transportation Device to Support Independent Bus Travel by People With Intellectual Disability. Intellectual and Developmental Disabilities: December 2010, Vol. 48, No. 6, pp. 454-463*.*December 2010, 7/17/2012)

The lack of availability of or access to transportation as a barrier to community inclusion is a perpetual problem for many people with intellectual disability. Researchers have identified transportation problems as a obstacle to participation in or access to self-advocacy activities (McNally, 2003), integrated employment (Conley,2003; Migliore, Grossi, Mank, & Rogan, 2008),religious participation (Minton & Dodder, 2003; Vogel, Polloway, & Smith, 2006), volunteering(Miller, Schleien, & Bedini, 2003), physical activity and exercise (Frey, Buchanan, & Sandt,2005), integrated leisure activities (Reynolds,2002), and integrated health care (Hayden, Kim,& DePaepe, 2005; Reichard, Sacco, & Turnbull,2004). It is evident, then, that transportation limitations affect all aspects of a person’s life and constitute a significant barrier to greater community inclusion and, presumably, a better quality of life for many people with intellectual and developmental disability.

### AT: Transit Won’t Address Problem of Exclusion

#### \_\_\_\_\_Transportation is key to address social exclusion

Audirac in ‘8 [Ivonne, Director-Program in City and Regional Planning. University of Texas-Arlington, “Accessing Transit as Universal Design”, Journal of Planning Literature 23: 4]

Although influential transportation planners¶ believe that given the low share of transit travel, transit¶ cannot be the public strategy for improving mobility-¶ disadvantaged individuals (Pucher and Renne¶ 2003, 74),4 disability theory and activism have challenged¶ these views as exclusionary on several fronts¶ (Corker and Shakespeare 2002; Pothier and Devlin¶ 2006). First, on the basis that mode-split statistics are¶ a poor measure of transit demand, since they do not¶ account for suppressed trips (i.e., forgone trips for¶ lack of transit service or impaired accesses to it)¶ (Hine and Grieco 2002). Second, that mainstream¶ transportation planning and design are based on the¶ notion of a “universally able and disembodied”¶ subject (i.e., without biological and social attributes)¶ (Hine and Mitchell 2001; Imrie 2000; Langan 2001)¶ and thus exclude not only impaired but also many¶ nonimpaired people. Third, that transportation planning¶ espouses the medical model of disability¶ whereby the individual’s body, rather than the built¶ environment and social attitudes against disabled¶ people, is the main debilitating cause in personal¶ mobility (Langan 2001). Fourth, that the transportation¶ disciplines and lobbies have endorsed and promoted¶ a universal system of auto-mobility that¶ alienates impaired people and discriminates against¶ all who, for financial, physical, temporal, or psychological¶ reasons, cannot access or use automobiles¶ (Imrie 2000; Hine and Mitchell 2001; Langan 2001).¶ The literature on mobility and exclusion research¶ identifies several forms of social exclusion (i.e.,¶ physical, geographical, from facilities) resulting from¶ the organization of transportation and the quality of¶ transit service provision and its relation to the built¶ environment, urban form, and land use patterns (see¶ Table 2). These mobility-limiting factors also include¶ economic, fear-based, and time-based exclusions,¶ which condition people’s immobility and capacity to¶ participate in mainstream society (Cass, Shove, and¶ Urry 2005; Church, Frost, and Sullivan 2000; Grieco¶ 2003; Hine and Mitchell 2001; TCRP 1999).¶

### Mobility Key

#### Mobility is the key to ending disability exclusion.

Imrie 2000 (Rob, Prof. of Geography @ King's College London and PhD in industrial sociology- Imrie is a fmr. Prof. of Human Geography at Royal Holloway London, awarded the "back award" by the Royal Geographical Society, Prof. at the Urban Research Centre, fmr. University of Western Sydney visiting professor, and on the editorial board of 'Access Journal', Environment and Planning A 2000, Vol. 32, p. 1641-1656)

¶ Mobility and movement are core to people's identities, life experiences, and oppor-tunities. This is particularly so for those whose mobility and movement patterns are constrained by wider social or situational circumstances over which they have little¶ or no control. For instance, research by the Royal National Institute for the Blind¶ (1995, pages 17 ^ 18) shows that many people with vision impairments are isolated¶ and trapped in their homes, ``with many dependent on sighted assistance for such¶ tasks as shopping''. Likewise, wheelchair users are prevented from entering into¶ and using most buildings and transport; for example, 80% of London's underground¶ stations are inaccessible to wheelchairs. Physical obstacles and barriers are com-pounded by social barriers too, with many disabled people often experiencing¶ combinations of violence, verbal abuse, and hostile or negative reactions in public¶ places (Barnes et al, 1999; Butler and Bowlby, 1997). Such expressions of societal¶ aversion to the public presence of disabled people are commonplace and do little¶ to encourage disabled people to move around. For most disabled people, then, daily reality is of restricted mobility, no mobility, or forms of mobility and movement¶ which serve to highlight their impairment and difference.(1)¶ The inequities of mobility and movement are connected to sociocultural values and practices which prioritise mobile bodies or those characterised by societally¶ defined norms of health, fitness, and independence of bodily movements. Such¶ bodies are, as Ellis (2000, page 5) notes, ``naturalised as a biological given'' and¶ projected as ``the legitimate basis of order in a humanist world''. Illustrative of this¶ are the plethora of metaphors of mobility and movement which are infused with¶ conceptions of bodily completeness and independence, of the (normal) body far¶ Disability and discourses of mobility and movement¶ Rob Imrie¶ Department of Geography, Royal Holloway, University of London, Egham, Surrey TW20 0EX,¶ England; e-mail: r.imrie@rhbnc.ac.uk¶ Received 6 January 2000; in revised form 22 May 2000¶ Environment and Planning A 2000, volume 32, pages 1641 ^ 1656¶ Abstract. In this paper I seek to make a contribution to `geographies of mobility' by arguing that¶ assumptions of unrestricted movement and mobility in contemporary Western societies are hegem-¶ onic in prioritising specific bodies and modes of mobility and movement. In particular, mobility and¶ movement are defined through `normalising' discourses which serve to alienate impaired bodies and¶ to prioritise what one might term the `mobile body'. This has the effect of (re)producing structured¶ inequalities in peoples' movement and mobility patterns. Such ideas are developed and illustrated¶ with reference to interviews with disabled people.¶

### Discussion Key

#### Discussion solves- spillover effect

Rickert 1998 (Tom, 01-01, Rickert is the executive director for Access Exchange International which is a Disability rights organization, http://www.independentliving.org/mobility/mobility.pdf, "Mobility for all: accessible transportation around the world")

So persons with disabilities and their friends need to organize themselves to advocate for access to¶ public transportation. And, since their goals help the rest of society, they need to work with other¶ people and organizations that will also benefit from greater access to public transportation.¶ Advocates can include parents and friends of disabled persons, transportation officials, social¶ service workers, medical agencies, public works officials, city planners, bus drivers, and¶ newspapers as well as TV and radio stations. Persons with mobility difficulties should work with¶ those who are blind or partially sighted and those with other types of disabilities in order for their¶ advocacy to be most effective.¶ Advocacy need not mean being an "adversary." Some of the best advocacy is done in friendly¶ meetings with public officials and through helpful letters and phone calls which point out the¶ advantages of access by all to public transportation. Successful advocacy should ideally result in¶ "first steps" toward access, including curb ramps at street corners, ramps to public buildings, low¶ cost improvements such as larger letters on bus destination signs, or the initiation of door-to-door¶ service to a major destination such as a school or rehabilitation center. These "first steps" can result¶ in good publicity for everyone, including transportation officials. "First steps" can then form the¶ basis for additional improvements as part of the process of creating accessible transit systems. In¶ turn, transit agencies need public support as they seek more funds for their services. As part of¶ their advocacy, disability agencies need to support better public transportation for everyone.

#### \*\*\* We must criticize the dichotomies that underlie the stigma associated with disability.

Pfeiffer, 2002 (David, Ph.D., Professor of Public Management at Suffolk University, Disability Studies Quarterly, Vol. 22 No. 2, Spring, p. 3-23)

There are two major problems with the modern ontology and epistemology. The first problem is the blanket acceptance of a series of dichotomies. It is assumed that there is objective reality and subjective illusion. This dichotomy is exemplified by body versus mind or hard data versus soft impressions. It is assumed that the modern ontology embodies a true value system as opposed to confusion. From this value system come statements of right versus wrong, truth versus falsehood, evil versus good, worthy versus unworthy, beautiful versus ugly. There is a whole value system inherent in the contemporary version of the modern ontology and epistemology. (Brown, 2001) And guess what? People with disabilities are wrong, false, evil, unworthy, and ugly. The second problem is that while in the so called hard sciences there is careful experimentation and the requirement to reject hypotheses if they do not meet the standards of the accepted methodology, there are alot of hypotheses which never get tested. If the so called hard sciences were consistent, they would challenge many of the hypotheses about human behavior which are passively accepted. (Cetina, 1998) In other words, people who only accept the modern ontology are ignorant of large areas of knowledge about people. And they are quite arrogant about their ignorance. Usually these passively accepted hypotheses about human behavior and people are called stereotypes. In Western society due to the modern ontology there are a number of stereotypes about groups of people. Consider the following stereotypes of African Americans, women, Japanese Americans, elderly persons, and persons with disabilities. They can be elaborated even more. The stereotype of African Americans: they smell, have greasy and dirty hair, are lazy, shiftless, but they do have rhythm, they steal, can not be educated, are sexual animals, do not know proper English, live in abject poverty, love to be bossed about by whites, and are drug users. The stereotype of women: they are helpless, can not make decisions, are soft, giggle, are high strung, easily become hysterical, can not understand complex ideas, want to be dominated, want to sexually satisfy any man around, and are sickly. The stereotype of Japanese Americans: they are sly, scheming, can not be trusted, do not know proper English, are inscrutable, hang together, are unfriendly, are deceptive, and plot against all other people. The stereotype of elderly persons: they are helpless, impotent, a burden, frail, have mental lapses, are confused easily, are rude, can not work, live in poverty, are not productive, and are chronically ill. The stereotype of people with disabilities: they are helpless, ignorant, can not learn, are confused, are ugly, embarrassing, unable to do things, have a low quality of life, are poor, unemployed, can not keep a job, want to be with their own kind, are incontinent, are in constant pain, often drool, have no social graces, are pitiful, tragic, a social burden, in need of charity and welfare, are sexless, sick, and broken and need to be fixed. Then guess what: the stereotype of white males are that they are virile, manly, intelligent, smart, strong, able, are problem solvers, are natural leaders, run the world, are heterosexual, healthy, and good looking and in their lives they embody truth, goodness, value, justice, and beauty. The point is that anyone who passively accepts an ontology with its accompanying epistemology without critically examining it accepts alot of baggage known as stereotypes. That is the primary reason that people with disabilities face discrimination. What Is to Be Done? People must become aware of the value assumptions of the ontology and epistemology which are handed to them as they grow up. They must become critical, skeptical thinkers. They must start with epistemology and once it is worked out, they must then apply it to the ontology which they are expected to passively accept. Only then can they become free. In other words, not only must people examine and then reconstruct their personal ontology using their critical epistemology in order to free themselves from harmful stereotypes, they must keep this procedure in mind when they do research, especially in disability studies. People's lives, which includes research, must be based on critical thinking. However, critical thinking and discussion is difficult to do because language guides thinking (Minkel, 2002) and English is fundamentally Platonic in its ontology and epistemology. Nevertheless, it must be done.

### Mechanisms

### Universal Design

#### Universal design solves stigma through a recognition of diverse human desires and needs.

Barnes 2011 (Colin, faculty of sociology and social policy, member of several local, national and international organisations controlled and run by disabled people; UNDERSTANDING DISABILITY AND THE IMPORTANCE OF DESIGN FOR ALL, ((CC) JACCES, 2011 – 1(1): 55-80. ISSN: 2013-7087)

The growing emphasis on an inclusive approach to make the internal and external features of the physical and cultural environment accessible to disabled people has resulted in the elevation of debates about the importance of accessibility and generation of accessibility and universal design (Imrie, 1996). But in order to avoid what Welsh (1995: 2) refers to as ‘potent symbols of seperateness’ that stigmatise particular sections of the community in discussions about accessibility and promote innovative solutions, attention has centred on the concept of universal design.

The phrase ‘universal design’ was coined by Mace (1998) to refer to: ‘The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation, specialist design’ (Centre for Universal Design, 2011: unpaged). It has also been defined as a movement that approaches the design of the environment, products and communications with the widest range of users in mind (Gossett et al., 2009). This design for all approach is widely linked to discourses of social inclusion and human diversity. The general aim is to improve the physical and social environment and therefore reduce the need for ‘special’ provision and ‘assistive technologies’ (Steinfield, 2006: 1). Therefore design processes address how products, communication systems, buildings, public utilities, amenities and spaces cane be produced that are both functional for the greatest number of users and aesthetically acceptable (Welsh, 1995). Advocates of universal design acknowledge that poorly designed products and environments are discriminatory and disable large sections of the population at various stages in the life course. People with impairments and older people are particularly disadvantaged. For example, Wylde et al, (1994) suggested that as many as nine out of ten people are likely to experience ‘architectural discrimination’ (Hanson, undated: 10) at some stage in their lifetime. Universally designed products and environments are based on the following seven principles:

• Equitable use: The design is useful and marketable to people with diverse abilities.

• Flexible in use: The design accommodates a wide range of individual preferences and abilities.

• Simple and Intuitive: Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.

• Perceptible Information: The design communicates necessary information effectively to the user, regardless of their sensory abilities.

• Tolerance for Error: The design reduces hazards and adverse consequences of accidents.

• Low Physical Effort: The design allows efficient usage with minimum effort.

• Size and Space for Approach and Use: Appropriate space is provided to enable comfortable and effective use for anyone regardless of physical and sensory ability.

Adapted from: Centre for Universal Design, 2011

Universally design artifacts, products and infrastructures must therefore be barrier free and accessible to all regardless of age, impairment, gender, ethnicity and sexuality. By acknowledging the diversity of the human condition universal design promotes the creation of physical and cultural environments that enable everyone to carry out their daily activities in comfort and safety without undue hindrance and inconvenience. A commonly cited example is a universally designed building with ramps, lifts and automatic doors that will not only be easily accessible for wheelchair users but also for people with baby carriages, shopping trolleys and luggage (Lepofsky and Graham, 2009). Therefore universally designed products and environments must go beyond the minimum requirements of particular user groups but seek to identify ‘how a politically mandated and socially desirable value can be embodied by the design disciplines’ (Welsh, 1995: 262).

#### Planning and coordination key – small scale solutions fail

Audirac in ‘8 [Ivonne, Director-Program in City and Regional Planning. University of Texas-Arlington, “Accessing Transit as Universal Design”, Journal of Planning Literature 23: 4]

UD applied to transit has focused primarily on¶ planning and design guidance of the physical side at¶ the micro-accessibility level. However, extending UD¶ considerations to geographical accessibility, as¶ intended in “complete chain” and “mobility management”¶ models, has recently drawn attention to the fact¶ that “accessible transit for all” implies that the¶ physical chain of accessible transit must be seamlessly¶ integrated with a regional administrative chain¶ (Organization for Economic Cooperation and¶ Development 2000; Steinfeld 2001). There have been¶ a number of lessons learned in Nordic countries,¶ where land use and transportation planning plays a¶ major role in implementing universal design as¶ “Town Planning for All” (Petren 2004). These¶ include the importance of effective intergovernmental¶ cooperation, smooth collaboration across administrative¶ boundaries, successful consultation arrangements¶ to obtain user input, and heeding the advice¶ that “small mistakes in planning and implementation¶ often have big consequences” (Petren 2004).¶ Despite the challenging complexity of implementing¶ universally designed transit at the various micro¶ and macro scales, a small but growing literature on¶ UD performance evaluation is starting to appear¶ (Preiser 2001; Preiser and Ostroff 2001). It offers¶ user-driven feedback design methodologies that can¶ be applied both to facilities at the micro-accessibility¶ level and to the organizational level of agencies providing¶ transit services. Nonetheless, UD performance¶ evaluation research is still in its infancy. It will take¶ time for design and planning education to fully¶ embrace the UD paradigm and for public awareness¶ to demand universally designed products and services¶ before significant private and public UD research and¶ development becomes the norm (Ostroff 2001).

#### Old People

Audirac in ‘8 [Ivonne, Director-Program in City and Regional Planning. University of Texas-Arlington, “Accessing Transit as Universal Design”, Journal of Planning Literature 23: 4]

In an environment of diminishing public funding and¶ transit patronage, to this day, some transit agencies have¶ been slow in complying with ADA requirements.¶ Disabled patrons complain of bus stops not being¶ announced and bus drivers failing to stop for people¶ with disabilities who are waiting to ride the bus¶ (National Council on Disability 2005). Additionally,¶ problems persist concerning maintenance of accessibility¶ equipment (e.g., bus lifts), and ADA complementary¶ paratransit systems are fraught with quality-of-service,¶ reliability, trip-booking, and pick-up problems. Finally,¶ inaccessible streets, sidewalks, bus stops, intersections,¶ and crossings for people with disabilities remain a persistent¶ problem throughout the United States (National¶ Council on Disability 2005).¶ Experience shows, even in European countries with¶ the most advanced and integrated transit systems, that¶ inaccessible pedestrian and transit facilities, vehicle¶ fleets, and information and way-finding devices and¶ services are the most difficult to get right. They also¶ require the most attention from planners and operators,¶ as well as the largest share of operating funds¶ (Ireland National Disability Authority 2004, 16).¶ Furthermore, inaccessible pedestrian and transit facilities¶ are partially the result of poor coordination¶ between local governments and transit agencies.¶ In the United States, metropolitan planning organizations¶ under the Intermodal Surface Transportation¶ Efficiency Act of 1991 and subsequent reauthorizations¶ are mandated to address these issues in Metropolitan¶ Transportation Plans specifically focused on pedestrian¶ and transit mobility and ADA-mandated accessibility.¶ Yet funding shortages limit the capacity of many¶ transit agencies to adequately meet these mandates.8¶ Furthermore, the notion that all users benefit from¶ transit that meets the needs of Americans aged 65 and¶ older, whose population is estimated to increase 80%¶ by the year 2025, has encountered both skeptical and¶ optimistic assessments.¶ Giuliano’s (2004, 204) research finds that rather¶ than shifting to transit, older people “prefer automobile¶ travel and compensate for physical limitations by¶ traveling less.” Her research also “suggests caution in¶ considering more transit environments as a mobility¶ strategy for the elderly,” since the transit service will¶ have to be very high quality and mimic the car to¶ effectively attract the elderly to transit (p. 204).¶ Similarly, Rosenbloom (2003) asserts that older¶ Americans prefer to drive and that restructuring transit¶ and development patterns will provide more travel¶ choices but not necessarily cause older drivers to¶ switch to walking and transit for the majority of their¶ trips.¶ On the other hand, Bailey (2004), using data from¶ the 2001 National Household Transportation Survey,¶ finds that in 2001, public transportation trips by older¶ nondrivers totaled an estimated 310 million—with¶ older minority populations more than twice as likely¶ to use transit than their white counterparts. Bailey¶ (2004, 1) also finds that social exclusion through suppressed¶ travel is high among older citizens with¶ “more than 50% of non-drivers age 65 and older—¶ staying home on any given day partially because they¶ lack transportation options.” This confirms that for¶ many older nondrivers, public transit is the only alternative¶ to asking for a ride. Bailey recommends substantial¶ increases in funding and investment in the¶ Federal Transit Administration’s Section 5310 Grant:¶ Specialized Transportation Program for the Elderly¶ and Persons with Disabilities.¶ Having carried out focus-group research on travel¶ preferences of driver and nondriver senior citizens, proponents¶ of the new “mobility management” both agree¶ with the above skepticism and concede suppressed¶ travel. They underscore the fact that tomorrow’s older¶ persons are likely to have been car drivers all their lives,¶ having lived in suburban and exurban areas lacking good¶ public transit, and would be likely to demand highquality¶ door-to-door services that can compete with¶ cars. However, concurring also with the need for transit¶ that addresses the immobility of impaired and senior¶ citizens, they emphasize that geographical inaccessibility¶ to jobs and regional services and facilities¶ demands a regional approach beyond the neighborhood¶ and city (Burkhardt, McGavock, and Nelson 2002).¶ Metropolitan planning organizations and regional¶ transit authorities are poised to tackle this issue by¶ becoming mobility managers of traditional and nontraditional¶ transit services that expand mobility¶ choices for all (TCRP 1999). This implies “costeffective¶ public transit solutions for low-density areas¶ that can address the travel needs of high-income and¶ high-mobility seniors while at the same time addressing¶ the travel needs of low-income and low-mobility¶ seniors” (Burkhardt, McGavock, and Nelson 2002,¶ 44). Lack of funding and reluctance to change transit¶ to fit users’ needs (rather than the current practice of¶ fitting users to transit) are major roadblocks for¶ which multiple studies and research, commissioned¶ by the TCRP, offer guidance for addressing and overcoming¶ (TCRP 1997, 2000). Although a review of¶ this research is outside the purview of this article, it¶ would suffice to say that TCRP literature converges¶ on a paradigm shift along the line described here as¶ UD of transit.9 Time will tell whether cities, transit¶ authorities, and the Federal Transit Administration¶ will fully embrace the paradigm. However, some¶ progress in this direction has started to occur.¶ In the United States, a few transit agencies have¶ restructured their service model from fixed-route¶ models focused on downtown to a family of services¶ combining fixed and rider-request routes designed to¶ serve both downtown and suburban demand. Fort¶ Worth’s Transportation Authority made such a shift,¶ ostensibly supported by constant user feedback and¶ service assessment. Also, nonprofit service organizations,¶ such as the Independent Transportation¶ Network in Portland, Maine, are starting to offer a¶ variety of demand-responsive services to older citizens¶ on a 7-day, 24-hour basis. The Independent¶ Transportation Network uses a combination of paid¶ and volunteer drivers and a variety of payment innovations,¶ including “gift-ride programs,” “trip-cost¶ sharing” with merchants and professional offices visited¶ by riders, “frequent-rider miles,” and a “road¶ scholarship fund” for low-income users who cannot¶ afford to pay full fare (Burkhardt, McGavock, and¶ Nelson 2002). These examples are being emulated in¶ different parts of the country and prove that a wider¶ range of geographical accessibility and social inclusion¶ can be achieved through transit designed for all.¶ However, strapped for funding, transit agencies in the¶ United States have been slow to embrace these and¶ other UD innovations, perceived as “interesting” but¶ beyond ADA’s legal mandate.¶ Nonetheless, encouraged by the American Public¶ Transportation Association, transit managers are¶ starting to move beyond ADA accessibility concepts¶ and are becoming more receptive to UD ideas and¶ innovations. A 2007 TCRP research report of “transit¶ for all” in eight European cities10 explored the partnerships,¶ technology, communications, financing, and¶ politics underpinning UD that could be applicable to¶ the United States. The report, authored by American¶ transit managers, found that European accessibility¶ legislation is more flexible than American ADA, and¶ allows more degrees of freedom for innovation. It also¶ highlights that European transit accessibility is more¶ broadly concerned with social inclusion of mobility disadvantaged¶ populations than specifically with¶ aging and disability, as in the United States.¶ Additionally, the study found varying degrees of¶ achievement among transit organizations professing¶ UD goals, and not surprisingly, that user participation¶ was a key component of planning and operations¶ resulting in better quality services. Moreover, a variety¶ of funding mechanisms from dedicated appropriations¶ to congestion charges and road user fees were¶ used to fund UD programs (TCRP 2007).

Universal Design at micro, meso, and macro levels is key to ending social inclusion of transit system.

Audirac in ‘8 [Ivonne, Director-Program in City and Regional Planning. University of Texas-Arlington, “Accessing Transit as Universal Design”, Journal of Planning Literature 23: 4]

UD or “design for all” is a design philosophy¶ couched in a public discourse of social inclusion.¶ Spurred by disability civil rights legislation, graying¶ demographics, and the ICT revolution, UD has¶ become a global design discourse with Japanese,¶ European, and American variants. Among these,¶ Japanese UD seems to be at the forefront in the level¶ of national government and industry implementation.¶ Applying UD to transit accessibility at the micro,¶ meso, and macro scales can assist American cities¶ and metropolitan planning organizations to redress¶ the various forms of social exclusion related to suppressed¶ travel of mobility-disadvantaged populations.¶ While UD has progressively become a catch-all¶ word for a variety of ability and age-inclusive design¶ approaches, there are subtle differences between barrier-¶ free and UD. In regard to physical exclusion at¶ micro and meso accessibility levels, barrier-free¶ design is generally associated with ADA design or¶ retrofitting and readapting vehicles and existing¶ physical environments, such as bus stops and terminals.¶ UD strives from conception to be anticipatory¶ and to avoid the need for future readaptation. It aims¶ to seamlessly fit physical environments to vehicles¶ and services. Hence, at the micro and meso levels of¶ accessibility, universally designed transit facilities¶ imply the design of new facilities and services. At the¶ macro scale of accessibility and geographical exclusion,¶ universal design of transit involves planning and¶ design for seamless integration of fixed-route and¶ flexible door-to-door services, under “mobility management”¶ or “complete chain” models. However, this¶ is an area needing more UD research and development¶ as well as guidance.¶ A review of practice from Europe shows that successful,¶ though piecemeal, application of the complete¶ chain involves comprehensive land use and transportation¶ planning coupled with extensive stakeholder service¶ monitoring and user input. In the United States,¶ universally designed transit is slowly and selectively¶ being applied at the micro level of accessibility, but at¶ the macro level, adoption of a mobility management¶ approach still faces many obstacles. These obstacles¶ are related to funding, resistance to change old service¶ models, and a current culture of minimal compliance¶ with ADA standards, which has slowed down UD¶ adoption by transit agencies. Nonetheless, and in spite¶ of skepticism about transit’s potential to be the public¶ strategy for improving transportation-disadvantaged¶ populations, new forms of community-based, nonprofit¶ demand-responsive services for older and¶ impaired individuals are sprouting in some U.S. cities.¶ They are emerging to fill current transit service gaps¶ that otherwise would result in suppressed travel and¶ social exclusion.

### **Curb Cuts**

#### **Curb cuts are an effective at making public space accessible.**

Brenman 2012 Marc Brenman Senior Policy Advisor, Office of Civil Rights Office of the Secretary U.S. Dept. of Transportation (“Delivering on the Promise: U.S. Department of Transportation Self-Evaluation to Promote Community Living for People with Disabilities,” DOT, Accessed online at <http://www.hhs.gov/newfreedom/final/pdf/dot.pdf>, Accessed on 7/9/12)

People with disabilities often state that their first priority in making transportation¶ infrastructure accessible is building and maintaining curb cuts in America’s cities,¶ towns, and suburbs. Curb cuts, also called curb ramps, are the sloping transitions¶ between sidewalks and streets and roads. These make mobility by people with mobility¶ impairments, such as wheelchair users, much easier, because such users can¶ independently move from sidewalk to street as part of an accessible route. Curb cuts¶ contribute significantly to independent travel by people with mobility impairments.¶ Although these curb cuts have been in essence required in entities that receive federal¶ financial assistance since 1973, hundreds of thousands, and perhaps millions of curb¶ cuts have not been built. Many curb cuts that have been built are not properly¶ maintained, or were not built properly. Curbs cuts cost approximately from $500 to¶ $2600 each when retrofitted to existing sidewalks/curbs/streets, with a commonly¶ quoted cost of $1200 each. Curb cuts have synergistic benefits to many other users,¶ such as families pushing baby strollers, people pulling home grocery carts, and¶ children on bicycles and roller blades. At least one group of people with disabilities¶ has expressed reservations about curb cuts-- some blind advocacy groups state that¶ sharp, angled, distinctions between sidewalks and streets are easier for the blind to¶ locate by feel. DOT generally has jurisdiction over curb cuts because curbs run along¶ the edges of streets and roads, and curbs are often rebuilt when a road is fixed.

### Personal Digital Assiatnts

#### Giving the mentally disabled a PDA significantly increases their ability to use public transport

Davies , Stock ,Holloway ,Wehmeyer , 2010(Daniel K. Davies, Steven E. Stock, Shane Holloway, and Michael L. Wehmeyer from the American Association on Intellectual and Developmental Disabilities, Evaluating a GPS-Based Transportation Device to Support Independent Bus Travel by People With Intellectual Disability. Intellectual and Developmental Disabilities: December 2010, Vol. 48, No. 6, pp. 454-463*.*December 2010, 7/17/2012)

We examined the utility of a PDA-based software system with integrated GPS technology for providing location-aware visual and auditory prompts to enable people with intellectual disability to successfully navigate a downtown bus route. Participants using the system were significantly more successful at completing a bus route than were people in a control group, who used a map and verbal directions. Further, when using the GPS-based system, 73% of participants successfully rang the bell and exited the bus at the right stop compared with only 8% of the control group. This finding was observed for individuals attempting to follow a new bus route for the first time and get off the bus at a previously unknown location.

**The GPS System to help the mentally disabled with public transit is fully functioning and ready to distribute**

Davies , Stock ,Holloway ,Wehmeyer , 2010(Daniel K. Davies, Steven E. Stock, Shane Holloway, and Michael L. Wehmeyer from the American Association on Intellectual and Developmental Disabilities, Evaluating a GPS-Based Transportation Device to Support Independent Bus Travel by People With Intellectual Disability. Intellectual and Developmental Disabilities: December 2010, Vol. 48, No. 6, pp. 454-463*.*December 2010, 7/17/2012)

The travel support device used in this study was a specially designed, cognitively accessible GPS based software prototype, called WayFinder (currently available commercially in the United Kingdom; availability in the United States is pending). This device was designed to integrate with a Windows mobile-based hand-held computer to facilitate independent transportation while using a public transit system. Multiple travel routes, or GPS-based instruction sets, can be programmed into the device to provide personalized route-by route travel instructions and, thereby, support independent transportation for people with intellectual disability. For example, different bus routes for different destinations (e.g., going to work, going home after work, visiting the doctor’s office, going to the theatre) could be created in the system and launched via an identifiable picture icon and audio description. For this study, we programmed a single bus route into the device for testing along with a sample training route that was developed to teach participants how to use the device. Although any bus or walking route can be programmed by support staff into the unit by riding or walking to the destination and setting waypoints/recording instructions, the following narrative describes operation during the test route used in the study. With regard to the operation of the travel support device, the user first selects the desired travel route via the full color, on-screen icon (Figure 1, Screen 1), and the initial prompt screen is displayed (Figure 1, Screen 2), which, in this case, shows a picture of the specific bus to take as well as an audio prompt: ‘‘This is our starting bus stop. Watch for the green and yellow shuttle bus and press the Start button when you see it coming.’’ When the bus approaches, the user then presses the Start button and instructions are provided with a picture and audio message to wait for the bus to stop, wait for others to get off the bus, and then to get on and take a seat (Figure 1, Screen 3). The user then presses the OK button to continue. At this point, the user is sitting on the bus and the display of the travel support device shows a background watermark indicating bus travel and a trip status indicator on the bottom of the screen (Figure 1, Screen 4). This screen is displayed when there is no other travel message that is being displayed at a particular time. The trip status indicator, which is displayed during the entire trip, consists of a line on the bottom of the display with a person icon that moves across the screen from left to right as progress is made on the route, as can be seen on most of the screen shots in Figure 1. This indicator is used to provide feedback to users regarding their progress so that they can have a general idea of how far into the trip they are and how close they are getting to their final destination. Landmarks are an optional feature that can be created within the system during route setup that enable users to be alerted to visual landmarks (e.g., businesses, buildings, bridges, parks) along the way in an effort to help the riders learn the travel route. When the bus approaches a designated landmark waypoint, the system automatically displays a picture of the landmark (see Figure 1, Screen 5) and plays a custom audio message such as ‘‘Look out the window and you will see the historic Grace Church. Press the OK button when you see it.’’ The system can also be set to simply display the landmark as an informational prompt and play the associated audio message without requiring any interaction from the user. Then, when the landmark waypoint is passed, the picture goes away and the default screen again appears (Figure 1, Screen 4). One of the purposes of landmarking, in addition to general trip orientation, is to help keep the user’s attention focused on messages provided by the travel support system so as to increase the likelihood that he or she does not become distracted and miss critical messages. Being distracted, or ‘‘day-dreaming,’’ has been informally observed as one of the reasons people with intellectual disability miss their bus stop. For example, Sargent (a person with an intellectual disability) noted that ‘‘the biggest challenge with my disability is that I’m easily distracted—I have difficulty staying focused—and as a result I can miss my stop’’ (Sargent, 2005, p. 1). Landmarking is a strategy that can be used to mitigate this issue. Although the landmarking capabilities provided by the system are useful, the primary purpose of the device is to use GPS location information and speed detection algorithms to enable users with intellectual disability to know when to get off a bus and, just as importantly, when to stay on the bus when it stops at a different bus stop. There may be dozens of other places a bus stops along any given route to drop off and pick up other passengers as well as at layover points where the bus stops for a period of time simply to maintain a schedule. The developers of the WayFinder system used GPS speed data to detect when the bus stopped and combined this with GPS location information to identify whether the stop was at a scheduled bus stop location, a layover point, or simply for traffic related reasons (e.g., red light, stop sign, traffic congestion). Thus, when the bus stops at a known scheduled stop waypoint—but not the designated destination stop for the traveler, the picture shown in Figure 1, Screen 6, is displayed with the verbal message ‘‘This is not your stop—stay on the bus.’’ This message will repeat until the user acknowledges the message by pressing the OK button. Also, the system can detect when the stop may last for several minutes at a layover point and provide additional information to the traveler to stay seated. In this study, there was a layover point where the bus sometimes stopped and waited for up to 5 min. At this stop, the waypoint prompt was created: ‘‘This is not your stop—this is a waiting spot for the bus, and we might wait here for a few minutes. Do not get off the bus here.’’ The route used for the study included a total of five landmarks and four scheduled bus stops. As the trip nears its destination, a special landmark can be used to tell the traveler that his or her destination stop is coming up next and that it is time to ring the bell (i.e., pull the cord that rings the bell) to tell the bus driver to stop at the next stop. This waypoint is created during route creation in the same manner as other stops and landmarks. Typically, it is only a few blocks prior to the destination bus stop (logically, the prompt for the destination waypoint must be provided after the second to last scheduled stop but before the designated stop), and when the bus reaches this waypoint, a visual prompt of someone pulling the bell cord is displayed (Figure 1, Screen 7; this image is a fairly accurate depiction of the actual pull cord on buses used in the study). In addition, an audio message plays repeatedly that says: ‘‘Your bus stop is next—pull the cord now to ring the bell. Press the Next button after you ring the bell.’’ This message is repeated until the user pulls the bell cord and presses the Next button. After the participant presses the Next button, additional prompts can be created during route setup with pictures and audio messages that provide further instructions to the traveler according to his or her specific needs. For example, if the person has a habit of forgetting his or her backpack on the bus, soon after the pulling the cord waypoint, another waypoint could be set with a picture of a backpack along with the message ‘‘Get your backpack ready and then press the OK button.’’ For the evaluation study, we set one additional waypoint that provided a prompt showing a picture of a bus seat and stated: ‘‘Check around your seat to make sure you have everything before you get off the bus, and then press the OK button’’ (Figure 1, Screen 8). As the bus comes to a stop at the destination bus stop, the GPS waypoint data as well as the stop detection algorithm confirm that the bus has stopped at the user’s destination bus stop, and the final prompt is provided (Figure 1, Screen 9) telling the user ‘‘This is your stop. It is time to get off the bus.’’

###  Bus Shelters

**There are many improvements that can be made to bus shelters that can make them significantly better**

Venter et al. 4, C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi (6/29/04, “Practical solutions for transport access of urban residents with

Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

Several low-cost improvements to the design of existing bus shelters in Pune rendered them more accessible and safer for all to use (Figures 2 and 3). Improvements included: · widening entrances into the shelter to at least 1 meter; · increasing the height of benches to a height of 600mm to be usable by all passengers; · providing large print route information signs in the shelter; and · removing barriers in or near the shelter which hinder movement or could injure users. Passenger surveys demonstrated a higher usage of the bus shelters and higher levels of comfort after the changes were made. A total of 69% of passengers found the bus shelters “comfortable” or “very comfortable” after the project compared to just 19% prior to the bus stand enhancement. Interestingly, more females than males felt the bus stands had become more comfortable. The surveys highlighted the importance of driver training to ensure that passengers using bus shelters are given sufficient time to board the bus and increase passenger confidence in their usefulness. In terms of information adequacy and clarity 50% found the information provided at bus stands after the demonstration project had been implemented to be “very clear” compared to just 4% before the project. The information boards were found particularly helpful to hearing impaired passengers who valued the independence it provided them. However, some passengers wanted the information boards to be illuminated at night. “It is all very nice and useful during daytime but during night we cannot get benefit of these boards and also it would indeed be nice if they were illuminated,” said one interviewee.

### Street Crossing

**There are multiple solutions to make street crossing more handicap friendly**

Venter et al. 4, C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi (6/29/04, “Practical solutions for transport access of urban residents with

Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

Safety at street crossings is a major problem at both the Maputo and Blantyre locations. People with disabilities often need more time to cross, which can lead to either long waiting times or conflicts when they do not have crossing priority. The two sites represent two levels of interve ntion, depending on the resources available: · Installation of traffic signals giving pedestrians absolute priority. In Blantyre a push button-activated signal with a beeping sound was installed to maximise its use to visually impaired pedestrians. · Where the high cost of signalisation cannot be justified in terms of pedestrian volumes, unsignalised crossings can be made safer by clear pavement markings (as was the case in Maputo) and warning signs to motorists. In both cases, additional accessibility was provided by installing kerb ramps (dropped kerbs) (Figure 4) to enable wheelchair users and others with for instance goods carts to use the crossing. Follow-up observations confirmed that both treatments were effective in improving safety and accessibility at the crossings, despite the low road user discipline of motorists. In Maputo, the percentage of disabled and elderly pedestrians using the formal crossing rather than jaywalking increased drastically from 13% to 73%. Additional measures to reduce vehicle speeds, such as appropriately used traffic calming, would benefit vulnerable pedestrians even more at such locations.

### Footpaths

**Improving Footpaths is Essential as well as easy**

Venter et al. 4, C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi (6/29/04, “Practical solutions for transport access of urban residents with

Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

Improving footpaths and pavements (sidewalks) should be an early priority for enhancing mobility, as walking is the major mode for many (especially poor and marginalized) people, and some of the more expensive interventions (such as improving buses) are meaningless unless people can get to and from the vehicle. Accordingly, footway improvements in Maputo and Blantyre included (Figure 5): · paving heavily used footways with a durable material such as concrete; · installing kerb ramps with a 1:12 maximum gradient at level changes to provide access to all users; installing tactile markings on the path at hazardous locations or along the length of the path as a guidance path (where high numbers of visually impaired pedestrians use it); and · painting a pathway to delineate the space to be used by pedestrians, in order to limit encroachment by vendors. In both locales the improved footways were appreciated by disabled and non-disabled pedestrians. The vendor-free paths were generally honoured by vendors, even though they were not enforced and were meant more as a guide. In Blantyre, some visually impaired people highlighted the need to keep the pathway swept and clean to keep the tactile guideway functional. If a guidance path is used on a pavement it must be installed correctly to give clear, correct information to the user. Visually impaired people also need to be trained on the meaning and correct use of the surface.

### Bus Accessibility

**There are many solutions to increase usability of buses including new bus design and street ramps.**

Venter et al. 4, C.J. Venter – University of Pretoria/CSIR Transportek, Pretoria, South Africa D.A.C. Maunder & J. Stone – Transport Research Laboratory, Crowthorne, UK A. Venkatesh – Central Institute of Road Transport, Pune, India K. de Deus – Universidade Eduardo Mondlane, Maputo, Mozambique D.A. Munthali – University of Malawi, Zomba, Malawi (6/29/04, “Practical solutions for transport access of urban residents with

Disabilities”, <http://www.transport-links.org/transport_links/filearea/publications/1_834_PA4060-04.pdf>)

In order to reduce the problems that people – and especially people with walking difficulties – have in boarding the high- floor buses used in Maputo, small kerbside platforms were erected on both sides of the road at a major bus stop (Figure 6). If used correctly, the platforms more than halve the height to the first step of the bus. Although in the long run a far better solution is to replace the existing bus fleet with more accessible and user-friendly designed buses, this was not considered feasible within the scope of the project. Low-cost boarding platforms can be cost-effective as they serve many vehicles stopping at the same location. Introduction of the platforms was coupled with sensitisation of bus drivers on the goals of the project and use of the platforms. Initial observations confirmed that they made boarding considerably easier and that passengers were willing to use them. About 20% of elderly and (ambulatory) disabled people chose to board the bus from the platform. The sample included virtually no wheelchair users as the existing bus fleet is not wheelchair accessible. The solution did not however prove to be sustainable. Observations two months later showed the use of the platforms to be virtually nil – a situation driven by a number of factors. Bus drivers were prevented from consistently stopping close to the platforms, by the interference of informal taxis using the same stop in a very disorganised manner. Bus drivers stop for a very short time, causing passengers to have to run to catch the bus, and thus being disadvantaged by waiting on the platform rather than beside it. Under these circumstances the combination of unregulated operation by competing vehicles, undisciplined driver behaviour, and undemanding passsengers ultimately made this type of infrastructure-based solution inadequate and ineffective. In contrast, incremental improvements made to vehicles in Pune, India, proved to be more successful. The upgrading of bus shelters in Pune coincided with the introduction by PMT of buses with more accessible designs. The research team working with the PMT management suggested a number of improvements that could be introduced and these included wider entrances, lower first steps, colour contrasted entry and exit steps, dedicated seats for disabled passengers, grab rails and stanchions throughout the bus and lights illuminating the entry steps at night (Figure 7). In addition, a bell and light were installed for passengers to be aware that the bus would be stopping at the next stop. The percentage of passengers who described boarding the bus as “difficult” or “very difficult” decreased from 65% to 20% following the introduction of the new buses. One passenger was quoted as saying “I suffer from mild arthritis and these new buses are slightly easier to board”.

# AT: Off Case

## AT: Framework

### Disability in Debate key

#### Debate is key to examining disability exclusions.

Snyder & Mitchell 2010 [Sharon L. Snyder, founder of Brace Yourselves Productions and the director of four award-winning films  David T. Mitchell ssociate Professor in the Curriculum, Instruction, and Technology in Education Department in the College of Education at Temple University. “Introduction: Ablenationalism and the Geo-Politics of Disability”  Journal of Literary & Cultural Disability Studies, Volume 4, Number 2, 2010, pp. 113-125]

As a result, **Disability Studies in McRuer’s point of view should continue to affiliate with scholarship tha**t **describes** the **systemic oppression** of others **and**the **deliberate**, or simply **neglectful, public institutions that continue to murder spirits in the guise of Eleanor Bumpurs. Higher Education provides collective think-tank opportunities** where the ideals of equity run hard against forces of inequity. Consequently**, much is at stake in academic deliberations as one of only a few remaining cultural spaces where** the inevitable crossings of **these conflicts can** continue to **be examined.**

### Disability key to Policymaking

#### \_\_\_\_ Theoretical and Emotional Framing of Disability Predetermine Policymaking

Lang 2001 [Raymond Lang. Senior Research Associate at the Overseas Development Group of the University of East Anglia. January 2001. “The Development and Critique of the Social Model of Disability”. Pages 2-3]

The objective of this paper is to provide a description and analysis of the socialmodel of disability, and howit has developed during the past 30 years. Both academics working in the field of disability studies, as well as practitioners providing disability services have been increasingly influenced by its underpinning philosophy. Furthermore, the “disability movement” utilises the social model as a political platform and tool to secure the “rights” of disabled people, with the objective of ensuring that they enjoy the status of full citizenship within contemporary society. The social model of disability should not be considered as a monolithic entity, but rather as a cluster of approaches to the understanding of the notion of disablement. As will be demonstrated below, different variants of the model ascribe differing and relative importance to a multiplicity of factors that result in the oppression and discrimination that disabled people experience. However, common to all variants of the social model is the belief that, at root, “disability” and “disablement” are socio-political constructions. It is therefore the inhospitable physical environment, in concert with the negative social attitudes that disabled people encounter which result in the systematic oppression, exclusion and discrimination of disabled people. It can therefore be appreciated that the consideration of the theoretical understandings of disability are not solely of semantic, academic interest. The manner in which disability is popularly perceived has a profound impact upon the way in which “stakeholders” are considered (by disabled person’s organisations, policy makers and NGOs alike) to have a legitimate role in deciding how resources are distributed. The manner in which disability has been variously conceptualised, with the resultant ramifications for the provision of disability services, has become a highly emotive and politically charged issue

#### Disability frames policymaking.

Brown 2009 (Lindsey, researcher in Public Health Ethics at the Ethox Centre, University of Oxford, UK. “The role of medical experts in shaping disability law” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Law impacts significantly on disabled people. Furthermore there is an intrinsic connection between law and societal values so when a particular set of values or conceptual model is enshrined in law, its coercive effect may stigmatise disabled people. It is important, therefore, to explore the ways in which lawmakers frame disability issues. This chapter aims to explore the relationship between how 'disability' is perceived in the United Kingdom (UK) and the laws resulting from those attitudes. Two key UK lawmakers are the legislature (parliament) and the judiciary (courts) (Holland and Webb 2006). Laws stemming from parliament take the form of statutes and regulations; 1 laws are made by courts through the reasoning adopted in cases (Holland and Webb 2006).2 This chapter focuses on judge-made law (case law) in the context of what have become known as 'end-oflife' cases. It concentrates on three recent, controversial disputes that have been played out before the courts in England and Wales.3 Through analysing the discourses employed by judges in these cases, this chapter seeks to demonstrate the almost imperceptible yet insidious impact of what may be called the 'medical model' of disability. Its profound and often detrimental influence stems, in part, from judges' reliance on medical professionals as 'experts' in these cases.

#### Disability frames influence implementation.

Brown 2009 (Lindsey, researcher in Public Health Ethics at the Ethox Centre, University of Oxford, UK. “The role of medical experts in shaping disability law” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Disability can be placed within a number of different frames which have the power to make us see disability in one way rather than another. How disability is framed by lawmakers directly influences the laws that they produce. Commentators suggest that the dominant culture tends to reflect the interests of those within particular social groups who have the power to define situations and the necessary resources to ensure that their own definitions are accepted as true e.g., Saraga 1998). While space precludes detailed consideration of these ideas here, they serve as a possible explanation for the dominance of the medical model of disability within UK law and medicine. The argument here is that, as a result of the traditional hegemony of medicine, 'disability' has been defined within an individualised medical model. Medicine, despite recent bad press, is still held in high esteem within UK society (Goble 2003: 46). Clinical definitions have their basis in the authority that attaches to medicine as carried out by medical specialists (Altman 2001: 99). Within the scope of this chapter, this theoretical backdrop helps both to illuminate and explain how and why UK courts implicitly accept doctors' medical evidence as being the most appropriate way to formulate QL judgements in relation to disabled people. Yet, this is problematic - not least, because evidence strongly suggests that doctors judge disabled people's QL differently from how they judge their own lives. Medical doctors' views of the quality of life of disabled people Much research suggests that doctors' QL judgements characteristically are based on the limited perspective of medical diagnosis and prognosis rather than on any fuller exploration or understanding of patients' lives. Consequently, they have limited value. Doctors usually are not experts themselves in living with disabilities, and are not necessarily well informed about everyday life experiences of disabled people.'7 Asch, for example, describes how doctors substitute an ill-formed social judgement about disability for a medical one (Asch 1988: 77-87). Doctors receive little or no education about the realities of living with disability; 18 nor does their training qualify them to judge the social elements ofpeople's lives. Yet, properly undertaken QL assessments should not solely rely on a doctor's medical opinion of whether treatment should be given or withdrawn, but also on the patient's social welfare. Whilst doctors can claim to have medical expertise, they cannot claim any special expertise in assessing the many non-medical matters which also should underpin decisions about what is in the patient's best interests. Doctors' opinions may well stem, therefore, from a backdrop of negative images and poorly informed assumptions about 'intolerable' suffering, unacceptable dependence on others, or that particular disabilities make life 'not worth living' .19 Much of the disability-rights critique of doctors in this respect centres on their 'failures of imagination' (Parens and Asch 2000: 8) - i.e., their inability to imagine that disabled people might lead lives equally as valuable, rich and complex as their own. Doctors may only see disabled people as 'patients' in a consulting room, usually during health crises. Even physicians who regularly treat disabled people may have inaccurate impressions of such people's lives if they interact with them only in a medical setting (Andrews 2002: 104). Few doctors get to know their patients personally, or how they live their lives outside the consulting room. They may not necessarily have contact with disabled adults as equals and peers (Ward 2002: 194). Other health professionals, such as occupational therapists and district nurses, may have more expertise than doctors at knowing how impairments actually affect the QL of disabled people. Yet, because they do not go through such extensive medical training they are not seen as 'experts', and instead defer to doctors who manage patients' care.20 It is worth noting that not only may doctors not necessarily review the situation comprehensively; there is evidence that they also make objectively demonstrable errors in both diagnosis and prognosis. In his work on the 'persistent vegetative state' , Andrews demonstrates that of forty patients referred as being in the vegetative state, seventeen (43 per cent) were considered as having been misdiagnosed. In fact many of the patients misdiagnosed in this way were actually blind or had severe visual impairment (Andrews 1996). Many declarations by medics of diagnosis or prognosis are interpretations, yet in the courts are treated as fact.21 A great deal of evidence illustrates the considerable variance between the views of disabled people and physicians on QL (e.g., Rothwell et al. 1997). Physicians tend to underestimate the QL of disabled people. For example, in one study 82 per cent of doctors surveyed indicated that their QL would be relatively low if they had quadriplegia. In contrast, 80 per cent of people with quadriplegia rated the quality of their lives as 'pretty good' (Gallagher 1995). In another study, only 18 per cent of emergency-room professionals surveyed believed that traumatic spinal-cord injury patients could achieve an acceptable life quality; whereas 92 per cent of those who had survived spinal-cord injury (resulting in long-term disability) reported positive life valuations (Gerhart et at. 1994). Put simply, surrogate judgements often do not accurately reflect patients' own perceptions or preferences (Addington-Hall and Kalra 2001). As Cella states, 'The external determination of a diminished or unacceptable life is often not shared by the person whose life is being judged' (Cella 1992: 9). QL assessments by 'normal', 'healthy' persons can reflect the prejudices, fears or concerns of the observer, not those of the person whose lived existence is being judged. Thus, 'it often happens that lives which observers consider of poor quality are lived quite satisfactorily by the one living that life' (Reinders 2000: 161). Furthermore, there is evidence to suggest that people who make advance directives change their preferences and their views when they are actually in the situation envisaged by their advance directive (Sehgal et al. 1992).

### Mobility key to Policymaking

#### \_\_\_\_ Our understanding of space and mobility has material effects – it comes first for policymaker, academics and citizens

Jensen, Department of Policy Analysis, National Environmental Research Institute, Aarhus University, Denmark, in ’11

[Anne, “Mobility, Space and Power: On the Multiplicities of Seeing Mobility”, Mobilities, Vol. 6, No. 2, 255–271, May]

Above, I have outlined different ways in the mobility literature to consider aspects¶ relating to power and space. These have very real and re-enforcing impacts of power¶ and spatialities that deny and delimit particular social groups from welfare and social¶ goods through e.g. limiting access to mobility. This article tracks additional workings¶ of power in the study of mobility which have no less real effects. Its basic Foucauldian¶ conception of power sees power as a productive, enabling and local force in the social¶ rather than something that denies and can be possessed. Power as a non-subjective¶ force works in networks and numerous ways and may be approached as a diverse and¶ moving field of relations of forces which when exercised constitute ‘mode[s] of action¶ upon the actions of others’ (Foucault, 1982, p. 221; see also 1978, 1979). Within this¶ relational thinking, space denotes a dynamic and immanent dimension of the social¶ which is heterogeneous and continually produced in multiple points and relations¶ (Amin & Thrift, 2002; Massey, 2005). This implies a continued ‘openness and …¶ condition of always being made’ (Massey, 2005, p. 39), and we may thus see space as¶ something inherent to the ways mobility works in modernity; mobility is always¶ spatialised (Cresswell, 2006).¶ In the remainder of the article, two workings of power are scrutinised in relation to¶ mobility and urban space. At first, the article discusses a governmentality perspective¶ in relation to mobility and space, which includes logics and practices of mobility and¶ of ordering urban spaces. Then, the article turns to examine emotions, sensory experiences¶ and ambiences as additional ways power works and which are immanent to¶ particular urban spaces and modes of mobility.¶ Throughout the article, it is argued that seeing mobility may take multiple forms,¶ each of which makes aspects visible that are central to the making of mobility, and¶ which are intertwined with particular spatialities. Hence, expanding our language for¶ engaging with analyses of mobility develops our understanding of the political reality¶ and the sociality in which mobility is enmeshed. Concurrently, the very establishment¶ of ways of seeing, be it by policymakers, urban people or academics, is itself a¶ productive exercise of power. The article suggests practices, rationalities and imaginaries,¶ feelings and sensations relating to mobility as ways to expand our repertoire¶ for talking about power of mobility in its spatiality.

### Embodiment key to Policymaking

#### Embodiment must be central to our politics: refusal to engage in a disability critique of the normal body ensures Nazi eugenics.

Siebers 2006 (Tobin, Prof of Literary and Cultural Criticism at the U of Michigan, "Disability Aesthetics", <http://www.jcrt.org/archives/07.2/siebers.pdf>)

Works of art engaged explicitly with the body serve to critique the assumptions ¶ of idealist aesthetics, but they also have an unanticipated effect that will be the ¶ topic of my investigation here. Whether or not we interpret these works as ¶ aesthetic, they summon images of disability. Most frequently, they register as ¶ wounded or disabled bodies, representations of irrationality or cognitive ¶ disability, or effects of warfare, disease, or accidents. How is disability related to ¶ artistic mimesis—or what Erich Auerbach called “the representation of reality”?¶ 4¶ Why do we see representations of disability as having a greater material ¶ existence than other aesthetic representations? Since aesthetic feelings of pleasure ¶ and disgust are difficult to separate from political feelings of acceptance and ¶ rejection, what do these objects tell us about the ideals of political community ¶ underlying works of art? ¶ What I am calling disability aesthetics names a critical concept that seeks to ¶ emphasize the presence of disability in the tradition of aesthetic representation. ¶ Disability aesthetics refuses to recognize the representation of the healthy body—¶ and its definition of harmony, integrity, and beauty—as the sole determination of ¶ the aesthetic. It is not a matter of representing the exclusion of disability from ¶ aesthetic history, since such an exclusion has not taken place, but of making the ¶ influence of disability obvious. This goal may take two forms: 1) to establish ¶ disability as a critical framework that questions the presuppositions underlying ¶ definitions of aesthetic production and appreciation; 2) to establish disability as a ¶ significant value in itself worthy of future development. My claim is that the ¶ acceptance of disability enriches and complicates materialist notions of the ¶ aesthetic, while the rejection of disability limits definitions of artistic ideas andobjects. ¶ To argue that disability has a rich but hidden role in the history of art is not to ¶ say that disability has been excluded. It is rather the case that disability is rarely ¶ recognized as such, even though it often serves as the very factor that establishes ¶ works as superior examples of aesthetic beauty. Disability intercedes to make the ¶ difference between good and bad art—and not as one would initially expect. ¶ That is, good art incorporates disability. Distinctions between good and bad art ¶ may seem troublesome, but only if one assumes that critical judgments are never ¶ applied in the art world—an untenable assumption. My point is only that works ¶ of art for which the argument of superiority is made tend to claim disability. This ¶ is hardly an absolute formula, although some have argued it, notably Francis ¶ Bacon and Edgar Allan Poe, what wrote that “There is no exquisite beauty, ¶ without some strangeness in the proportion,” or André Breton, who exclaimed ¶ “Beauty will be convulsive or it will not be at all.”¶ 5¶ Significantly, it could be argued that beauty always maintains an underlying ¶ sense of disability and that increasing this sense over time may actually renew ¶ works of art that risk to fall out of fashion because of changing standards of taste. ¶ It is often the presence of disability that allows the beauty of an art work to ¶ endure over time. Would the Venus de Milo still be considered one of the great ¶ examples of both aesthetic and human beauty if she still had both her arms? ¶ Perhaps it is an exaggeration to consider the Venus disabled, but René Magritte ¶ did not think so. He painted his version of the Venus, Les Menottes de cuivre, in ¶ flesh tones and colorful drapery but splashed blood-red pigment on her famous ¶ arm-stumps, giving the impression of a recent and painful amputation (figure ¶ 1).¶ 6¶ The Venus is one of many works of art called beautiful by the tradition of ¶ aesthetic response that eschew the uniformity of perfect bodies and embrace the variety of disability. ¶ To argue from the flipside, would Nazi art be considered kitsch if it had not ¶ pursued so relentlessly a bombastic perfection of the body? Sculpture and ¶ painting cherished by the Nazis exhibit a stultifying perfection of the human ¶ figure. Favored male statuary such as Arno Breker’s Readiness displays bulkedup and gigantesque bodies that intimidate rather than appeal (figure 2). The ¶ perfection of the bodies is the very mark of their unreality and lack of taste. Nazi ¶ representations of women, as in Ivo Saliger’s Diana’s Rest, portray women as ¶ reproductive bodies having little variation among them (figure 3). They may be ¶ healthy, but they are emotionally empty. When faced by less kitschy ¶ representations of the body, the Nazis were repulsed and launched their own ¶ version of a culture war: their campaign against modern art stemmed from the ¶ inability to tolerate any human forms except the most familiar, monochromatic, ¶ and regular. Specifically, the Nazis rejected modern art as degenerate and ugly ¶ because they viewed it as representing physical and mental disability. Hitler saw ¶ in paintings by Modigliani, Klee, and Chagall images of “misshapen cripples,” ¶ “cretins,” and racial inferiors when the rest of the world saw masterpieces of ¶ modern art (figures 4 and 5).¶ 7¶ Hitler was wrong, of course, not about the place of ¶ disability in modern aesthetics but about its beauty. Modern art continues to ¶ move us because of its refusal of harmony, bodily integrity, and perfect health. If ¶ modern art has been so successful, I would argue, it is because of its embrace of ¶ disability as a distinct version of the beautiful. The Nazis simply misread the ¶ future direction of art, as they misread many things about human culture.

### Roleplaying Bad-- Disability

#### Roleplaying fails in the context of disability: stereotypes of the unlivability of disabled lives ensures such roleplaying reifies stereotypes.

Mackenzie and Scully, 2007 (Catriona, Professor of Philosophy and Director of the Macquarie University Research Centre for Agency, Values and Ethics; and Jackie Leach, Reader in Social & Bioethics at the Policy, Ethics and Life Sciences Research Centre in Newcastle University; “Moral Imagination, Disability and Embodiment, Journal of Applied Philosophy,” Vol. 24, No. 4)

Making judgements about the quality of another life or potential life must involve (i) an adequate grasp of what the features of that life are; (ii) agreement about which of these are relevant to life ‘quality’, which implies at least some kind of background theory of what constitutes quality in this context; and (iii) a means of setting relevant features against some kind of standard measure.7 Impairment, or non-normative embodiment, raises difficulties for all three of these points: i) Knowing what the features are: It is arguable that our society, including those members of it that for professional or personal reasons find themselves making quality of life judgements about others, does not have anything like an adequate grasp of the features of the lives of people with impairments.8 Clearly there is more work to be done here to identify what ‘adequate’ might mean. Nevertheless, it seems plausible that socially marginalised modes of life, including life with impairment, are under-represented in everyday discourse. For example, there are many more accounts of the lives of professional footballers on sale at airport bookshops than there are accounts of life with cerebral palsy, even though there are more people with CP than there are those who play football for a living. Informational biases like this are likely to make a real difference to the cultural availability of knowledge about living with different kinds of impairment. ii) Knowing how to weight the features: In the absence of this knowledge we do not know for sure that disabled people find all or some of the same features relevant to assessing QOL as non-disabled people. For instance, independent mobility is generally given a high value in QOL assessment instruments; but someone unused to being able to walk might not prioritise it, or might identify as essential other aspects of mobility that are not considered important by non-disabled people. iii) Identifying the standard: The criteria by which QOL is assessed are set, by and large, by non-disabled people. Since people also tend to think most easily about the various indices of QOL (mobility, independence, happiness, pain and so on) with reference to their own experience, there is a serious risk that the criteria or their weighting, or both, will simply be inappropriate in the context of a radically different experience. In bioethics and in moral and political philosophy it is often assumed that, suitably informed, we can overcome these kinds of difficulties through the exercise of moral imagination. By imaginatively ‘putting ourselves in the place of others’, it is argued, we can come to understand the experiences and points of view of others whose lives are quite different from our own. Some recent controversies in bioethics seem to suggest, however, that imagining the lives of others is more difficult than is commonly assumed, both in general and particularly in the case of those whose bodily experiences differ significantly from one’s own. The BreeWalker Case Bree Walker is an American actor and broadcaster with ectrodactyly (often called lobster claw), a rare genetic anomaly in which fingers and sometimes toes are fused to varying degrees. In 1994, when she had already had one child (who had inherited the condition) and was pregnant with another, she took part in a radio phone-in programme in which the presenter asked the audience, ‘Is it fair for Bree to have children [at all] knowing that she might pass ectrodactyly along to her children?’ In what turned into an intense, one-sided discussion,9 many participants argued that Walker was being irresponsible in bringing into the world a child with deformed hands and/or feet when, with screening and termination, this could be prevented. What was particularly intriguing about this case was the apparent inability of the callers to acknowledge as valid Walker’s own subjective self-assessment of the impact of her impairment on her life (i.e. that it had not presented a major problem). Moreover, they also seemed unable to perceive any discrepancy between the presence of Walker on the show — as a ‘celebrity’ and so, by conventional criteria, highly successful — and their conviction that ectrodactyly must have a profoundly negative effect on life achievements and satisfaction. The Duchesneau and McCullough Case In a case that caused a flurry of bioethical argument in early 2002, a lesbian couple from Washington DC, Sharon Duchesneau and Candace McCullough, wanted to have a child by donor insemination. Both had a congenital hearing impairment, and they opted to increase their chances of having a deaf child by using a sperm donor with a heritable form of deafness, resulting so far in the birth of two children, both hearing impaired.10 The women’s actions polarised bioethical responses,11 the most common of which was disapproval. Analyses both for and against the choice focused on rights and autonomy, and in doing so neglected the question of why the rightness of the decision seemed so obvious to some people, and so utterly incomprehensible to others. Almost certainly, Duchesneau and McCullough did not start from the premise that they should ‘exercise a right’ to have whatever peculiar kind of child they felt like. Their preference seemed to them both intuitively correct and rationally justifiable. By contrast, even the commentaries that were predominantly supportive of their right to make this decision carried a sense of incomprehension that anyone could have this preference at all. For most non-disabled commentators, a good quality of life implies not being disabled. This is reflected in the literature in statements such as: ‘. . . one can argue that if people have disabilities, they cannot be considered to be in good health nor possess a high level of life satisfaction’.12 Amundsen describes this as the Standard View, in which ‘high quality of life is dependent on wide opportunity range, which is dependent on biological normality, which is an objective fact of the natural world’.13 What these two examples show is that there seems to be an almost unbridgeable disjunction between non-disabled commentators’ evaluations of the quality of life with a particular impairment and the assessments made by those with the impairment in question.This disjunction seems to indicate that imaginatively putting oneself in the other’s place might not be a sound basis on which to make quality of life assessments about their lives.

#### Roleplaying fails without the aff: only a prior understanding of disability can make moral imagination work.

Mackenzie and Scully, 2007 (Catriona, Professor of Philosophy and Director of the Macquarie University Research Centre for Agency, Values and Ethics; and Jackie Leach, Reader in Social & Bioethics at the Policy, Ethics and Life Sciences Research Centre in Newcastle University; “Moral Imagination, Disability and Embodiment, Journal of Applied Philosophy,” Vol. 24, No. 4)

For the remainder of the paper we develop an argument in support of this claim. In the following section we argue that the metaphor of ‘putting oneself in the other’s place’ is ambiguous between significantly different kinds of imaginative projection and that this ambiguity conceals the difficulties of imagining being another person. In Section 3, we draw on phenomenology and theories of embodied cognition to suggest that the difficulties of imagining oneself differently situated, or imagining being another person, arise in part from the way the moral imagination is constrained by embodied experience and by the social possibilities foreclosed or made available by a person’s specific embodiment. We also briefly discuss some empirical studies that seem to provide support for our argument. In Section 4, we argue that the role of imagination in moral engagement with others is to expand the scope of our sympathies rather than to enable us to put ourselves in the other’s place. Although we do not suggest that quality of life assessments, or attempts to identify ‘normatively objective components of a good life’, have no role to play in bioethical or medical ethical judgments, the conclusion to be drawn from our argument is that a more cautious and critical stance should be adopted towards the bases on which such judgments are made. 2. The Difficulties of ‘Putting Oneself in the Other’s Place’ The suggestion ‘Put yourself in x’s place’ is a commonly used method of enjoining ourselves, or others, to expand our moral horizons. It urges us to try to see things from the point of view of another whose situation and perspective may be very different from our own or whose actions, responses or judgements we may find bewildering, or disagree with, or have trouble comprehending. Implicit in the suggestion is the idea that each person has a distinctive point of view and that to understand another we must somehow imaginatively engage with that point of view. Within moral and political philosophy, this idea has found expression in a number of different forms. Hume, for example, argued that moral judgment requires each agent to ‘depart from his private and particular situation and . . . choose a point of view common to him with others’.14 By imaginatively adopting this universal point of view, the point of view of corrected sentiment, we expand the scope of our limited sympathies, and counter our natural tendencies towards partiality. In Adam Smith’s Theory of the Moral Sentiments, moral judgment involves imaginatively adopting the perspective of an impartial, sympathetic spectator. The spectator imaginatively puts himself in the position of the recipient of the action in question, asking himself how he would respond to the action were he in the place of the recipient.15 In Hare’s version of the golden rule, we ought only to do others what we would be willing for them to do us. Applying the golden rule involves imagining ourselves in the other’s situation and asking how we would want to be treated by others were we in that situation.16 And on some interpretations of Rawls’ original position, the representatives behind the veil of ignorance are required imaginatively to strip away their knowledge of their own situation and to take up, in turn, the situation of the other representatives.17 In the philosophy of mind, the idea of imaginatively engaging with the point of view of others is central to the account given by simulation theory of how we come to understand other minds.18 Simulation theorists argue that understanding other people’s beliefs, desires, and thought processes involves ‘simulating’ or recreating their mental states in our own minds. One way of understanding this capacity is to regard it as an extension of the capacity for hypothetical reasoning.19 Just as we can make inferences to conclusions reasoning from hypothetical beliefs, so starting from our knowledge of another’s beliefs or thoughts, we can then reason from those thoughts to some of their other thoughts. If we know that our friend believes her husband to be an honest and upright man, then we can infer that she will not believe he is guilty of the fraud with which he has been charged. If we know that a person believes the biblical account of creation is literally true, then we can infer that she will not believe in the truth of evolutionary theory. In simulating or imaginatively recreating another person’s thought processes, we assume that the other person’s reasoning processes work along the same lines as ours, even if we do not agree with or share their beliefs. Another way of understanding this capacity is in terms of ‘perspective shifting’. In shifting perspectives, we take on the other’s representation of the world, transforming ourselves into the other in imagination. Gordon characterises this process as a matter of ‘recentring’ our ‘egocentric maps’ onto the other.20 In some cases, for example where the differences between ourselves and others are not significant (in terms of beliefs, desires, or spatio-temporal location), simply projecting our own perspective onto the other may be sufficient to enable us to explain their behaviour, or to make reliable predictions concerning their actions and beliefs. In cases where the differences are significant, however, we need to make ‘imaginative adjustments’ for these differences, on the basis of information about the other’s location, desires and preferences, beliefs, and emotional and attitudinal dispositions. We do not dispute that the capacity for imaginative projection, or simulation, is central to our ability to understand other people’s mental states. However, there is a significant gap between the kinds of simple cases of belief and desire attribution about which philosophers of mind are concerned, and imaginatively entering into another’s point of view sufficient to understand, for example, how that person experiences disability or evaluates her quality of life. Further, while we agree that imaginative engagement with the perspectives of others does play an important role in developing the moral emotions and in exercising moral judgment, we think this role is often mischaracterized and that the injunction to ‘put oneself in the other’s place’ is ambiguous between different kinds of imaginative projection. As a result, the danger is that in putting ourselves in the other’s place we may simply end up projecting our own perspective onto the other, rather than responding to the other as another. It is important to distinguish three different modes of imaginative projection into another person’s situation. In the first, one simply imagines oneself in a different situation, or in the other’s situation, enacting the narrative that one imagines one would enact if one were in that situation. So for example, in trying to imagine what it would be like to be a person who is unable to walk, someone might try to imagine herself in a wheelchair.21 She might even spend a day in her friend’s wheelchair to make her imaginative engagement with the situation more vivid. In undertaking this imaginative act, she assumes that everything about her (her character, interests, occupation, relationships with others, and so on) remains as it is, except for the fact that she cannot walk. She might imagine the emotional impact of her loss of mobility on herself and her family. And she might imagine what adjustments she would need to make to her life if she were less mobile than she is currently. For example, she might imagine needing to move to a house without stairs, to change the division of labour within the household, to develop alternative exercise habits, to make the necessary adjustments to her car, and so on. This kind of imagining can be more or less informed by knowledge of the particular disability that might be the cause of loss of mobility, for example, whether it is the result of a degenerative condition, such as multiple sclerosis, or the result of spinal cord damage following an accident. Clearly, the more detailed the person’s knowledge, the more likely it is that she might be able to anticipate, at least to some extent, how she would feel and respond were she to be in that situation. Imagining oneself differently situated, as in this example, can seem relatively straightforward because when we engage in this kind of imaginative act we are not really imagining another person. Rather, we are just imagining ourselves and in doing so we simply draw on our own experience. For example, in imagining oneself paralysed from the waist down, one might extrapolate from one’s past experience of being temporarily immobilised by a broken leg. We also draw on our knowledge of ourselves — of our history, temperament, relationships with others, patterns of emotional response — to try to anticipate how we would respond to the situation we imagine. Even so, this kind of imagining oneself otherwise is more complicated and prone to error than it might seem. Its success or otherwise will be dependent on such factors as how well a person knows herself, how distant the imagined situation is from her direct experience, and how much information she has about other people’s experience of the same event. When we employ this kind of imagining in practical reasoning (for example, trying to decide between two different jobs in two different cities), in anticipating the possible outcomes of our actions, or in prefiguring our emotional responses to possible future events, we are sometimes able retrospectively to judge the success or otherwise of the imaginative project. In such cases, the difference between what we imagined or anticipated and how things turn out can be significant. This may be because our imagining was too sketchy, or because we did not anticipate our own emotional responses well enough, or could not anticipate the reactions of others, or because we ourselves have changed in ways that we had not envisaged. The literature on people’s adaptation to disabling conditions confirms that when it comes to quality of life evaluations, there is often a significant gap between imagined and actual experience.22

#### Roleplaying fails: the reduction of others to our possible sameness in imagining ourselves in their position can result in xenophobia and exclusion. Instead, we must begin with moral respect for others.

Mackenzie and Scully, 2007 (Catriona, Professor of Philosophy and Director of the Macquarie University Research Centre for Agency, Values and Ethics; and Jackie Leach, Reader in Social & Bioethics at the Policy, Ethics and Life Sciences Research Centre in Newcastle University; “Moral Imagination, Disability and Embodiment, Journal of Applied Philosophy,” Vol. 24, No. 4)

Given the epistemic and political dangers attendant upon trying to imagine oneself in the other’s place, does imaginative engagement with the perspectives of others have any role to play in moral judgment and understanding? We think it does. However we would argue that its role should be conceptualised not as a matter of enabling us to adopt the other’s standpoint or to understand the other ‘from the inside’. Rather, its role is to expand the scope of our moral sympathies. To explain what we mean by this, we want to start with Young’s understanding of moral respect as ‘asymmetrical reciprocity’. Central to ‘asymmetrical reciprocity’ is the recognition of the other as a person, with a distinctive point of view shaped by that person’s history, social situation, life experiences and relationships with others. The recognition of the other as a person, and in that respect like oneself, is what makes this stance towards the other ‘reciprocal’. What makes it ‘asymmetrical’ is a concomitant recognition that although there may be similarities and common understandings between us, ‘there is also always a remainder, much that I do not understand about the other person’s experience and perspective’.45 Lorraine Code makes a similar point, although where she refers to empathy, we would use the term sympathy: ‘Empathy at its best preserves yet seeks to know the “strangeness” . . . Its ambiguity is manifested in coming to terms simultaneously with the other’s likeness to oneself, and her/his irreducible strangeness, otherness’.46 So far we have emphasised the danger of failing to recognise the distinctiveness of the other’s standpoint by assimilating the other to oneself in imaginative projection. When the other is very differently situated to oneself, or when mutual understanding is challenged by significant identity-defining differences, such as those of culture, religion, sexual preference or embodiment, there is an equally present danger of failure of reciprocity. Rather than recognising the other’s likeness to oneself and respecting her as a person with a distinctive point of view, what is salient is her ‘strangeness’ or ‘otherness’. This can manifest in overt xenophobia, and in attitudes of hostility, suspicion and distrust, as well as in more subliminal emotional and even visceral responses of discomfort, fear, aversion or disgust.47 Such responses to others often arise, we suggest, from a failure of sympathy. Sympathy is an emotional, but also a moral, response to another person, in which one takes the other’s situation — her needs, concerns or distress — as the object of one’s concern, with the aim of responding to her needs, addressing her concerns, or relieving her distress.48 As Hume argued, sympathy is partial and its scope tends to be restricted to those with whom we are more familiar or who are more like ourselves.49 When what is salient about the other is her ‘strangeness’ or ‘otherness’, rather than the fact that she is a person like oneself, one’s capacity to sympathise with her is likely to be blocked or diminished. Moral imagination can counter these tendencies, by making the other’s perspective vivid to us, so helping us to recognise her as a person and to respond emotionally to her. In sympathetic moral imagination one does not try to imagine being the other from the inside. Rather, one recognises that the other is different from oneself, one imaginatively engages with her perceptions and experiences, as she represents them, and one responds emotionally to her perspective and her situation. We would argue that there is a prima facie ethical obligation to develop and cultivate the capacity for moral imagination, which derives from the principle of moral respect for others. Given the natural limitations of our capacities for sympathy, particularly when confronted with another whose ‘strangeness’ is more salient to us than her distinctive personhood, the principle of reciprocity requires us to make an effort to understand how others perceive and experience the world. This obligation is par- ticularly pressing in situations where one is making policy or decisions that affect the lives of others, or evaluating quality of life. There are a variety of ways in which moral imagination can be cultivated and stimulated, including talking to those whose perspectives one is trying to understand, informing oneself about their situation, reading fictional representations of their lives, watching films that represent the world from their point of view, and so on. The opportunities available to individuals to cultivate the capacity for moral imagination are dependent, however, on the availability within the culture of a diversity of representations, including representations of the experience of different kinds of disability. It will be much more difficult to sympathetically engage with Deaf experience, for example, if one does not know any Deaf people and if their perspectives are culturally marginalised. There are two important caveats to our argument. First, we have suggested that in our moral encounters with others we should adopt an attitude of epistemic humility; not assuming that we can easily put ourselves in another’s place and understand her experience. Adopting an attitude of epistemic humility, however, does not entail simply deferring to the other’s epistemic authority or uncritically accepting her point of view.50 Thus a willingness to be open to, respectful of, and sympathetic towards, the perspective of another does not mean that we cannot engage in critical assessment of the other’s views or check the accuracy of her testimony. For people’s representations of their experience can be compromised by self-deception, manipulation by others, or self- interested motives, and constrained by lack of resources and opportunities, insufficient information, restricted horizons, and so on. Second, there are situations when respect for the perspective of the other may be inappropriate, or cannot be morally required. For example, it seems unreasonable to require those who are oppressed or in positions of social disadvantage to be respectful of the views of those who despise, abuse or exploit them.5. Pointing Towards Considerations for QOL Assessments We have argued that people’s points of view are shaped and constrained by their embodiment, among other factors, and that the experience of disabled embodiment potentially gives rise to quite distinctive perspectives. We have also argued that, for this reason, it is implausible to think that non-disabled observers can understand the experience of disability by trying imaginatively to project themselves into the situation of people with disabilities. Such exercises of imaginative projection are likely to be inaccurate and misleading, resulting in judgments that involve the projection of the beliefs and attitudes, fears and hopes, and desires and aversions of non-disabled commentators onto those with disabilities. This argument suggests, first, that when making quality of life judgments both about our own possible futures (for example, if diagnosed with dementia or with a degenerative condition such as multiple sclerosis) and about the lives of others whose embodied existence may be quite different from our own, we must be cautious about the basis on which we make such judgments and avoid the pitfalls of epistemic arrogance. In particular, it is important that our judgments are as fully informed as possible, not only about the condition in question, but also about how those with the condition evaluate the quality of their own lives.This issue is particularly pertinent for prospective parents in the context of prenatal testing for disabilities. It is important that we recognise that our responses and judgements, and our capacities imaginatively to engage with the perspectives of others who are differently embodied, are likely to be shaped and constrained by the specifics of our own embodiment, and by the taken for granted assumptions we make as a consequence about what is necessary for a good quality of life. And it is important to recognise that our judgements will be skewed in direct proportion to our failure to notice the significance of differences in embodiment and of taken for granted assumptions about quality of life.

## AT: Topicality

### TII

**Transportation infrastructure includes investments that yield community and social benefits**

Cambridge Systematics, 2002 (Community and Social Benefits of Transportation Investment, NCHRP Project 8-36, Task 22 Demonstrating Positive Benefits of Transportation Investment, <http://www.transportation.org/sites/planning/docs/nchrp22_3.pdf> January 2002)

Investments in our nation’s transportation infrastructure can yield important community and social benefits. They can increase mobility and access, provide a greater choice of travel modes, improve safety, enhance the visual appearance of our communities, cities, and natural landscapes, and increase community cohesion. In short, transportation investments can improve the quality of life. While social benefits are more difficult to quantify than economic and environmental benefits, they are nonetheless every bit as important. Making a neighborhood, city, or region more livable can spur economic development by making it more attractive for businesses and residents to relocate there. But what defines a “livable” community? While the term means different things to different people, most can agree that, at the very least, a livable place is one that is safe, clean, and healthy; offers a variety of stable job opportunities; has adequate housing, retail, and community services; has a sense of neighborliness; and offers cultural and recreational opportunities close at hand. 1 With this broad definition in mind, it is easy to see why transportation investment can influence livability. A highway built through a rural community has much the same effect today as did a new railway line a century and a half ago. Overnight, the isolation ends; the community becomes a part of a network, and the number of destinations within an hour’s travel time increases many fold. Similarly, an attractive, tree-lined main street, complete with wide sidewalks and “street furniture” – benches, bus shelters, trash cans, and the like – is a source of community pride and a magnet for walkers, shoppers, and tourists. In this way, both places become more livable – they become places where people want to be. Of course, transportation investment can make a place less livable as well if not done sensitively.

#### Transportation infrastructure includes accessibility for people with disabilities

OECD, 2000 (Organization for Economic Cooperation and Development, “Improving Transport for People with Mobility Handicaps”, European Conference of Ministers of Transport)

Transport infrastructure has also improved, and for example much more use is now made of tactile warning and guidance surfaces; ramps and lifts are provided where formerly there were only steps. New technology is also playing an important role in making travel easier for many disabled people, particularly in providing better, more immediate and useable information both before and during journeys.

#### \_\_\_\_ Accessibility for people with disabilities is transportation infrastructure investment

American Association of People with Disabilities, No Date

[“Equity in Transportation for People with Disabilities”, http://www.aapd.com/resources/publications/transportation-disabilities.pdf]

Transportation and mobility play key roles in the struggle ¶ for civil rights and equal opportunity in the disability ¶ community. Affordable and reliable transportation allows ¶ people with disabilities access to important opportunities ¶ in education, employment, health care, housing, and ¶ community life. Because our nation’s investments in ¶ transportation infrastructure have disproportionately ¶ favored cars and highways, those who cannot afford cars or ¶ do not drive cars often lack viable transportation options. ¶ People with disabilities—particularly in rural areas—¶ need accessible, affordable transportation options that ¶ bring employment, health care, education, housing, and ¶ community life within reach

## AT: DAs

### K of DAs

### Disability K o DAs

#### \_\_\_\_ This Ablenationalist framework projects vulnerability as coming from outside the self—Vacillating between humanitarian assistance and imperial wars of extermination.

Soldatic 2006 [“Disability and Development: A Critical Southern Standpoint on Able-Bodied Masculinity,” Karen Soldatic and Janaka Biyanwila, Graduate School of Education; Organisational and Labour Studies; University of Western Australia, TASA Conference 2006, University of Western Australia & Murdoch University, 4-7 December 2006]

These Northern representations of the 2004 Tsunami illustrate the ways in which Western medicine draws specific geographic boundaries around ‘warm climates’, pathologising the Tropics. Referred to as ‘Tropicality’, this discourse creates a sense of otherness to “the tropical environment, the difference of plant and animal life, and the climate and topography, the indigenous societies and their cultures and the distinctive nature of disease” (Bankoff, 2001: 21). In re-enacting ‘Tropicality’, the Northern Tsunami discourse rationalises the hegemony of Western medicine by re-affirming the inherent dangers to life and health in the equatorial regions and the need for Western medical intervention. The Tsunami, in this Eurocentric hierarchy of being, was something that only lives in Southern geographical spaces, away from the safe and controllable ecologies of the North. Just like the Southern disabled and impaired body, the Tsunami is a part of nature that cannot be stopped, but something that can be prepared for, so that it can be controlled and managed by superior Western technocratic expertise. With ecological events and Southern bodies located close to nature, this **representation of black bodies** as a ‘vulnerable’ sub-species **form the basis for** legitimising imperialist **projects under** U.S hegemony. The Tsunami was a “wonderful opportunity” for theNorth, according to Condoleezza Rice, to re-establish its superiority and enlightenedimperial benevolence. The response of Northern governments masked the more brutal coercive dimensions of political and military coordination of the global spread of markets. As Jeremy Seabrook (2005) so eloquently exposed, “Western governments, which can disburse so lavishly in the art of war, offer a few million as it were exceptional largesse”. In effect, the incapacities of local state forms to provide social protection expose the contradictions of neo-liberal strategies promoting ‘self-regulating free markets’ as ‘development’. Not only does this cater to Northern Transnational Corporations (TNCs), but it **also** fosters ethno-nationalist militarised counter movements based on able-bodied patriarchy. In turn, **a key ‘blind-spot’ of the Northern imaginings** in **representing the black Southern body,** battered by disaster was the ‘nature’ of the North- South relationship. Although most of the world’s disabled population lives in the South, there is higher “incidence of reported impairment” in the North (Barnes and Mercer, 2005: 2). According to the World Bank (2005), there are 600 million disabled people globally, of whom 400 million live in the South. As opposed to the North, life expectancies are shorter in the South, there are limited health and support services, and some conditions (such as dyslexia) are not considered as impairments (Barnes and Mercer, 2005). There are a range of preventable impairments that are caused by lack of access to basic amenities such as safe water, sanitation, electricity, and health services. The limits of state capacities to regulate and extend social provisions depict how the promotion of international competitiveness has enhanced the power of private insurance and drug (pharmaceutical) companies in driving disability policy (Albrecht and Bury, 2001). Disability in the South is situated in a subordinated status within the global disability marketplace. The market for rehabilitation goods and services related to disability is dominated by the interests of TNCs, particularly insurance and drug (pharmaceutical) companies. Major drug and medical supply companies are expanding into the South promoting deregulation and privatization of the health sectors. The current North-South tensions over intellectual property issues and prices of essential medicines, particularly HIV/AIDS drugs, highlight the role of TNCs as well as the WTO in shaping the global disability market place. While subordinating the needs of disabled people, cultural practices and the national sovereignty of the South, the profit driven disability market is also influenced by capitalist economies recurrent crisis. Not only is the South particularly effected by the changes in the global market place, there is a generalized amplification of risk through food sources, genetic modification and accumulated drug resistance as well as from the environment, climate change, unknown hazards in the workplace and unregulated proliferation of biological, chemical and nuclear weapons (Albrecht and Bury, 2001). This relationship between the global disability market and the militarization of the globe is of particular interest for disability in the South. The outbreak and the maintenance of civil wars in the South relate to nation-state strategies which are interdependent with imperialist efforts to expand and protect markets. The post-second world war global system under U.S hegemony has promoted an international system of "imperialism by invitation” (Panitch and Gindin, 2003). While inviting "self-governing" states to participate in the international trading regime, the new hegemony is sustained by “political and military coordination with other independent governments” (Panitch and Gindin, 2003). The global trade in military weapons plays a key role in maintaining market friendly governments while militarising conflicts in the South. Disability in the South is intertwined with civil wars, where both state and insurrectionary groups use maiming rather than killing to undermine resistance and socialise fear (Barnes and Mercer, 2005). The global military industrial networks, including international arms trade, dominated by Northern countries and often invisible in World Bank ‘development’ discourse, illustrates the coercive dimension of market-led ‘development’. Northern countries accounted for about 75 per cent of world military spending in 2004 but contained only 16 per cent of the world population. The U.S accounts for nearly half of world military spending. In 2004, the military spending of the U.S accounted for nearly US$ 400 billion, compared with US$ 6.4 billion in Indonesia and US$ 19.1 billion in India (Global Issues, 2006). The GDP of Sri Lanka in 2004 was around US$ 21 billion, while military spending was nearly US$ 560 million. The role of the Indonesian military in protecting the interests of Exxon Mobil, one of the major U.S oil TNCs, illustrates how national politics of resource rich Southern countries are interconnected with geopolitics of imperialism. Moreover, the productive, docile, bodies that the World Bank and nation state strategies promote for ‘development’ are also Southern bodies faced with human right abuses (Amnesty International, 2001). Global market forces shape and are reshaped by underlying social structures and cultures of disability primarily in the terrain of national politics. Disability in the South is positioned within a neo-liberal ‘development’ discourse, which prioritises international competitiveness through trade liberalisation where under market-driven politics the state promotes the interests of capital through privatisation and deregulation (Leys, 2001). Consequently, government regulation or social provisioning is seen not only favouring sectional interests and encouraging inefficiencies, but also state bureaucracies are seen as inherently acting to maximise their own interests. Thus, privatisation under public-private partnerships are promoted, blurring the public-private distinction. As for disability policy, the retraction of state social provisioning and the privatization of health services have amplified household care labour, particularly women’s care work. Under market-driven politics, disabled people are located in the periphery of labour markets, where able-bodied labour constitutes the valourised core. In order to attract international investors, the active promotion of a skilled and docile labour force also means creating a labour market which restricts basic worker rights, such as freedom of association and collective bargaining. In effect, more people are disabled by the lack of decent work, safety and health regulations and poverty level wages. However, there are other recruits from a pool of underemployed and unemployed workers, in urban slums and impoverished rural communities. This marginalisation also feeds into the proliferation of ethno-nationalist counter movements, in hope of gaining recognition and redistribution. Authoritarian ethno-nationalism, nature and able-bodied patriarchy While strengthening conditions for global capital to invest and operate, the state’s attempts to gain legitimacy is increasingly based on patriarchal ethno-nationalist strategies. In contrast to previous closed economy projects, this nationalist development discourse is committed to market-driven politics. While there are different versions of this nationalist project, they are grounded in able-bodied patriarchal constructions of nationhood where the nation is represented as masculine reason. This depiction of the nation-state as masculine reason excludes women from the ‘social’ and ascribes them to ‘nature’. In effect, women are engaged in reproducing the nation, biologically, culturally as well as symbolically (Yuval-Davis, 1997). By casting the Tsunami as an irrational act of nature, humanity is masculinised while nature is feminised. The masculinity implied in patriarchal ethno-nationalist strategies is an able-bodied masculinity. The emphasis on ability relates to how culturally mediated economic activities, discipline, control, subjugate and reproduce bodies as well as embodiment. The body is central to the self as a project as well as social status (Turner, 2001). In effect, the body is shaped by both cultural and material practices. The dominant forms of masculinity articulated in nationalist projects are an able-bodied masculinity, which is based on evading the shared frailty of human beings and the vulnerability as social beings (Turner. 2001). While the body is “inescapable in the construction of masculinity”, the bodily performance that valorises ability is also related to the devaluation of the disabled body (Connell, 1995: 56). The able-bodied masculinity of ethno-nationalist projects overlaps with fascist tendencies which Connell describes as a “naked assertion of male supremacy” (1995: 193). The fascist image of masculinity combines disparate dispositions of “unrestrained violence of frontline soldiers”, rationality (bureaucratic institutionalisation of violence) and ironically, irrationality too (thinking with ‘the blood’, the triumph of the ‘will’) (Connell, 1995:193). In turn, elements of dominance as well as technical expertise are core features of able-bodied masculinity that subordinate disabled bodies and women. The Southern disabled stand point suggested in this paper emerges from a cultural critique within the South itself. The dominant representation of nation in terms of ablebodied ethno-nationalist patriarchy is at the heart of this critique. The feminisation of both nation and nature by able-bodied ethno-nationalist patriarchy deploys notions of ‘tradition’ and ‘motherland’ with strategic intent. With women narrowed to their maternal and nurturing function, this representation of women as biological reproducers of the nation is central for the domestication of women while restricting their status as citizens. While relegating women and disabled bodies into the private sphere of the household (Das and Addlakha, 2001; Mohanty, 2002) the patriarchal ethno-nationalist projects maintain a masculinised public sphere. Just as a woman’s status as citizen within the public domain is conditioned by the active role of the state constructing relations in the private domain, of marriage and the family (Yuval-Davis, 1997), the citizenship status of disabled bodies are also shaped by similar interventions (Meekosha and Dowse, 1997). This is even more so for women with disabilities, who are regarded as unfit to reproduce the nation (Das and Addlakha, 2001). In responding to the Tsunami, the ‘humanity’ of the imperial state merged with able-bodied patriarchal state strategies to separate and evade the inhumanity of poverty and war that continue to reproduce disabling structures and cultures in the South. By contesting the privileged/hegemonic position of the Northern notions of development, disability, and disasters, the Southern disabled standpoint is aimed at deepening politics of impairment. Conclusion eThe delineation of disability as ‘natural’ and disability caused by war and poverty as ‘cultural’ is a specific value-laden framework. The separation of natural and human disasters obscures their shared properties and how culture and history mediates in defining them. While the tsunami had a natural dimension as an ecological event, the consequences of that event were shaped by pre-existing culturally mediated material practices. By the time the Tsunami arrived in Sri Lanka and Aceh, the Southern body had already endured extensive destruction and violence under ethno-nationalist state strategies and Northern notions of ‘development’. Despite the billion dollar pledges the response of rich Northern nation states, impairments caused by war and poverty endure. Thus, the Tsunami can be deployed as a material metaphor to examine the Southern disabled body, where those ‘freaks of nature’ provide ‘opportunities’ for western scientific technocratic expertise and imperial benevolence. For politics of impairment, disabling barriers generated by war and poverty in the South are inseparable from market-driven ‘development’ and global military networks. With the majority of people with disabilities located in the South or the ‘majority world’, the ongoing articulation of North-South relations is significant for elaborating a critical Southern standpoint on able-bodied masculinity.

#### Their refusal to tolerate a world that is less than perfect ensures the extermination of people with disabilities. Their truth claims are part of a political unconscious that seeks to eradicate difference.

Siebers 2010 (Tobin, professor of English, University of Michigan, Disability Aesthetics, pgs 58-63)

These two episodes may seem worlds apart, their resemblance superficial. The first turns on questions of aesthetic taste. The second is about political inclusion. But they express with equal power the current struggles in the United States about the ideal of a common culture. Do certain kinds of bodies have greater civil rights than others? Which is more important, the baby's body or the mother's body? Who should bear the cost to make public buildings accessible to people with disabilities? Who gets to have sex with whom? Whose bloodlines will Americans claim as their birthright? These are political questions for the simple reason that they determine who gains membership, and who does not, in the body politic, but the apparent oddity of the culture wars consists in the fact that the debates over these questions have used aesthetic rather than political arguments. The flash points in the battle are not on the senate floor or in the chambers of the powerful but in classrooms, museums, theaters, concert halls, and other places of culture. Opposing sides tend not to debate political problems directly, focusing instead on the value of reading certain books, the decency of photographs, paintings, and statues, the offensiveness of performances and gestures, the bounds of pornography, the limits of good taste. The culture wars are supposed to be more about who gets into the culture than who has culture, and yet it is difficult to raise one issue without raising the other. Aesthetics tracks the emotions that some bodies feel in the presence of other bodies, but aesthetic feelings of pleasure and disgust are difficult to separate from political feelings of acceptance and rejection. The oppression of women, gays and lesbians, people with disabilities, blacks, and other ethnic groups often takes the form of an aesthetic judgment, though a warped one, about their bodies and the emotions elicited by them. Their actions are called sick, their appearance judged obscene or disgusting, their mind depraved, their influence likened to a cancer attacking the healthy body of society. Such metaphors not only bring the idea of the disabled body to mind but represent the rejected political body as disabled in some way. The culture wars appear to be as much about the mental competence to render judgment, the capacity to taste, and the physical ability to experience sensations as about a variety of controversial judgments, tastes, and feelings. They are as much about the shapes of the individual bodies accepted or rejected by the body politic as about the imagination of a common culture. The status of disability, then, is not just one controversy among others in the American culture wars. Disability is in one way or another the key concept by which the major controversies at the heart of the culture wars are presented to the public sphere, and through which the voting public will eventually render its decisions on matters both political and aesthetic. For to listen to opposing sides, the culture wars are about nothing more or less than the collective health of the United States. The culture wars not only represent minority groups as mentally and physically disabled-and demand their exclusion from the public sphere as a result-they reject works of art that present alternatives to the able body. Only by understanding that health is the underlying theme of the culture wars may we understand that thes,e two trends are related. The most scandalous artists in recent controversies about arts funding, for example, give their works an organic dimension that alludes to bodies gone awry, and these allusions are largely responsible for their shock value. They summon an aesthetic revulsion equivalent to the disgust felt by many persons in face-to-face encounters with people with disabilities, thereby challenging the ideal of a hygienic and homogeneous community.' Karen Finley's avant-garde performances confront the audience with a spectacle of errant body fluids: spermatozoaic alfalfa sprouts and excremental chocolate ooze over her body. In one performance, Lamb of God Hotel, she plays Aggie, a woman using a wheelchair having her diaper changed. Andres Serrano's notorious Piss Christ immerses a day-glow crucifix in a vat of the artist's urine, capturing the startling contradiction of Christianity's all-too-human son of God defiled by a mortal body and its waste fluids. Other photographs by Serrano present abstract expressionist patterns composed of blood and semen, stilllifes arranged with human and animal cadavers, and mug shots of the homeless, criminal, and aged. Robert Mapplethorpe's most memorable photographs capture the homoerotic body and serve it up to a largely heterosexual population. Perhaps his most outrageous work is a self-portrait revealing a bullwhip stuck up his rectum. It summons ideas of the devil as well as S/M practices, of course, but it also presents the image a man who has grown a tail, invoking a body whose deformed shape is less or more than human. These stunning works make a contribution to the history of art by assaulting aesthetic dictates that ally beauty to harmonious form, balance, hygiene, fluidity of expression, and genius. But their shock value owes less to their quibbling with certain aesthetic principles than to the bodies and organic materials presented by them. They represent flash points in the culture wars not only because they challenge how aesthetic culture should be defined but also because they attack the body images used to determine who has the right to live in society. People with disabilities elicit feelings of discoµlfort, confusion, and resentment because their bodies refuse cure, defy normalization, and threaten to contaminate the rest of society. We display bodies objectionable to the body politic, disrupting the longstanding association between instances of aesthetic form and what Fredric Jameson calls the political unconscious. The political unconscious, I want to argue, enforces a mutual identification between forms of appearance, whether organic, aesthetic, or architectural, and ideal images of the body politic. It accounts for the visceral and defensive response to any body found to disturb society's established image of itself. Jameson, of course, defines the political unconscious as a collective impulse that situates the experience of the human group as the absolute horizon of all interpretation. In fact, the existence of the group is for him so much a part of human experience that he considers the consciousness of individuality itself as a symptom of estrangement from collective life. Notice, however, that the political unconscious has no content other than its ability to reference human community as a formal totality. It exists to ponder social totality, but what it refuses to ponder js a vision of community as less than perfect. To conceive social totality at the level of form envisions both objects of human production and bodies as symbols of wholeness. The political unconscious establishes the principle of totality as the methodological standard of all human interpretation. It installs the image of an unbroken community as the horizon of thought, requiring that ideas of incompetent, diseased, defective, or incomplete community be viewed as signs of alienation. This means that the very idea of disability signals the triumph of fallen or defective consciousness, despite the fact that there are no real, existing communities of human beings unaffected by the presence of injury, disease, defect, and incompleteness. In short, the political unconscious is a social imaginary designed to eradicate disability. The political unconscious upholds a delicious ideal of social perfection by insisting that any public body be flawless. It also displaces manifestations of disability from collective consciousness, we will see, through concealment, cosmetic action, motivated forgetting, and rituals of sympathy and pity. Advertisements, media images, buildings, and habitats work to assert the coherence and integrity of society, while public actions like telethons and media representations of heroic cripples mollify the influence of disability. Bodies that cannot be subsumed by ritual and other public action represent a blemish on the face of society, and they must be eliminated, apparently whatever the cost. Diane DeVries provides a familiar account, unfortunately, of the political unconscious at work, of the visceral disgust and accompanying violence often directed at people with disabilities. She reveals that observers of the disabled body often feel compelled to fly into action, to cure or kill the ungainly sight before their eyes. De Vrie~ was born with short arms, no hands, and no legs: once when I was a kid, I was in a wagon and we were in this trailer park, and some kid came up to me with a knife. He said, "Aw, you ain't got no arms, you ain't got no legs, and now you're not gonna have no head." He held me right there, by the neck, and had a little knife. It was one of those bratty kids that do weird things. (Cited by Fine and Asch 48)

#### **Their drive towards invulnerability reifies a fear of disability within the international sphere.**

Jarman 05 (Michelle, University of Illinois at Chicago, “Resisting ‘Good Imperialism’: Reading Disability as Radical Vulnerability,” Atenea, Vol. 25, No. 1.)

In the familiar guise of charity and benevolent liberalism, disability marks an essentialized vulnerability which functions as the representative borderline between the limitless potentialities of the “First World” sharply contrasted with the inevitable suffering and limited existence available in “Third World” contexts. Within this problematic binary, vulnerability functions discursively to perpetuate an artificial and monolithic First-Third World divide. I am interested in deciphering the meaning of western dependency upon this discursive deployment of disability, not only in terms of defining non-western others, but in the continued construction of U.S. national identity in terms of the purifying eradication of physiological and aesthetic difference. From a disability studies perspective, I am suggesting a transgressive reading of vulnerability which not only critiques these discursive practices, but also understands vulnerability as a radical element in forging cross-identity, cross-cultural alliances committed to exposing and interrogating the ways western values become inscribed upon the bodies of “Third World” subjects. Margrit Shildrick’s insightful work on western constructions of “monstrous bodies” is grounded upon an understanding of vulnerability germane to this notion of a transgressive reading of disability. Shildrick points out that bodies designated as monstrous reflect a threatening opposition to the paradigms of human corporeality “marked by self-possession” (5). In order to claim the security of individual identity, the monstrous is rejected and held forth to exemplify that which is not the self. However, following the logic of deconstruction, “at the very moment of [self] definition, the subject is marked by its excluded other” (5). In other words, the excluded other is at the very heart of the self; it is both projected out and dwelling within. The western ideals of the sovereign self or the contained body, then, depend upon an exclusion of corporeal vulnerability, but as Shildrick points out, this exclusion is actually always incomplete. She argues instead that anomalous bodies designated as monstrous—often those with disabilities—actually reflect a vulnerability inherent in all of us: In the encounter with the disabled or damaged body, the shock is not that of the unknown or unfamiliar, but rather of the psychic evocation of a primal lack of unity as the condition of all. But as something unacknowledged and unacknowledgable, that vulnerability is projected onto the other, who must then be avoided for fear of contamination. (“Becoming Vulnerable” 224) While most of us would readily admit our bodies are vulnerable—to disease, illness, infection, accident, or other alteration—corporeal vulnerability is still largely seen as weakness. Medical discourse intercedes at this juncture, attempting to shore up the inevitable (yet effaced) vulnerabilities of bodies with strategies of prevention and cure, and disability is often the featured representative trope within the borders between excluded other and successful medical intervention. In this sense, disability itself is a highly disruptive discursive element. If we think of disability in terms of radical vulnerability, we insist not only upon a critical reading of the figure presented as innately vulnerable, but more importantly, upon exposing the concealed fears and desires mirrored by the discursive drive to exclude, efface, or eradicate.

### Predictions Fail

#### The world is too complex for the supposed experts to actually predict anything: politics proper is the politics of the event, which creates uncertainty ad unpredictability in the entire world system.

William E. Connolly 2011 (professor of political science, Johns Hopkins University, The Politics of The Event, April 3, http://contemporarycondition.blogspot.com/2011/04/politics-of-event.html)

The rebellions in Eastern Europe, the collapse of the Soviet Union, the rapid rise of neoliberal capitalism in Eastern Europe, Tiannamen Square, the birth of gay rights movements in the United States and Europe, the formation of the evangelical-neoliberal resonance machine in the United States, the claim to a right of doctor assisted suicide in a world in which many thought the list of human rights was complete, the (nearly) world wide economic meltdown, the rebellion in Iran, the popular transformations in Tunisia and Egypt, the birth of a civil war in Libya, the eruption of protests in Wisconsin, the earthquake, Tsunami, nuclear crisis in Japan... Each of these moments embodies the essential characteristics of an event: it happens rather rapidly; it throws regular institutions into turmoil, uncertainty or disarray; its antecedents often seem insufficient to explain the course of its expansion and amplifications; its settlement, when underway, is uncertain; it makes a real difference in the world, for good or ill. Each time an event unfolds or erupts hope and anxiety accompany it, in different ways and to different degrees during each event. And many initially outside its compass are rapidly moved to intervene, in attempts to support it, to redirect it, or to squelch it. An event starts out of apparent uncertainty and foments a wider band of uncertainties as it expands and morphs. Events emit contagious and infectious energies. Sometimes democracy or dictatorship hangs in the balance. Or the creation of a new right, faith or identity. Or the denial of one or more of those. Events startle, provoke and energize; they can also disturb, defeat, alienate and sow resentments. They, therefore, form part of the very essence of politics. A secondary effect is how events often throw Intelligence experts, media representatives, political leaders in other places, and practitioners of the human sciences into intense bouts of self-doubt and self-scrutiny. “How come we did not anticipate this,?” ask the Intelligence agencies. “What were our leaders doing?,” say media talking heads. “And what about those of us in the media?” “How come we did not predict this?”, whisper political scientists to each other, before they catch themselves enough to recall that they only promise to predict hypothetical events under conditions in which the “variables” are strictly specified, not to explain actual events in the messy, ongoing actualities of triggering forces, contagious actions, complex and floating conflicts, obscure purposes, subterranean anxieties, and contending hopes. But why do so many remain committed to these protective maneuvers in the domains of the intelligence, the media, political leadership and the human sciences? Do they demand a world in which they can be in charge so much they are hesitant to sink into the messy reality of things underway? At The Contemporary Condition we are magnetized by the politics of the event. We strive to dig into it, think with and against it, even sometimes to nudge it in this way or that while it is underway. We are mesmerized by its combination of uncertain origins, messy modes of self-amplification, and fateful possibilities. Sometimes an event fills us with hope, sometimes foreboding, sometimes with despair. But how should we grasp the very idea of an event? What about those of us located within departments of the human sciences, such as political science, economics, sociology, anthropology and geography? Each unexpected event, in fact, creates a flurry of discussion in the human sciences between those who think politics can be comprehended in classic categories of explanation and prediction, those who wish they could believe that but actually doubt it, those who adopt qualitative or interpretive approaches, and those, most recently, who think that attention to the event carries you into territory that is not entirely reducible to any of these dominant perspectives. These conversations go on between us and within us when a fateful event occurs. Are regular processes periodically punctuated by protean moments in which a degree of real uncertainty in this or that domain arises, accelerating fluctuations within a domain, or between two domains, until the event could really tip in one of two or more directions of real potentiality? Or is uncertainty “in principle” fully explicable by reference to limitations of available “data,” deficiencies in available techniques, a lack of information, or ethical limitations that disable hard scientists from “disaggregating” complex formations to discern how they have hold together. Like poor old Humpty Dumpty who was intact at one moment but too complicated to put back together after he fell. Do practitioners of predictive explanation promise to predict hypothetical futures when in fact they typically explain past events to defer this task indefinitely? Are you bored by rational choice theorists who continue to “retrodict” the origins of the civil war in America, implicitly feeding off the fact that the actual outcome is known in advance ? Perhaps we periodically live into futures replete with elements of real turmoil and uncertainty. Even more, perhaps those same strategic moments sometimes secrete a degree of real creativity, for better or worse. Perhaps vague frustrations and volatile energies were in the air the day before Mohamed Bouazizi immolated himself in Tunisia. Too intense to be ignored, too vague to be defined. Did that sad event, in turn, help to trigger something that would not have arisen a month earlier or a year later? Even more, were protean energies floating around before the event too vague to enable an “ideal observer” before the fact to predict what combustible processes would be set into motion by the event? Perhaps the rebellion in fact arose through a surprising condensation of vague, intense, collective energies. Maybe it then became contagious beyond anybody’s ability to predict before the event? Perhaps it became consolidated through processes of self-amplification and self-organization that both exceeded the triggering moments and contracted those vague intensities into something that did not preexist the event. Are there sometimes protean moments in politics in which real creativity comes into play, propelling a new formation, regime, identity. movement, right, or meltdown into being, for good or ill? Many practitioners of the human sciences increasingly believe that proponents of classical practitioners of quantitative, predictive inquiry in those sciences simplify the world to make it clean enough for them to use their preset categories and demands. Maybe when they played in the mud as young boys their mothers called them in too soon to wash up. We even suspect that some established regimes of qualitative inquiry, while indispensable, rich and subtle, are too tied to the pursuit of a stable nation, a fixed locality, a stable tradition, or nostalgia for long, slow modes of temporality. Perhaps it is timely today, then, to draw selective sustenance from work in complexity theory in neuroscience, biology, geology, and critical philosophy, as well as from minority movements in the human sciences themselves. Doing so to reconfigure our own practices and role definitions. Stuart Kauffman, the biologist and complexity theorist, provides a fine place to start. (See Reinventing the Sacred) Maybe it is timely to transfigure our own activities and selves so that we can come to terms in more supple ways with the politics of the event, and so we can pursue thoughtful responses to some uncertain situations as they are unfolding into the mystery of the future. We seek to participate in the human sciences while dropping the hubris of explanatory sufficiency in principle. To pursue such a trail we must supplement modes of efficient and probabilistic causality with an idea of emergent causality that requires us at key moments to follow real modes of creativity as they unfold to produce new outcomes. In between those events–because there are periods of relative regularity in several domains--we seek to show people why so many are driven to these hubristic images of the human sciences and to learn with others how to think and act creatively within the compass of the event while it is underway. (Connolly, A World of Becoming) We expect the open systems which we study and in which we participate to go through periods of relative stability, only to be punctuated at key moments by surprising accelerations and accentuated instability. Such accelerations can be triggered when one open system is touched or battered by another with which it is imbricated, as when the effects of climate change, itself intensified by capitalism, sends pressures back to capitalism, and it in turn responds. There is an event in the making. Sometimes vague intensities not yet condensed into precise focal points, accumulate below the radar of effectivity and discernibility. Sometimes both things happen together, composing a dissonant connection with pluripotentiality. When such moments of disequilibrium arrive, notions such as criticality, asymmetrical rhythm, vague intensities, vibration, condensation, resonance between systems, self-organization, amplification, emergent causality, and real creativity become particularly pertinent. Not merely as metaphors, but as operative in real processes during moments of phase transition. Admission of these notions into the human sciences, in turn, must be joined to a willingness to act sometimes into the future during unsettled circumstances. Instead of always waiting until the issue is settled in this or that way so that the established “tools” of hubristic science acquire some plausibility again. Yes, those latter tools do have limited applicability in between events, but lose it during the advent of the event. Some colleagues in the human sciences scoff at such formulations, particularly after things have settled down in this or that domain. Economists take cover for a year or so after the latest meltdown, only to re-emerge with confidence when things settle down. Political scientists repeat the word “in principle” to each other until it infects their dream lives. Here are a few questions to both types: Do you scoff because of the real achievements of your model of explanation in settled and unsettled times, or to protect professionals from the responsibility to act during this or that moment of phase transition? Do you in fact believe that there are elements of real creativity in the plastic arts, in music, in literature, in philosophy? Have you yourself, indeed, not periodically had a new thought or idea come to you, as if from nowhere, when you were walking or going for a long, slow run? If so, is it not possible that the modes of real creativity in the activities noted above also find degrees of expression in politics, ethics, regime formations, and economic processes? If these latter things seem plausible, is it not likely that any interpretation of culture, agency, political movements, surprising eruptions and the like that attains plausibility will do so because it forges a valuable interface with relevant literary, philosophical, artistic and ethnographic work? For if there is an element of real creativity in politics and ethics, literary and artistic activities both make contributions to that element and need to be folded into the very lifeblood of the human sciences. How could these two domains remain compartmentalized now?

#### Predictions fail: empirics do not determine future consequences; historical time has been transformed.

Kompridis 2009 (Nikolas, Professorial Fellow at the University of Western Sydney in the School of Humanities & Communication Arts, TECHNOLOGY’S CHALLENGE TO DEMOCRACY: WHAT OF THE HUMAN? PARRHESIA NUMBER 8 • • 20–33)

Retrieving the normative significance of the question: What does it mean to be a human being? To say, with Rousseau, that we do not know what our nature permits us to be, is to say that our status as natural beings underdetermines our status as normative beings—in other words, that “our nature” does not answer the question of what it means to be a human being, or dictate what it is that we should become. This is somewhat reassuring since it tells us that there is a domain of human freedom not dictated by our biological nature, but it is somewhat unnerving because it leaves uncomfortably open what kind of beings human beings could become. On the other hand, if the question of what it means to be human is unanswerable simply by an increase in knowledge, how is it to be answered? Put another way: What are we prepared to permit our nature to be? And on what basis should we give our permission? One of the disturbing features of modern life is that we live in times in which it is no longer possible to know what to expect of the future based on what we now know of the past. All we can be sure of is that the future will not be much like the past we have known, and because historical time is constantly accelerating, it is a future that will arrive ever more quickly. The disorientation this causes, the disorientation that comes from living modernity’s form of life, can become so intense and perplexing that we find it hard to contain our anxieties. We panic.

### Structural Violence First

**Addressing structural violence should come first-it’s the root cause of the military-industrial complex**

Scheper-Hughes and Bourgois, 2004 (Nancy, Professor of Anthropology at University of California Berkeley, Philippe , Professor of Anthropology at University of Pennsylvania, “Introduction: Making Sense of Violence”, Violence in War and Peace, pg. 21-22)

**Peacetime crimes, such as prison** construction **sold as economic development to impoverished communities in the mountains and deserts of California, or the evolution of the criminal industrial complex into the latest peculiar institution for managing race relations in the United States** (Waquant, Chapter 39), **constitute the "small wars and invisible genocides"** to which we¶ refer. This applies to African American and Latino youth mortality statistics in Oakland,¶ California, Baltimore, Washington DC, and New York City. **These are "invisible'' genocides not because they are secreted away or hidden from view, but quite the opposite**.¶ As Wittgenstein observed, the things that are hardest to perceive are those which are right¶ before our eyes and therefore taken for granted.¶ In this regard, Bourdieu's partial and unfinished theory ofviolence (see Chapters 32 and 42)¶ as well as his concept of misrecognition is crucial to our task. **By including the normative everyday formsof violence hidden in the minutiae of "normal" social practices -inthe architecture of homes, in gender relations, in communal work, in the exchange ofgifts, and so forth -Bourdieu forces us to reconsider the broader meanings and status of violence, especially the links between the violence of everyday life and explicit political terror and state repressiOn**.¶ Similarly, Basaglia's notion of "peacetime crimes"- crimini di pace- imagines a direct¶ relationship between wartime and peacetime violence. Peacetime crimes suggests the possibil-¶ ity that war crimes are merely ordinary, everyday crimes of public consent applied systematic-¶ ally and dramatically in the extreme context ofwar. Consider the parallel uses of rape during¶ peacetime and wartime, or the family resemblances between the legalized violence of US¶ immigration and naturalization border raids on "illegal aliens'' versus the US government-¶ engineered genocide in1938, known as the Cherokee "Trail ofTears." Peacetime crimes¶ suggests that everyday forms ofstate violence make a certain kind ofdomestic peace possible.¶ Internal "stability" is purchased with the currency ofpeacetime crimes, many ofwhich take¶ the formof professionally applied "strangle-holds.''¶Everyday forms of state violence during peacetime make a certain kind of domestic "peace"¶ possible.It isan easy-to-identify peacetime crime that isusually maintained as apublic secret¶ by the government and by a scared or apathetic populace. **Most subtly, but no less politically or structurally, the phenomenal growth in the United States ofa new military, postindustrial prison industrialcomplex has taken place in the absence of broad-based opposition, let alone collective acts of civil disobedience. The public consensus isbased primarily on a new mobilization ofan old fear ofthe mob, the mugger, the rapist, the Black man, the undeserving poor.** How many public executions of mentally deficient prisoners in the United States are¶ needed to make life feel more secure for the affluent? **What can it possiblv mean when**¶ **incarceration becomes the "normative"socializing experience for ethnic minoritv youth in a**¶ **society**, i.e., over 33 percent of young African American men (Prison Watch 2002).¶ In the end **it is essential that we recognize the existence of a genocidal capacitv among**¶ **otherwise good-enough humans and that we need to exercise a defensive hypervigilance** to the¶ less dramatic, permitted, and even rewarded evervday acts of violence that render participa-¶ tion in genocidal acts and policies possible (under adverse political oreconomic conditions),¶ INTRODUCTION¶ 21¶ '¶ we would like to recognize. Under the violence continuum¶ haps more easil) than¶ .¶ . f f, 1 social exclusion dehumamzanon, depersonal¶ pecrlude therefore, all expressdionst\_o rac Icwa I1·I.ch I1orn-1·1lize a;rocious behavior and violence¶ - n re1 ICanon¶ · '¶ .¶ ,¶ . [ ·¶ tn¶ '¶ -·. ·¶ .¶ -. pseudospeuanon, a -¶ . .¶ .¶ f¶ . 1·¶ . ote ot constant hyperarousa IS,¶ t¶ It-mobdJzanon or a ,um, a s '¶ . -.¶ f¶ tz:tt!OI1,¶ .¶ .¶ " d others. A constan se¶ .¶ . '¶ .¶ f l¶ l rn history as a chrome state o¶ wwar¶ ,. .¶ ·Ible response to Ben]amm s vtew o ate moe e¶ h·lps a¶ (Taussig, Ch.apther

### Fear Based Politics Bad

**The negatives impact claims are all based off distorted images aimed at creating fear-Racism and crime discourse is also a product of modern mass media-this prevents us from understanding and breaking down social inequalities**

 Altheide, 2006 (David L., Professor of Justice and Social Inquiry at Arizona State University, Journal of International Criminal Justice, 4.5, November)

The common thread for most scholarly and popular analysis of fear in American society is crime and victimization. **Social constructionist approaches to the study of social problems and emergent social movements stress how mass media accounts of crime, violence and victimization are simplistic and often de-contextualize rather complex events in order to reflect narratives that demonize and offer simplistic explanations that often involve state intervention, while adding to the growing list of victims. The discourse of fear has been constructed through news and popular culture accounts. The main focus of the discourse of fear in the United States for the last 30 years or so has been crime.** News reports about crime and fear have contributed to the approach taken by many social scientists in studying how crime is linked with fear. **Numerous researchers link crime, the mass media and fear**.38 There is also an impressive literature on crime, victimization and fear.39 Other researchers have examined the nature and consequences of fear in connection with crime, but also in relationship to political symbols and theories of social control.40 **Crime and terrorism discourses are artfully produced.** The most pervasive aspect of this ‘victim’perspective is crime. Giroux argues that a sense of urgency prevails such that time itself is speeded up, in what he refers to as ‘emergency time’: **Emergency time defines community against its democratic possibilities, detaching it from those conditions that prepare citizens to deliberate collectively about the future and the role they must play in creating and shaping it**.41 Criminal victimization, including numerous crime myths (e.g. predators, stranger-danger, random violence, etc.)42 contributed to the cultural foundation of the politics of fear, particularly the belief that we were all actual or potential victims and needed to be protected from the source of fear ç criminals or terrorists.43 Politicians and state control agencies, working with news media as ‘news sources’, have done much to capitalize on this concern and to promote a sense of insecurity and reliance on formal agents of social control ç and related businesses ç to provide surveillance, protection, revenge and punishment to protect us, to save us.44 Hornqvist suggests that a security perspective overrules mere law, especially as numerous instances of deviance and violations are perceived to be threatening social order. First, **the central factor is not what acts an individual may have committed, but rather which group an individual may belong to**. Is he a drug addict? Is she an activist? Refugee? Muslim? Arab?.. . Second, according to security logic, it is not the behaviour itself that is of interest, but rather what this might be perceived as indicating: does it mean that the individual constitutes a risk?...Finally, an intervention against an individual or group need not be preceded by any court determination. Instead, **a decision made by an individual civil servant is sufficient. The intervention constitutes an administrative measure based on a general assessment of risk, with the question of guilt being only one of many factors weighed in the decision**.45 **Fear, crime, terrorism and victimization are experienced and known vicariously through the mass media** by audience members. Information technology, entertainment programming and perspectives are incorporated into a media logic that is part of the everyday life of audience members. **News formats, or the way of selecting, organizing and presenting information, shape audience assumptions and preferences for certain kinds of information.** The mass media are important in shaping public agendas by influencing what people think about, and how events and issues are packaged and presented. Certain news forms have been developed as packages or ‘frames’ for transforming some experience into reports that will be recognized and accepted by the audience as ‘news’. **Previous research has shown how the ‘problem frame’ was encouraged by communication formats and in turn has promoted the use of ‘fear’ throughout American societ**y.46 **The major impact of the discourse of fear is to promote a sense of disorder and a belief that ‘things are out of control’**. Ferraro47 suggests that **fear reproduces itself, or becomes a self-fulfilling prophecy**. **Social life can become more hostile when social actors define their situations as ‘fearful’and engage in speech communities through the discourse of fear.** And people come to share an identity as competent ‘fear realists’as family members, friends, neighbours and colleagues socially construct their effective environments with fear. **Behaviour becomes constrained, community activism may focus more on‘block watch’programmes** and quasi-vigilantism, **and we continue to avoid ‘downtowns’, and many parts of our social world** because of ‘what everyone knows’. In short, the discourse of fear incorporates crime reflexively; the agents, targets and character of fear are constituted through the processes that communicate fear. Numerous public opinion polls indicated that audiences were influenced by news media reports about the attacks as well as the interpretations of the causes, the culprits, and ultimately, the support for various US military actions. For example, one study of the perceptions and knowledge of audiences, and their primary source of news found that gross misperceptions of key facts were related to support of the war with Iraq. **Misperceptions were operationalized as stating that clear evidence was found linking Iraq to Al Qaeda**, **that weapons of mass destruction had been found, and that world opinion favoured the IraqWar**. Many of these misperceptions were related to following news reports, particularly with the Fox news. The authors conclude: From the perspective of democratic process, the findings of this study are cause for concern....What is worrisome is that it appears that the President has the capacity to lead members of the public to assume false beliefs in support of his position .. ..In the case of the IraqWar, among those who did not hold false beliefs, only a small minority supported the decision to go to war .... It also appears that the media cannot necessarily be counted on to play the critical role of doggedly challenging the administration.48 The discourse of fear now includes terrorism as well as victimization and crime. **Terrorism and fear have been joined through victimization.** Crime established a solid baseline in its association with fear, and it continues to grow, but it is terrorism that now occupies the most news space. The primary reason for this, as noted earlier in the discussion of news sources, is that government officials dominate the sources relied on by journalists**.When journalists rely heavily on government and military officials to not only discuss an immediate war or military campaign, but also for information about the security of the country, rationale for more surveillance of citizens, and comments about related domestic and international issues, then the body politic is symbolically cultivated to plant more reports and symbols about the politics of fear.** This is particularly true during periods of war, such as the ongoing war with Iraq. Messages that the war on terrorism, the importance of homeland security, including periodic elevated ‘terror alerts’ will not end soon, lead journalists to turn to administration news sources for information about the most recent casualties, operations, reactions to counter-attacks, as well as the omnipresent reports about soldiers, who have perished and those who are still in peril. In this sense, news updates from authoritative sources quickly merge with orchestrated propaganda efforts.

### AT: DAs with “K” Impacts

By framing third-world citizens as sufferers requiring our aid, they reinforce a hegemonic conception of ability that posits cultural difference as something that must be eliminated.

Jarman 05 (Michelle, University of Illinois at Chicago, “Resisting ‘Good Imperialism’: Reading Disability as Radical Vulnerability,” Atenea, Vol. 25, No. 1.)

In order to further discuss the problematic intersections between medical discourse, the postcolonial body, and disability, I want to refer to a mainstream advertisement for a non-profit organization called the Smile Train—which draws heavily upon troubling assumptions about “First” and “Third World” divisions. The full-page, color, advertisement described below was positioned within the cover story in a recent issue of Newsweek (April 7, 2004) in the U.S. Similar ads, often featuring photos of different infants and children, are regularly featured in other mainstream newsweeklies and popular magazines. Visually, the advertisement features two photographs of the same child, one before and one after a surgical procedure to correct the child’s cleft lip and palate. Following in the tradition of Edward Said, rather than attempt to unearth the hidden meaning of the images, I want to explore the discursive authority on the surface, to expose, in his words, “its exteriority to what it describes” (20). Said taught us that colonial representations reveal far more about the colonizer than the colonized. With this in mind, the advertisement, while projecting vivid portraits of an aesthetically marked infant, reveals more about the imposition of western moral and medical authority than it does the desires of the child. The child itself—who remains nameless, raceless (although dark-skinned), nationless, and genderless—is apparent but unheard. In fact, the effectiveness of the advertisement depends on the child’s silence and transparency. In other words, these striking “before and after” images provide the blank surface upon which the western “ad copy” can be inscribed. Said explained why such a process of silencing must occur: it is the western observer who “makes the Orient speak,” who “renders its mysteries plain for and to the West.” Orientalism as a system of discursive representation reflects western hegemonic constructions of “Orientals, their race, character, culture, history, traditions, society, and possibilities” (20-1). In much the same way, many current western constructions of Third World subjects attempt to perpetuate this problematic endeavor. The text of the advertisement, for example, attempts to evoke a sense of immanent tragedy and suffering that can only be ameliorated through an immediate response by western charity. A large, bold lettered headline provides a simple admonishment to readers: “Give A Child With A Cleft A Second Chance At Life.” Beneath this appeal sit the two images of the same smiling child, the second (post-operative) image apparently representative of a child now ready to embark upon the “second chance” promised by the organization. The rhetoric of this promise is especially telling in the fine print: “Today, millions of children in developing countries are suffering with cleft lip and palate. Condemned to a lifetime of malnutrition, shame and isolation.” Further along, we see that these children come from all parts of the world, but readers are still presented with a troubling truism: regardless of individual cultural differences, the universal response to disability and aesthetic difference of cleft lip in developing countries is represented as absolute social rejection. The tragic inevitability of suffering by such children is further described on the organization’s website, but again, cultural specifics are replaced with essentialized stories of isolation and despair. Children with cleft lip and palate are described as suffering a “long nightmare,” enduring “lives [that] will never be lived.” And regardless of whether the child is born in Asia, Africa, South America, Russia, or other areas, Smile Train newsletters bear witness to a global fate: “they will suffer their entire lives in silence as the world looks the other way. Trying to survive in a society that pretends they don’t exist.” Ironically, the silencing that Smile Train purportedly ameliorates is actually reinstantiated through its own marketing materials. Even more troubling, the ubiquitous “society” of the developing world is discursively sewn together by the presence—and suggested prevalence— of disability, as well as by its shared aversion and rejection of the innocent victims “suffering with cleft lip and palate.” By focusing upon cleft lip, a difference which is widely corrected in the United States (although within the deeper layers of their literature, this organization admits to providing resources to poorer families in the U.S. as well), the Smile Train organization presents the prevalence of disability as evidence of developing nations’ immeasurable lack—lack of resources, technology, and more insidiously, of understanding. In this way, the First and Third World divisions are re-solidified, and “we” of the overdeveloped nations are positioned as superior—with greater economic power, medical knowledge, and even compassion. This division impedes the formation of partnerships between groups of disabled people within highly developed and underdeveloped nations. The “tragedy” and “suffering” of these children is displaced upon a falsely unified “society” of developing nations, which allows western readers of the advertisement to understand these undifferentiated cultures as cruel or less advanced—as atavistic versions of our own culture in need of our paternalistic guidance. As Susan Wendell has warned, the desire to eliminate differences that might be feared, misunderstood, or seen as signs of inferior status often “masquerades as the compassionate desire to prevent or stop suffering” (156). In effect, Smile Train packages these children and the societies that have isolated and abandoned them without treatment as those in need while American readers, especially those who offer donations, are congratulated as benevolent providers. Within this rubric, disability, an essentialized trope of dependency, provides evidence to perpetuate the long-standing paternalistic hierarchy between underdeveloped and overdeveloped nations, and also serves as a foil to the actual western desire of erasing differences that exceed the perceived boundaries of “normal” corporeality.

### AT: Elections: Romney Good

**Republican anti-disability politics leads to exclusionary fascism**

**Herzog 11** (Dagmar, Professor of History at the Graduate Center at the City University of New York, “Gray Bus”, Women’s Studies Quarterly, Vol. 39 No. 1 &2, Spring/Summer, Project Muse)

Recently, half a year before the 2010 midterm elections in the United¶ States, Rand **Paul of Kentucky**, a Republican running for the Senate, **told a reporter that he thought requiring elevators to accommodate wheelchairbound disabled employees was an “unfair” financial burden on employers**.¶ The comment was meant to amplify Paul’s view that, in general, the¶ Americans with Disabilities Act (as it happens, signed into law in 1990¶ by George Bush Sr.) was a bad idea, an overreach on the part of the federal¶ government. The “right or wrong” of such matters should be handled¶ locally (McMorris-Santoro 2010; Sonka 2010). Several months later, with¶ the election only a few weeks away, a video surfaced showing Sharron¶ Angle, also a Republican candidate for the Senate, in Nevada, at a Tea Party¶ rally the previous year, raising her fingers in the air and making sarcastic¶ scare quotes around the word “autism” as she rallied the crowds against¶ a Nevada state bill (which had passed both houses of the state legislature¶ with strong bipartisan support in 2008) that had mandated insurance¶ coverage for medical care for individuals with autism: “You’re paying for¶ things that you don’t even need. . . . That’s a mandate that you have to pay¶ for,” **she told the audience, the quotation marks implying that autism was merely a scam condition invented to drain cash from a beleaguered citizenry**¶ (Siegel 2010; Raban 2010). These would be semi-benign instances¶ of insensitivity to the physically and cognitively disabled were it not for the¶ fact that they quite deliberately play to, and aim to exacerbate, constituencies’¶ potential resentments about the special costs that disability inevitably¶ produces. In this scheme of things, disabled people are aggravating burdens weighing down a hardworking and healthy populace.1 What a change¶ of course from the both sentimentalized and instrumentalized way Republican¶ vice presidential candidate Sarah **Palin incorporated disability into her stump speech in 2008**, repeating her story of pain and triumph as she¶ and husband, Todd, chose to carry to term a son with Down syndrome as¶ a prime example for why every American should take a principled position¶ against abortion rights for all women.2 (**And yet the rhetorical remarks of 2009–10 came together with a broader trend in which budget cuts implemented and proposed by Republicans directly curtailed special education**¶ in both local contexts and nationwide.)3¶ **In both the Tea Party-entranced United States and in Europe sixtyfive years after the defeat of fascism, the physically and cognitively disabled have good reason to feel unsafe and afraid**, not just spatially, but **also existentially and emotionally**. Disability rights proved a latecomer to the postwar¶ human rights agenda, and globally, its hold remains tenuous. This has¶ much to do with the difficulties (and oftentimes impossibilities) of selfrepresentation¶ for many of the cognitively disabled. **It has much to do also with long-lasting legacies of contempt for the disabled manifested with such singular brutality under Nazism, but whose roots in eugenic thinking preceded Nazism by several decades**—and whose influence spanned the¶ Western world.¶ **Queer theorists have been at the forefront of theorizing the simultaneously illogical and overdetermined pliability of antihomosexual hostilities, and their conceptual grappling has great pertinence also for understanding the discomfort with the physically and cognitively disabled** that continues¶ to fuel a climate of existential and emotional unsafety even in twenty-firstcentury¶ Western cultures, in which both gay rights and disability rights¶ have overall become more secure than ever before. Afsaneh Najmabadi¶ has perceptively charted the efforts of scholars to discern the reasons for¶ the preoccupation with male anal intercourse in the self-consciously modernizing¶ sexual politics of the late nineteenth- and early twentieth-century¶ Middle East. She notes that the cultural understanding of the body, of acts,¶ identities, and relationships, was not only different from that existing in¶ Europe at the same time—although there too homophobia was emerging¶ as a cultural force to be reckoned with—but was itself not reducible to¶ any one explanation. “Perhaps the problem has been the search for a singular logic—mixing of kinds, crossing of body boundaries, incest taboo,¶ whatever—for making sense of nodal complexities that have produced¶ the meaning of gender and sexual differences. **The search for one logic of structuring hierarchies may obscure the contingent intersection of several webs of meaning**” (2008, 281–82). Along related lines, writing in the early¶ years of the HIV/AIDS epidemic, as gay men were being venomously¶ blamed for their own victimization, the British gay rights activist Simon¶ Watney reflected that “it is far from clear that phobic responses to sodomy¶ are not themselves displacements of other, deeper levels of anxiety that¶ cannot and should not be reduced to the terms of the conscious notion of¶ ‘sexual acts’” (1989, xi).

### AT: Politics

**No unique link: Congress already funding disability transportation policies**

Henderson July 7, 2012, Wade Henderson, President, The Leadership Conference on Civil and Human Rights. July 07, 2012 “Civil Rights and Transportation” (http://politic365.com/2012/07/07/wade-henderson-hyperpartisan-congress-civil-rights-and-transportation/)

The long-overdue passage of the [federal transportation bill](http://dc.streetsblog.org/2012/06/29/a-new-bill-passes-but-americas-transpo-policy-stays-stuck-in-20th-century/) attracted bipartisan congressional support, but it was not the hallmark legislative advancement for civil and human rights that it could have been. Still, the work that led up to the bill’s passage proved to be a small but significant step for our movement and one that establishes a pathway toward achieving greater transportation equity when the bill is reauthorized in 2014. The entwined histories of civil rights and transportation didn’t begin and end with the Montgomery Bus Boycott. This current Congress is the most hyperpartisan and least productive that I’ve seen in decades. But with billions of dollars and millions of jobs at stake, passage of a transportation bill was an imperative, particularly since it was coupled with an important measure to keep interest rates on student loans from doubling. Some considered [our work on transportation policy](http://www.civilrights.org/transportation/) a bit unusual, but it is actually a natural extension the civil and human rights movement’s founding principles. Historically, transportation has played a key role in the struggle for equality – be it in the Montgomery Bus Boycott against segregated transit or in the fight against displacement of poor communities by interstate highways – because we’ve understood how mobility can affect our economic future. Then, as now, we had a lot at stake in this debate. Decisions about transportation investment have often excluded or inadequately addressed the needs of low-income people, people of color, people with disabilities, seniors, and many people in rural areas, resulting in policies that don’t benefit all populations equitably. About [560,000 people with disabilities are housebound due to transportation difficulties](http://www.bts.gov/publications/special_reports_and_issue_briefs/issue_briefs/number_03/html/entire.html). And low-income communities, people with disabilities, and communities of color are less likely than other communities to have equitable access to transportation, making it harder for them to get to work or access schools, hospitals, and grocery stores. The financial meltdown and the slow economic recovery have also wreaked havoc on many of the nation’s affordable and job-creating public transit systems. Since 2010, [79 percent of transit agencies have made or considered service cuts, fare increases, or both](http://dc.streetsblog.org/2011/08/17/apta-recession-forcing-cutbacks-at-nearly-80-percent-of-u-s-transit-agencies/). Given these realities, civil and human rights advocates had to lobby for more equity. **We wrote articles and reports, held forums in Washington and across the country, and visited our representatives in Congress to urge them to support the right policies. I’m proud to say that we had some victories**. The final bill provides funding for research into the disparities of transportation access. It funds grants to enhance the mobility of seniors and people with disabilities. And it maintains resources for on-the-job training. But we need to do more if our nation is to make affordable transportation access a reality for all. We’ve learned a lot about how vital the civil and human rights community was to this success, ensuring that we will have a seat at the table when this legislation is up for reauthorization in 2014. The next reauthorization must contain adequate protections from transit service cuts, provide disadvantaged workers with robust career pathways into employment in the sector, ensure the involvement of disadvantaged communities in local decision-making, and guard against lapses in civil rights safeguards. This is indicative of the work of the civil and human rights movement of the 21st century. It may not make the same headlines of the Montgomery Bus Boycott. But those who follow our movement know that it’s never really been about headlines. It’s always been about jobs, education, and the chance to achieve the American Dream.

### At: Federalism

#### Plan not perceived as threat to federalism.

Cameron and Valentine, 2001 (David, Prime Minister of the United Kingdom, First Lord of the Treasury, Minister for the Civil Service and Leader of the Conservative Party, Fraser, Professor at Ryerson University, “Disability and Federalism: Comparing Different Approaches to Full Participation”, [http://books.google.com/book s?hl=en&lr=&id=q5F8Oqks7oUC&oi=fnd&pg=PA 1&dq=Disability+and+Federalism:+Comparing+Different+Approaches+to+Full+Participation&ots=vhr2r60Sh2&sig=yknyDwNkcNyX66RQv7Zyl-ahnNQ#v=onepage&q&f=true](file:///C%3A%5CUsers%5COwner%5CDownloads%5C%22http%3A%5Cbooks.google.com%5Cbook%20s%3Fhl%3Den%26lr%3D%26id%3Dq5F8Oqks7oUC%26oi%3Dfnd%26pg%3DPA%201%26dq%3DDisability%2Band%2BFederalism%3A%2BComparing%2BDifferent%2BApproaches%2Bto%2BFull%2BParticipation%26ots%3Dvhr2r60Sh2%26sig%3DyknyDwNkcNyX66RQv7Zyl-ahnNQ%22%20%5Cl)

Third. as for policy outputs in the disability field, we found striking¶ variations among the live federations in program design, in the choice of de-¶ livery vehicles, and in administrative organization. While we would not argue¶ that federal differentiation offers the only explanatory factor in understanding these differences, it is clear that the distinctive character of the federal regime makes a significant difference . This will become clear as we examine and com-¶ pare each of the ﬁve federations.¶ What of our second question, which asks about the impact of disable-¶ ment on the ﬁve federations under review? We have found that the existence of¶ disablement and the public response to it has had very little impact on the¶ nature and functioning of the ﬁve federations under study. Examining the dis-¶ ability policy ﬁeld in comparative terms has uncovered a partial explanation¶ for this pattern.¶ While most individuals will experience some form of disablement dur-¶ ing their lifetime (especially as one ages). there is a common perception that¶ disability does not affect everyone in society. Disability is often understood as¶ a phenomenon which affects only a minority of a nation's population. Matters of health and illness by contrast, are perceived as universal phenomena; they are¶ viewed as affecting everyone in a society. We have found that these perceived and structural realities shape the two policy ﬁelds. lt seems clear that health care, being of central and universal public concern. has a palpable impact on federalism,¶ certainly in the Canadian case. and vice versa. Disability. on the other hand, being¶ viewed to some extent as a “niche concern,“ yields a much more limited. lower¶ proﬁle policy discourse which drastically reduces its capacity to affect the federal system in the countries we examined. Thus. the story of our country studies is¶ primarily an account of the impact of the federal regime on the disabled policy¶ ﬁeld. We will return to this point later on in our discussion.¶

#### Plan spun as a civil rights bill- won't violate federalism-

Percy, 2001 (Stephen, Ph.D., Indiana University A.B., Hamilton College, Political Science Professor at the University of Milwaukee, “Disability and Federalism: Comparing Different Approaches to Full Participation”, [http://books.google.com/books?hl=en&lr=&id=q5F8Oqks7oUC&oi=fnd&pg=PA1&dq=Disability+and+Federalism:+Comparing+Different+Approaches+to+Full+Participation&ots=vhr2r60Sh2&sig=yknyDwNkcNyX66RQv7Zyl-ahnNQ#v=onepage&q&f=true](file:///C%3A%5CUsers%5COwner%5CDownloads%5C%22http%3A%5Cbooks.google.com%5Cbooks%3Fhl%3Den%26lr%3D%26id%3Dq5F8Oqks7oUC%26oi%3Dfnd%26pg%3DPA1%26dq%3DDisability%2Band%2BFederalism%3A%2BComparing%2BDifferent%2BApproaches%2Bto%2BFull%2BParticipation%26ots%3Dvh),256-257)

There is no question but that the Americans with Disabilities Act represents¶ application of signiﬁcant governing authority by the national government, power¶ activated by constitutional authority in place of a condition-of-aid mandate.¶ Americans as citizens, and the state governments that represent them. gener-¶ ally accepted this assertion of power aimed at protecting the rights and¶ opportunities of people with disabilities. While such national assertions of power¶ have generated controversy, even rebellion, in the past, the ADA did not raise¶ the hackles of the states; instead the states accepted the ADA with the primary¶ worries focusing on the costs of compliance rather than the need to challenge¶ national government authority.¶ The overall acquiescence of the states to nationally deﬁned and imple-¶ mented protections for people with disabilities can be explained by multiple¶ factors. First, the national government’s assertion of policy-making authority¶ in the area of civil rights dates back to the l950s as the United States contem-¶ plated laws to protect the rights ﬁrst of people of colour and then rights of¶ women. By the late l98Os as the ADA was drafted and debated, civil rights controversies pitting the state governments against the national government¶ had abated with overall acceptance of national government prominence in civil¶ rights policy. From this perspective. the ADA became one of a long developing¶ set of civil rights policies with the national government operating at the helm.¶ Another explanation of state government acceptance of national gov-¶ ernment authority as articulated in the ADA is that states had themselves already¶ moved by the 1980s to create disability rights policies. Some states had laws¶ that surpassed the national government’s pre-ADA laws and policies in terms¶ of coverage and scope. The policy provisions of the ADA were often consis-¶ tent with elements of laws in most states allowing states to see the ADA not so¶ much as a rival but as a companion to state laws.¶ A final explanation of state acquiescence to national government power¶ in the context of the ADA concerns the depth of public recognition of dis-¶ crimination and growing public sentiments for strong protections. During the¶ two decades preceding the ADA. Americans not only witnessed greatly¶ expanded civil rights protections for many groupings of Americans but also¶ began to learn about the plight of people with disabilities, the limiting impact¶ of policies and design features. and the potential contributions that people with¶ disabilities can make to American life. These recognitions generated political¶ support for the ADA. support that was nationally. not regionally or state, based.¶ Civil rights protections designed and enforced by the national government were¶ therefore consistent with popular conceptions of how civil rights are to be de-¶ ﬁned and enforced within the overall federal system of the US

## AT: CPs

### K of CPs

#### The counterplan can’t solve: universal design without a disability critique fails.

Siebers 2010 (Tobin, professor of English, University of Michigan, Disability Aesthetics, pgs 58-63)

Third, I claim that aesthetics is pertinent to the struggle to create a built environment accessible to people with disabilities. The debate in architecture has so far focused more on the fundamental problem of whether buildings and landscapes should be universally accessible than on the aesthetic symbolism by which the built environment mirrors its potential inhabitants. While universal access must remain the ambition of the disability community, a broad understanding of disability aesthetics reveals the hidden inhibitions and defense mechanisms that work against advances in universal design and undercut the political and social participation of people with disabilities. It also shows that aesthetic disgust with disability extends beyond individual disabled bodies.,to the symbolic presence of disability in the built environment. In short, we see again the influence of a political unconscious. Here my particular goal is to give some idea of the group psychology that lies beneath the rejection of disability and accessible architecture from the public sphere. This part of my argument requires as a jumping-off point a brief consideration of the Heidelberg Project in Detroit.

**The negative’s obsession with legal procedure ensures the extermination of people with disbailities**

Campbell, 2009 (Fiona Kumari , Senior Lecturer in Disability Studies at the School of Human Services & Social Work Griffith University and Adjunct Professor in Disability Studies, Faculty of Medicine, University of Kelaniya, "States of Exceptionality: Provisional Disability, its Mitigation, and Citizenship", http://s3.amazonaws.com/academia.edu.documents/109813/20\_Marshall\_Vol3\_Ch19\_p273-p284.pdf)

**Law has traditionally had an ambivalent attitude toward disabled people**, restricting itself to being an arbiter of rules and policies about care and protection. The rule of law and its enactment in common law constitutions focus on the rights of individuals, as enforced by courts. A frequent motif in the literature on the rule of law is that the rule protects against the use of arbitrary power by governments against individuals. Joseph Raz (1977) noted elasticity of the notion of arbitrary power, concluding that “many forms of arbitrary rule are complementary with the rule of law” (p. 2). When courts¶ construct legal doctrine and write judicial opinions, they do so by organizing¶ and interpreting events and ontologies of personhood according to a narrative in which the events and characters “relate to one another and to some overarching structure, in the context of an opposition or struggle” (Ewik &¶ Sibley, 1995, p. 200). However**, the elusive nature of impairment** (particular¶ when lived out in a social context) **and the problematical difﬁ culties**, in some¶ instances, of forecasting prognosis, **does not neatly ﬁ t with the law’s focus on rules, formulas, and predictability. Legal responses to the challenges of disablement persistently demonstrate a** **performative passion for sameness**¶ (Stiker, 1999). Not just¶ any¶ sameness,¶ but paradoxically and deliberately, a sameness underpinned by an ontological¶ separation between abled and disabled, where mixtures are absorbed through¶ processes of fabricating or simulating abledness. In many ways, **law is an attempt to create order out of disorder** (i.e., diversity and difference**) through a process of puriﬁ cation**—the establishment and demarcation of distinct zones¶ (disabled/abled, human/nonhuman), and through a process of translation¶ that acknowledges the reality of mixtures between these extremes. **States of disability and health are far more ambiguous and ambivalent than the establishment zones suggest. The health/disability continuum is continually meditated through context** (e.g., certain mobility differences¶ matter¶ more¶ in distinct environments than others**), always ﬂ uid and ﬂ uctuating according to both internal** (organic**) and external** (environmental) **stressors and cultural modalities**. Law is uneasy with bodies that ooze or are leaky, especially those¶ that are fat, distressed, sick, dying, addicted, and appear impermanent.¶ I argue that **law reﬂects a broader desire to drive down disability** —**thus** **ensuring that this class of enumerated persons remains problematically in**¶ **a state of exceptionality**, **deﬁ ned by law, rather than being a signiﬁcant part of a country’s population. The state of exceptionality refuses to conceive** **of disability as a form of difference within the population. The role of bio-medicalism coupled with regulative aspects of the law can be found in many legal deﬁnitions of disability.** For instance, in the Indian Person with Disabili-¶ ties (Equal Opportunities, Protection of Rights and Full Participation) Act¶ (1995), disability is reduced to diagnostic types: s. 2 (i) and a “person with a¶ disability” to “a person suffering from not less than 40% of any disability as¶ certiﬁ ed by a medical authority” (s. 2 (t)). In this example, **the legal enact ment of puriﬁ cation zones attempts to settle the matter of disability by way of enumerative exactness and reduction of disability to a medical model**.¶ **The motif of disability is much more than a state of being. Nationalism demands that the archetypal normative citizen be free from ﬂaws and matters of possible degeneracy.** In these times of economic rationalism and panics¶ over risk and terror, the sentiments of famous U.S. eugenist case¶ Buck v. Bell¶ (274 U.S. 200) ﬁ nd new credence:¶ We have seen more than once that the public welfare may call upon the best¶ citizens for their lives. It would be strange if it could not call upon those who¶ already sap the strength of the State for these lesser sacriﬁ ces, often not felt¶ to be such by those concerned, in order to prevent our being swamped with incompetence. **It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unﬁ t from continuing their kind**. . . .¶ Three generations of imbeciles are enough. (p. 208)¶ The utilization of legal remedies by disabled people, especially after acqui-¶ sition of impairment, occurs within a broader sociological context of an in-¶ creasing “culture of blame.” The disabled litigant is required to show that they¶ have suffered (Brown, 1993, 1995). For example, when a court declares that¶ a disabled litigant does or does not conform to a legal rendering of disability,¶ the court has to ﬁ rst construct a narrative in which a character (the disabled¶ plaintiff) is faced with an obstacle or conundrum (disability discrimination)¶ posed by an antagonist (a disability discriminatory employer, for instance).¶ In framing a disability discrimination case in this way, a court is assembling a¶ set of circumstances into an intelligible whole, into a coherent narrative in¶ which the actions and events are endowed with intentionality, meaning, and¶ purpose.¶ In analyzing the law as it pertains to disabled people, I have drawn on the¶ concept of interest convergence, or situations where white people with power¶ endure or foster black advancement only to the extent that such advancement¶ promotes white interests. (Delgardo & Stefancic, 2000). Within the arena of¶ the subordination of people of color, Richmond v. Croson¶ (488 U.S. 469,¶ 1989) revealed the limits of race-based interest convergence. In that deci-¶ sion, **the Court proclaimed that African Americans had accomplished racial equity with white people and, as a consequence of their “success,” could no longer rely on a history of racial discrimination to argue for the maintenance and introduction of afﬁ rmative action programs. Thus, the trend in courts of narrowing the deﬁ nition of disability by re framing disablement in terms of mitigation has already occurred in the United States and is likely to have international implications. Regardless of where we live, the notion of mitigation will transform civic understandings of disablement as something that is provisional and tentative. This trend is of concern when the tendency towards a universalized codiﬁcation of disability (norms) is on the increase.**

### AT: Ban genetic screening CP

#### No evidence that prenatal diagnosis leads to discrimination

Shakespeare 05 (Tom. International Centre for Life, University of Newcastle. Sociologist, works at World Health Organization. <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CFMQFjAB&url=http%3A%2F%2Fjournals.cambridge.org%2Fabstract_S1474746404002210&ei=KGEEUP3RFuWi2wXpsr28BQ&usg=AFQjCNFyuMJBz-XL-_lPGSHy85HAf5ktVA&sig2=c7y8rMutUm-VLrEkmZTufQ> pnd = prenatal diagnosis)

I believe the expressivist objection to be weak. There is no empirical evidence that promotion of PND leads to deterioration in services or civil rights. As earlier suggested, there is consensus that avoiding impairment and illness post-natally is desirable, and few complain that this expresses discriminatory views about people with impairments and illnesses. There is no evidence that the majority of those who chose PND are motivated by prejudice against disabled people or eugenic ideas. Nor will PND have a major impact on social diversity. Most forms of impairment are not detectable antenatally, and even a very efficient screening programme will not make a significant difference to the numbers of disabled people in society. The autonomy of potential parents is an important consideration, and the expressivist objection does not seem strong enough to suggest it should be restricted, or that parents should voluntarily forgo PND as a gesture of solidarity with already existing disabled people. While many claim simultaneously to support a woman’s right to choose, while decrying termination of pregnancies affected by disability, I believe that anxieties about selective termination of foetuses with impairment are evidence of implicit anxieties about termination per se. I interpret opposition to termination of 20 week old impaired foetuses as evidence of the implicit belief that a foetus at 20 weeks is a disabled person, and that terminating such a pregnancy is equivalent to killing a disabled person. If this is the basis of opposition, then logically the disability rights critic should oppose termination on any grounds. After all, each year there are around 180,000 terminations on social grounds in the UK, and only 1,800 terminations on disability grounds. It is the claim of this paper that providing screening programmes which help reduce the incidence of congenital impairment, on the basis of informed consent, is compatible with upholding rights and services for disabled people, both in theory and in practice. There is no intrinsic ethical problem with PND, appropriately offered and delivered, nor with gene therapies and other genetic interventions.

#### No solvency and turn: there is no internal link to eugenics and claims based on eugenics lead to marginalization of disability activism.

Tom Shakespeare, 2006 (has taught and researched sociology at the Universities of Cambridge, Sunderland, Leeds and Newcastle. He has written and broadcast extensively about disability and genetics, and his co-authored books include The Sexual Politics of Disability, Exploring Disability and Genetic Politic; Disability Rights and Wrongs, pg 86-88)

However, making direct analogies between Nazi programmes and contemporary policy and practice (Disability Awareness in Action, 1997: 1) makes for highly effective rhetoric but dubious argument, as historian Michael Burleigh suggests (1998: 145). The Nazi comparison occurs frequently in the writings of disabled commentators. While there are many problematic aspects to the extension of antenatal screening, it is unhelpful and insulting to see most clinicians as fascists megalomaniacs. Modem democracies do not have sterilisation laws equivalent those which all Nordic countries and many US states adopted and implemented tween 1911-60 (Broberg and Roll-Hansen, 1996; Kevles, 1985). Ideas about racial hygiene' and social Darwinism are no longer acceptable in the mainstream. Contemporary clinical genetics is aimed at preventing and treating genuine illness, rather than 'purifying the population' or eliminating racial and social minorities. When disability rights critics rhetorically resort to the Nazi analogy, it becomes easier for scientists, ethicists and policy-makers to ignore the valid element of the disability critique, and even to exclude disabled people from debates as 'irrational' and 'emotive'. Moreover, the plot discourse imparts an intentionality and coherence to contemporary policy on reproduction which it does not necessarily possess (Shakespeare, 99a). The conspiratorialism feeds the idea of a plan by the state, abetted by science, to eliminate all disabled people. But genetic advances are incremental, haphazard, contested and complex. Despite the hyperbole of some genetic searchers, the science is limited, incomplete and uncertain. Very few congenital conditions are detectable through mass antenatal screening. Approximately 2 percent of all births are affected by congenital abnormality, whereas disabled people comprise 10-20 per cent of the population, suggesting that genetic screening could never seriously reduce the incidence of disability. While there are public health policies which will undoubtedly have the indirect consequence of reducing the numbers of babies born with certain impairments (in particular Down syndrome and neural tube defects), the mechanism is more complicated than a negative genic programme. There is no govemment plan to eliminate disabled people. In particular, consumer demand plays a significant role in the adoption of testing pregnancy, and the principle of patient autonomy is central to the modern practice of genetics and obstetrics. Rather than coercive eugenics, individual choice IS the mechanism by which genetics is implemented (Hampton, 2005). The role of prospective parents has largely been ignored by disability rights critics of genetics. Often it is prospective parents, not clinicians, who are the active agents in choosing to terminate pregnancy. Therefore when disabled activists argue that 'Disabled people are under threat for their existence in our modem technological societies. Medical science feels able to flex its muscles and power to abolish all life where the unbom foetus may be imperfect or impaired' (Rock 1996: 121), or that 'disabled people as a distinct group are specifically targeted before they are born. Access to prenatal diagnosis has for many years been driven by the goal of getting rid of certain groups Of disabled people, for example those with Down's syndrome or spina bifida' (Disability Awareness in Action, 1997: 1), they are producing a narrative which locates control firmly with doctors, not pregnant women; which suggests that Screening is motivated by a eugenic urge to eliminate disabled people; and which obscures the way in which women, and their partners, take difficult decisions about their pregnancies (Statham and Solomou, 2001). Yet is grossly to simplify the complexities of the arftenatal encounter.

#### Their conception of the link between eugenics and genetics is misplaced conspiracy and is offensive and useless in analyzing the real sources of disability discrimination.

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Paul (1992) shows that the debate about the eugenic nature of contemporary genetics is not ultimately resolvable, because the term 'eugenics' has so many meanings. 'Eugenics' literally means 'well born', and could be broadly defined as any attempt to improve the quality of future generations. But at this level generality, eugenics includes all those areas of welfare policy which are directed towards improving the well-being of children and families. Eugenics could defined more narrowly as attempts to influence the distribution of particularly undesired genes in the population. This is closer to the common understand' of the term. But conceptually and in practice, this also could imply a range approaches. Historians distinguish between positive eugenics and negative eugenics (Kevles, 1985). The former involves encouraging reproduction of individuals with preferred characteristics. The latter involves discouraging reproduction individuals with undesirable characteristics. Another key distinction is between eugenics which relies on voluntary action, influenced by education and advice, a coercive eugenics, based on legal controls or paternalistic professional practices (Caplan et at., 1999). Regardless of emphasis and method, each of these approaches imply eugenic intentions: an agent with eugenic goals who acts to further those goals. In contemporary biomedicine, it is rare to find explicitly eugenic values or programmes promoted (although see Rogers, 1999 for an example). However, another approach would define eugenics in terms of outcomes. It may not be necessary for there to be a eugenic agent, or an explicitly eugenic agenda. As a result of particular social policies and individual choices, eugenic outcomes (a reduction in the bodies affected by particular conditions) may result. This is what Philip Kitchel' (1997) call 'laissez-faire eugenics' and what Simon Hampton (2005) describes as family eugenics' . Many contemporary bioethicists have argued that, as long as there is n coercion involved, this form of eugenics is not objectionable (Caplan et at., 1999 For some, eugenics of this voluntary, consumer or laissez-faire type should be positively endorsed as a moral and social practice (Han'is, 1992). However, in my own work (Shakespeare, 1998, 2005a) I have tried to highlight the limitation on choice, suggesting that, even in the absence of explicitly eugenic intentions,' eugenics may be an 'emergent property' arising out of the thousands of interactions, implicit expectations, subtle influences and restricted choices in which prospective parents find themselves (McLaughlin, 2003; Hampton, 2005). The complexities of these issues undermine the sloganising which equates genetics with eugenics, or doctors with Nazis. Eugenics has become a powerful slur word to denounce contemporary practices, but it carries no commonly agreed meaning apart from the general implication that anything eugenic must be bad, because of the historic abuses carried out in the name of eugenics (Wikler, 1999). Complacency about the context in which reproductive decisions are made is misguided. But polemic and conspiracy theory are also misplaced (King, 1999). It is offensive both to physicians and to those prospective parents who agonise long and hard about testing and termination to use highly emotive rhetoric to denounce modern antenatal screening and those who hold different moral positions on abortion or disability.

#### Fetuses are not people; measures to prevent impairment are not inherently anti-disability.

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Yet, there is a logical contradiction in this emotional response. Any disabled person has already been born. Prior to being born, the disabled person does not exist in any meaningful sense. During the mother's pregnancy, a cluster of developing cells existed, but not a person with identity, experiences and feelings. The response 'I would not have been born' has an emotional resonance, but cannot be understood in strictly rational terms, because before anyone is born, there is no 'I' not to be born. The more logical response is to think 'this technology might prevent future people like myself being born' or 'this may lead to a world in which there are fewer people with conditions like mine' This may still be experience as regrettable and distressing, but has less personal resonance than the idea of non-existence. Moreover, there are many circumstances in which one could imagine a situation which one would not have been born, as John Harris (1992) and others argue. For example, I would not have been born if my parents had not met; if they had used contraception; if they had made love a month later; indeed, had they made love a millisecond later, I would not have been born. According to Saul Kripke zygotic principle, each individual is the unique result of one sperm fertilizing one egg (unless they are a monozygotic twin), and any other combination or moment of conception would have resulted in a different person - a brother or sister, but not me (Kripke, 1980). The expressivist objection seems to apply to any technology which limits possible births. For example, people use contraception or sterilisation to avoid having unwanted or further children: do these techniques therefore express negative valuation of children born to unmarried women, or children born into large families? But the expressivists reply, the point about antenatal diagnosis is that it specifies a class of people who are to be avoided. It is the characteristics of the potential child which are diagnosed and which the parents endeavour to avoid. It is the message which screening sends about disability which is so problematic. We need then to turn to the question of whether seeking to prevent disability necessarily expresses a negative valuation of existing disabled people. Contrary to the expressivist objection, I do not believe that attempts to prevent impairment necessarily send negative messages about disabled people. It is not inconsistent to support the rights of existing disabled people, while seeking to prevent more people becoming impaired. For example, any public health programme attempts to minimise the number of people who are disabled: Inoculation of babies or mine clearance schemes are all intended to stop people becoming impaired, but do not therefore imply that people with polio or missing limbs are second class citizens. Of course, there are ways of promoting these morally positive endeavours which do rebound negatively on perceptions of disability. For example, in the late 1990s there was a British anti-drink driving campaigning which used footage of a severely brain damaged man. The hard; hitting message ofthe advertisement was that viewers risked ending up as a pathetic vegetable if they drove a vehicle under the influence of alcohol. An important piece of health information was conveyed in a way which expressed very negative attitudes towards people with brain injury. But, in general, most people would accept that because impairment is not a neutral state, but a condition which is generally unwelcome and best avoided, attempts to reduce the numbers of disabled children being born are acceptable, if they are promoted in ways which do not threaten existing disabled children adults. For example, cerebral palsy is associated with premature births and complications during delivery which cause anoxia, and hence brain damage. Obstetric and neonatal specialists attempt to reduce the incidence of cerebral palsy through improving care of mothers and babies. This does not express a negative valuation of people with cerebral palsy, or have implications for their rights or potentiality. Another example is the policy of promoting folic acid as a dietary supplement. Folate is proven to reduce the incidence of spina bifida during early fetal development. If it was added to flour, as happens in USA, the numbers of pregnancies affected by spina bifida and other malformations would reduce matically. This would seem to be straightforwardly a good outcome. t may be that disability activists who experience spina bifida or cerebral palsy ~ect to these policies. At the Oslo Congress of Rehabilitation International, I met gandan woman who told me that disability activists in her country had criticised lio immunisation programmes, on the grounds that these expressed negative 'tudes to disability. Such reactions seem misguided. Many people with polio, cerebral palsy and spina bifida are indeed happy, well-adjusted and successful. All people with these conditions are deserving of rights and respect. But this does not have implications for measures to prevent future people experiencing conditions which can be associated with discomfort and restriction.

#### Turn: banning genetic diagnosis leads to a slippery slope of banning all abortions and ignores the subject positions of women for whom genetic diagnosis is relevant to their reproductive rights.

Tom Shakespeare, 2006 (has taught and researched sociology at the Universities of Cambridge, Sunderland, Leeds and Newcastle. He has written and broadcast extensively about disability and genetics, and his co-authored books include The Sexual Politics of Disability, Exploring Disability and Genetic Politic; Disability Rights and Wrongs, pg 94-95 )

The problem for the disability rights selective objection to abortion is that it is inconsistent. It seems intuitively true that if it is permissible to terminate pregnancy at all, it is permissible to terminate in the case of disability. It does not make sense to me that it is acceptable to have an abortion for social reasons - for example, the timing of the pregnancy is inconvenient, or the woman does not want a baby with (s particular man, or the prospective parents do not want another addition to their family - but not for the morally significant reason that the foetus is affected by an impairment. Moreover, it is only possible to speak of discrimination against impaired foetuses if they are humans entitled to full moral rights, and if this is the case, all abortion is wrong, not just abortion of impaired foetuses (Warren, 1997).

Two examples further erode the disability rights movement's opposition to

seIecting on the basis of fetal characteristics. First, there are many cases of profound impairment, where the prospective life is very seriously affected, where disability rights critics often waive their objection: for example, metabolic disorders such as Tay-Sachs disease, where babies usually die by the age of five or Lesch-Nyhan Syndrome, where the child may grow to young adulthood, but in a state of very severe physical and mental distress. If these are situations in which diagnosis can taken into account, the general principle that it is wrong to choose on the basis foetal characteristics is undermined. Second, a situation could be imagined when a young single woman becomes pregnant and is considering whether to have abortion. For a woman of 16 or 17, the characteristics of the foetus could be very relevant to her decision. She might think that she could possibly cope with a child knowing that support will be available, that childcare will be available, and if she has a chance of continuing her education and achieving a good quality of Iife for herself and her baby. Contrast this with her prospects if she has a baby with serious impairment. There may not be enough support, there may not be appropriate childcare, and it may be almost impossible for her to achieve her aspirations. The future for both her and the child might be very bleak. To this young woman, question of the characteristics of the foetus are not separable from, or irrelevant to, the question of whether she continues the pregnancy.

#### The counterplan is too extreme: better genetic counseling, not banning the practice, is key to solve.

Tom Shakespeare, 2006 (has taught and researched sociology at the Universities of Cambridge, Sunderland, Leeds and Newcastle. He has written and broadcast extensively about disability and genetics, and his co-authored books include The Sexual Politics of Disability, Exploring Disability and Genetic Politic; Disability Rights and Wrongs, pg 94-95 )

I conclude that prenatal diagnosis is not straightforwardly eugenic or discriminatory. While the practice of prenatal diagnosis certainly requires reform in the UK, and probably even more so in certain other jurisdictions, the principle should not be objectionable or contrary to disability rights. Central to the issue of prenatal diagnosis is the difficult question of abortion. A voiding impairment is not necessarily problematic, but ending developing life in the womb usually is. A~ a gradualist, I argue that termination is permissible in the early stage of pregnancy, and believe that diagnosis of significant impairment is one of the grounds which justifies the moral seriousness of abortion. Testing should be limited to serious conditions which undermine quality of life for individuals and families (Henri, 2000). However, the privacy of those faced with these difficult decisions should be respected, and their autonomy supported. Everyone has an interest in helping prospective parents make better decisions, which they are less likely to regret at a future date. We should be on hand to offer counselling, good quality information, and support, but we should not venture to dictate where the duties of prospective parents may lie. Nor should we interpret a decision to have a test or a termination as expressing disrespect or discrimination towards disabled people. Choices in pregnancy are painful and may be experienced as burdensome, but they are not incompatible with disability rights.

#### Turn: legal bans on types of abortion based on discrimination destroys reproductive rights.

Daniel Goodkind 1999 (demographer in the Census Bureau's Population Division. , Should Prenatal Sex Selection be Restricted? Ethical Questions and Their Implications for Research and Policy Source: Population Studies, Vol. 53, No.1 (Mar., 1999), pp. 49-61 )

First, the most liberal interpretation of reproductive rights might be taken to include not only the number and timing of children (Freedman and Isaacs 1993; UN 1994), but also their sex (Warren 1985). Second, to the extent that policy restrictions of prenatal sex selection were effective, there might thereafter be more human suffering if discrimination against female foetuses were shifted from the prenatal to the postnatal period (Goodkind 1996). Third, government restrictions on prenatal sex selection, in addition to being difficult to enforce, might have consequences that would be unwelcome to pro-choice advocates (Balakrishnan 1994) if these controls helped justify further restrictions on prenatal testing or abortion based on other foetal characteristics. Readers should take note that the term prenatal sex selection, as used throughout this paper, is a shorthand for two related yet distinct practices - prenatal sex testing 50 followed by sex-selective abortion. These two practices will be distinguished when the implications are relevant for our discussion. (I) How do culture and policy motivate prenatal sex selection? Gender inequality, like other forms of social inequality, is reproduced from generation to generation. To best eliminate related discriminatory practices, such as sex-selective abortion, we must consider from whence it springs. Two intertwined questions need to be answered. First, do these practices stem from the local political economy, population policies, or other current contextual factors? Second, do these practices represent more a cause or more an effect of discriminatory attitudes? No doubt the prospect of unravelling these complex inter-related causal processes is a daunting one, but some recognition of the issues is necessary before appropriate public policy responses can be determined. The cultural underpinnings of son preferences have been addressed by many researchers. These preferences tend to be strongest in societies that are patrilineal, patrilocal, and patriarchal. Such social institutions took root in a fairly distant historical past, and a variety of linguistic, social, and ritual cues help to perpetuate them today in China, Korea, and other parts of East Asia, South Asia, and North Africa. Traditional cultural institutions, such as patrilineal ancestor worship (Cho and Hong 1996), dowry systems, and property inheritance (Das Gupta 1987; Balakrishnan 1994) are thus seen as underpinning son preference. At the same time, contemporary manifestations of son preference are activated in part by the more 'modern' phenomenon of declining family sizes, since parents with fewer children have a lower probability of having a son. In fact, as parents come to want progressively fewer children, sex discrimination may intensify on a child by child basis (Das Gupta 1987; Gu and Roy 1995; Das Gupta and Bhat 1997). Nevertheless, some researchers emphasize that prenatal sex selection does not stem simply from enduring cultural traditions or low levels offertility. In the case of China, for instance, Greenhalgh and Li (1995), Johnson (1996), and many other have argued that parental discrimination against young daughters is exacerbated by the one-child policy, under which parents may be subjected to severe penalties if they have more than one child. Manifestations of son preference are thus linked to political economy, defined broadly to include This simple simulation assumes all couples have access to both prenatal sex testing and subsequent abortion services and that couples continue to practise sex-selective abortion until they reach their desired goal. Permutations of children listed under each strategy (e.g. BG) indicate in boldface which permutations would result from sex-selective abortion. \* We assume here that the probability of bearing a son is 0.514 for any given birth (equivalent to a sex ratio at birth of 106.0). If sex-selective abortion is applied, however, we assume that the probability of having a child of the desired sex is 1.00. population policy, political institutions, and even public complacency concerning such discrimination. From this perspective, sex-selective abortions are not simply a collection of private acts selected from the same ancient and culturally-biased menu; rather, they are best interpreted as 'public' acts, in that they reflect contemporary government pressures, constrained reproductive choices, and a lack of political will to stop such acts (for general explications regarding the effect of political context on private choices, see Hobsbawm and Ranger 1983; Juggar 1988; Rapp 1994). Moreover because the discrimination is permitted to occur at the earliest stage of human development, it may legitimize discriminatory practices that can ricochet across the life course. To the extent that this is so, governments may decide that they are morally bound to intervene. The political economy approach, in turn, has its own limitations. Although current local and national political contexts may well influence discriminatory practices, the practices do not arise solely from these forces. For instance, as Johnson (1995, pp. 78-79) acknowledges in the case of China, the excess abandonment of unwanted infants, especially daughters, appears to be a cultural practice that has endured and has been exacerbated only in Hunan province and certain other localities - the one-child policy has not resulted in the creation of the practice in Shanghai, Tianjin, or other parts of China. Furthermore, supporters of the political economy approach, while emphasizing the importance of local and national contexts, tend to overlook broader international comparative perspectives. These perspectives reveal that the motivation for sex discrimination is indeed cultural, transcending to some extent the political economy of any given locality. For example, in the Confucian cultural world, prenatal sex selection has been practised not only in China, but also in Korea, Taiwan, and other societies, where political climates are far different from, and population policies are far less restrictive than, in China (Zeng et al. 1993; Coale and Banister 1994; Gu and Roy 1995; Goodkind 1996). It is probably no accident that research neglecting these international perspectives has presumed the strongest links between China's onechild policy and sex-selective abortion. A loosening of China's one-child policy might result in a decline in sex-selective abortion and, it is to be hoped, would do so. However, as the Korean case makes clear, if Chinese parents continued to maintain low levels of fertility, no one knows to what extent sexselective abortion would be affected. Intertwined with debates over the relative influence of culture and policy is the issue of whether prenatal sex selection is more a cause of discriminatory attitudes than simply a reflection of them. If parental preferences were sensitive to government exhortations, and if the prevention of sex-selective abortion did not lead to discrimination later on in the life course, a ban on prenatal sex testing (or on the act of sex-selective abortion itself) might be appropriate. However, to the extent that son preferences are rooted in a bedrock of cultural preferences independent of government decrees, these bans might be difficult to enforce. On the other hand, to the extent that the bans were effective, parents might seek out 'back-alley' sex tests or sex-selective abortions on the black market, which, in an ironic twist for those most concerned with reproductive rights, might prove to be more detrimental to women's health than if the tests remained legal (Warren 1985; Balakrishnan 1994). A second-best policy option might be to try to alter the social or legal institutions which underpin sex preferences, such as laws related to inheritance (ibid.). Indirect measures of this kind might not have an immediate impact on sex-selective abortion, but they might reduce it in the long run without incurring adverse short-run consequences. (2) Should objections to prenatal sex selection be mitigated to the extent that it is used equally against foetuses of both sexes? Because it is against female foetuses that sexselective abortion is primarily used, condemnations of this practice are rooted in concerns over gender inequality. Nevertheless, even if son preferences were to disappear in these societies, the practice might persist simply because of low fertility. To illustrate how this could be the case, Table 1 shows demographic outcomes that would result given three hypothetical assumptions: (i) that all parents desired (and would eventually have) exactly two children; (ii) that all parents had access to abortion and prenatal sex testing to achieve their preferences; and (iii) that sex preferences could be heterogeneous within any society - that is, some proportion of parents might be completely indifferent to the sex of each child, some proportion might be determined to have at least one son, and some proportion might be determined to have a balance of exactly one daughter and one son (see also Kobrin and Potter 1983; Warren 1985: 84). Indeed, a preference for balance is overwhelmingly the expressed ideal in developed countries (e.g. Teachman and Schollaert 1989) and throughout the developing world (including son-preferring countries: Arnold 1992; Greenhalgh and Li 1995). Table 1 lists the expected sex permutations that would result if parents continued to use sexselective abortion until their desired permutation of two children was reached. Among couples wanting at least one son, one couple out of four would have to use prenatal sex selection to avoid having two daughters. Surprisingly, among couples determined to have one daughter and one son (i.e. no bias in favour of sons), two couples out of four would need to use sex-selective abortion, one to avoid having only daughters and the other to avoid having only sons. Indeed, evidence suggests that prenatal sex selection has not been used only to 52 abort female foetuses; in rarer circumstances, when parents already have sons, they have intentionally aborted male foetuses (Zeng et al. 1993). The demographic consequences that would occur under a variety of sex-preference permutations are shown in the two right-most columns of Table 1, which indicates the expected sex ratio at birth and the overall proportion of couples that would be using prenatal sex selection. Under the assumption that parents would accept any sex permutation of two children (scenario 1), there would be no distortion in the sex ratio at birth and no use of sexselective abortion. If a quarter of all parents wanted at least one boy and the other three quarters were indifferent (scenario 2), the sex ratio at birth would be 1.22, and 5.9 per cent of couples would use prenatal sex selection. Should such sex preferences disappear over the course of industrialization, this society would return to scenario I. However, if that quarter of couples who had formerly desired at least one boy now wanted one son and one daughter, the incidence of sex-selective abortion would more than double to 12.5 per cent of parents, even though the sex ratio at birth would actually decline to 104.5 (scenario 3). A comparison of scenarios 5 and 7 illustrates this point even more dramatically. If all parents wanted at least one son, the sex ratio at birth would rise to 1.72 (the hypothetical maximum under the two-child assumption), and about one quarter of all parents would have sex-selective abortions (scenario 5). But if all parents wanted one child of each sex, the sex ratio at birth would be exactly 1.00, even though half of all couples would be employing prenatal sex selection against male and female foetuses equally (scenario 7) - the maximum number of sex-selective abortions occurs when parents are determined to have a balanced family composition, not when they want to have at least one son. Admittedly, the scenarios in Table I are purely hypothetical. Although most parents prefer to have one child of each sex, these parents might be less willing to use sex-selective abortion to achieve that goal than those desiring at least one son. Nevertheless, these hypothetical scenarios raise important ethical questions that have all but completely escaped comment. In low-fertility societies, an end to discriminatory attitudes against daughters may not eliminate the motivation for sex-selective abortion if parents will have a strong preference for balance. Which is more morally reprehensible - scenario 5, which displays discrimination against female foetuses solely, or scenario 7, which exhibits more than double that level of sex-selective abortion but equally divided between male and female foetuses? Put more simply, is sex-selective abortion morally wrong under all circumstances, or is it only wrong when parents (or societies at large) exhibit a preference for sons? Table 1 also highlights a qualification explicated by McClelland (1983) but neglected in most recent literature: that the sex ratio at birth is insufficient as an indicator of sex preferences because that ratio is consistent with an infinite variety of sexpreference distributions. For instance, scenarios 2, 4 and 6 represent quite different distributions of sex preferences and levels of prenatal sex selection, but since the proportion with preferences for at least one son are equivalent (25 per cent), the sex ratio at birth is about 1.20 in each. Thus, the elevated sex ratios at birth in East Asia that have been quoted in recent research are imperfect indicators of the overall distribution of sex preferences as well as the levels of sex selection (for further qualifications regarding this measure, see Goodkind 1996). Nevertheless, the sex ratio at birth is a useful measure because it can be tracked annually in any country with vital registration; no special surveys are required to measure it. Furthermore, because this measure indicates net sex ratio distortions, it is useful in presaging future demographic imbalances between adult men and women. (3) Would objections to prenatal sex selection diminish if, as a result, postnatal sex discrimination declined? The statement from the United Nations Programme of Action quoted earlier identified prenatal sex selection and excess female infanticide as two forms of discrimination against daughters. Table 2 summarizes these and other commonly examined indicators of early sex discrimination. These begin with measures of underlying preferences regarding the sex composition of children, the most elegant measure of which is the Coombs scale (e.g. Coombs 1976). These preferences are manifested through an array of discriminatory practices which are often affected by the sex distribution of previous children. Such practices occurring prior to conception include the use of contraception or other measures to reduce the likelihood of having another child. Between conception and birth, parents may practise prenatal sex selection, as previously discussed. Between birth and early childhood, parents may express sex biases through infanticide, abandonment, or postnatal neglect. Although, of course, sex discrimination continues beyond early childhood, the early life course indicators summarized in Table 2 are conceptually and demographically distinct because they constitute the locus of parental discrimination affecting the final sex composition of children. Observers who string together these indicators of sex discrimination and condemn them en masse assume that they rise or fall with some degree of similarity. However, although some of these indicators may be positively correlated, others may interact in such a way that more discrimination as measured by one indicator may lead to less discrimination as measured by others. For example, Lee et at. (1994) demonstrated that Qing dynasty Chinese nobility commonly killed unwanted infant daughters during the first few days of life, but thereafter the survival chances of daughters were quite good. More recently, Goodkind (1996) suggested that the contemporary use of sex-selective abortion might substitute for (rather than simply add to) postnatal discrimination. Since parents now have the option of sex-selective abortion, daughters (as well as sons) carried to term are more likely to be wanted, and, hence, increases in the sex ratio at birth may be followed by a decline in postnatal discrimination. Arnold's (1992) crossnational review of Demographic and Health Survey (DHS) results also deserves mention (for a related study, see also Cleland, Verral and Vaessen 1983). A reorganization of Arnold's data suggested surprisingly little consistency among five of the sex discrimination indicators listed in Table 1. These five indicators were sex ratios of (1) last birth, (2) infant mortality, and (3) toddler mortality, as well as effects of sex composition of prior children on (4) desires for more children and (5) contraceptive use. Of the 26 countries, only 3 displayed sex preferences uniformly above or below each of the five respective medians. And 15 of the 26 had at least two scores both above and below these medians. These inconsistencies could be partly attributable to the difficulty of obtaining comparable measurements across each survey, but might also indicate that these manifestations of gender discrimination interact in unexpected ways over time. Why, until very recently, has our collective intuition failed to alert us to the possibility of such substitutive dynamics among discriminatory strategies? A proper analysis of these dynamics requires, at a minimum, three comparative dimensions - at least two indicators of sex discrimination must be examined as they change over time, and the dynamics should ideally be confirmed across multiple populations. However, as Table 3 demonstrates, most recent research on sex discrimination has not met this minimum requirement. Table 3 lists all articles focusing on at least one practice of sex discrimination (see Table 2) published in six of the most influential population journals between 1990 and 1997. Of the 30 articles listed, 13 focus on a single indicator. Of the 17 that include multiple indicators, 11 do not include the temporal dimensions that would be required to improve identification of their interactive dynamics. Of the remaining six, four address the issue of 'missing girls' in China, although the multiplicity of indicators in such studies are presented largely to explain the distortion of the sex ratio at birth. The interactive dynamics of these measures are not otherwise critically discussed.! The above observations should not be interpreted as a criticism of any particular article listed in Table 3. Many of them have revealed important clues regarding the influence of family structure, socio-economic circumstances, and political economy (i.e. exogenous variables) on the likelihood of particular kinds of discrimination, and there may be special justifications for concentrating on one particular kind. For instance, Pong (1994) focused on parity progression ratios by sex of previous children in order to infer the effect of sex preferences on aggregate fertility levels. The problem,however, is that the limited comparative design of most current research on sex discrimination in family formation has precluded us from justifying why the study of any particular indicator should be of greater concern than another. Why, for instance, should we be alarmed by rising sex ratios at birth in country X? If the substitution hypothesis proves to be correct (it has yet to be tested with individual survey data; Goodkind 1996) other studies of country X might show improvements in the relative survival probabilities of daughters, a finding which presumably would be cause for relief. RESTRICTION OF PRENATAL SEX SELECTION Before attempting to identify further which exogenous factors (e.g. education) may influence particular manifestations of sex discrimination, it may be more profitable to explore at greater length which indicators (or combinations of indicators) are most appropriately endogenized.2 In order to do so, multiple indicators of discrimination must be examined as they vary together across time and space to determine the extent to which they are positively or negatively correlated. Moreover, to determine whether the availability and employment of sex-selective abortion represents a net social 'bad' rather than a net social' good' requires us to consider the prevalence and relative evils of both prenatal and postnatal discrimination - we must no longer leave unstated our moral presumptions concerning the potential for suffering across the stages of the early life course. Where discriminatory substitutions occur, prenatal sex testing could be defended on utilitarian grounds ifit was deemed to prevent even worse suffering during the postnatal period. Put another way, if a ban were enacted against prenatal sex testing (or the use of abortion for sexselective purposes), how many excess postnatal deaths would a society be willing to tolerate in lieu of whatever sex-selective abortions were avoided? Some observers might reject out of hand such a cold calculus. On the other hand, if we are unwilling to consider the relative value of foetal and infant lives, the assertion in the Cairo document that prenatal sex selection is, in toto, 'harmful and unethical' becomes contentious. (4) Would legislative action against prenatal sex selection have adverse consequences for pro-life or pro-choice advocates? The recognition that sex discrimination may be substituted across the earliest stages of the life course situates the debate over prenatal sex selection on a wider canvas of ethical issues. Those condemning sex-selective abortion routinely focus attention on the adjective (that sex selection is discriminatory) to the neglect of the noun (that the practice is manifested through abortion). Problems arise if these condemnations conflict with stated principles vis-a.-vis abortion. Pro-life and prochoice groups have articulated such principles based upon a variety of ethical, religious, and legal presumptions about the life of the foetus (e.g. Tribe 1992), attitudes towards the institution of motherhood (Luker 1984; Driedger and Halli 1997), as well as political struggles over the control of women's bodies (e.g. Petchesky 1990). Given the ethical stances already delineated by these groups, how well can each side muster convincing arguments against prenatal sex selection? The pro-life position interprets induced abortion as life-taking (e.g. Tribe 1992). Whether or not one agrees with that position, it is difficult to deny its potential power. It is so potentially powerful, in fact, that it is unclear why pro-life proponents would gain anything from inveighing against the narrower issue of sex-selective abortion. The argument that sex-selective abortion is discriminatory appears redundant, offering little further moral suasion if one begins with the presumption that abortion under any circumstances is lifetaking. Nevertheless, pro-life advocates may sense a partial victory at hand, because restrictions on prenatal sex selection could result in an overall decline in the use of abortion. Moreover, the traditional criticisms against the pro-life position appear to gain little strength when sex-selective abortion is considered. For instance, pro-lifers have always faced the challenge that abortion may represent a lesser evil if it reduces future human suffering by preventing unwanted children from being born (a form of the substitution hypothesis espoused by the pro-choice side). Pro-lifers appear to have little to lose if this argument is now reapplied to the less common instance of sexselective abortion. Pro-lifers also find unexpected allies among prochoice proponents in condemning sex-selective abortion. For instance, less than 20 per cent of American women ever having had an abortion support the right to choose abortion for sex selection (Table 4; see also Cook et al. 1993), even though these women favour the use of abortion in cases of rape, incest, congenital birth defects, or the mother's health. Thus, a veritable watershed in the history of the abortion rights movement has gone largely unrecognized - a solid majority of prochoice advocates agree that a particular characteristic of a first trimester foetus renders abortion unacceptable. Yet pro-choice advocates face formidable dangers in advocating legislation against, or perhaps even strongly condemning, prenatal sex selection. The basic reason is that many of these advocates call for government legislation to promote the twin goals of reproductive rights and gender equality. For some observers, the issue of prenatal sex selection renders these goals in awkward opposition. Moral codes, of course, encompass both rights (e.g. to abortion) and obligations limiting such rights (e.g. not to use abortion for sex-selective purposes), and these rights and obligations are not inherently contradictory. However, to enact legislation against prenatal sex selection seems destined to create tensions within whichever discourse abortion rights are typically discussed (Luker 1984 ; Warren 1985; Tribe 1992).3 Three of these discourses are identified below. The first concerns the presumption that abortion should remain an individual choice to be undertaken without government interference. Put another way, viewed as a political struggle for control over women's bodies, foetal rights should defer to maternal rights (Petchesky 1990). The slippery slope upon which pro-choice advocates navigate is thus obvious - under what ethical presumptions should maternal rights suddenly become trumped by foetal rights the moment the foetus's sex is discovered? (for other general discussions of the legal and ethical implications of such presumptions for doctors, patients, and society, see Fletcher 1979; Adamek 1980; Evans 1983; Fletcher 1983; Rapp 1991; Kolker and Burke 1994). Wittingly or not, the status quo among pro-choice advocates is to favour exceptionalism; that is, to presume the right to an abortion within the first trimester for any (or most) reasons except for sex selection. Potential justifications for excepting sex selection include public sentiment (Table 4), the special discrimination that females as a category of individuals have suffered in the past, or the recognition that the very act of prenatal sex selection and its promotion is demeaning to women (Balakrishnan 1994). However, the extension of affirmative action for women into the prenatal realm may well awaken and justify similar demands among other disadvantaged groups. For instance, prenatal testing may predict the likely future sexual orientation of 56 the child (in certain cases) or indicate congenital abnormalities of varying severity. Individuals with these characteristics have also suffered traditional discrimination, feel demeaned when they are targeted by selective abortion, and, even though they have traditionally evoked less public sympathy, might eventually garner enough political support to protect their own foetal counterparts as well, as seems to be occurring in Japan.4 One can envisage political advocacy groups battling among each other for prenatal protection, to the ultimate delight of pro-lifers. Awareness of this possible whittling away of maternal rights in favour of foetal rights has led some pro-choice proponents with avowedly feminist concerns to conclude that the preservation of abortion rights should remain their core goal, whether or not other discriminatory choices result (e.g. Warren 1985, p. 104). For many observers, the resolution of ethical ambiguities has been problematic. One prominent medical observer's thinking about the right to sex-selective abortion has evolved unevenly over time. J. C. Fletcher opposed amniocentesis for sex choice in the late 1970s and then shifted course in 1979, concluding that it was inconsistent for physicians to withhold such information from patients if they were concerned about women's autonomy (Fletcher 1983, p. 225). More recently, Fletcher reverted back to the original position, concluding that 'gender is not a congenital abnormality' (Wertz and Fletcher 1989). The significance of that observation lies in its clear-headed, if rather raw, eugenic presumption that the lives of those with congenital abnormalities are relatively expendable, a presumption likely to infuriate advocates on behalf of the disabled.

#### Only 3% of impairments are present at birth: can’t solve disability stigma.

Barnes 2011 (Colin, faculty of sociology and social policy, member of several local, national and international organisations controlled and run by disabled people; UNDERSTANDING DISABILITY AND THE IMPORTANCE OF DESIGN FOR ALL, ((CC) JACCES, 2011 – 1(1): 55-80. ISSN: 2013-7087)

Discussion

Since the middle of the last century our understanding of disability has gradually shifted away from assumptions about the functional limitations of particular individuals and groups towards the way societies are organised. Whilst individual impairment and long term illness is undoubtedly an important factor in the disablement process, attention is increasingly turning toward physical and cultural infrastructures as a cause of both impairment and disability .

Estimates suggest that only around two to three per cent of impairments are present at birth. Most disabling conditions are due to a variety of social causes including poverty, pollution, accident, violence and war, and acquired at various stages in the life course. It is also the case that the more technically and socially advanced societies become the more impairment and disability they create. Due to several factors such as relative affluence, medical advances and comprehensive welfare systems, people in wealthy states live longer. The incidence of impairment increases significantly with age (Priestley, 2003). Indeed, global estimates suggest that the incidence of impairments in all societies is increasing and that as many as one billion people, 15 percent of the world’s population, are disabled (WHO, 2011).

### AT: States CP

#### Fed key: federal paratransit requirements block other accessibility efforts.

Rosenbloom, 2007 (Sandra, Professor of Planning at the University of Arizona, “Transportation Patterns and Problems of People with Disabilities”, The Future of Disability in America, http://www.ncbi.nlm.nih.gov/books/NBK11420/)

Almost every system has found the complementary ADA paratransit requirements to be extremely costly because (1) they involve high ongoing operating costs and (2) there are limited opportunities for economies of scale. Paratransit tends to be expensive because it is difficult to group trips efficiently without making passengers ride or wait too long, miss their appointments, etc. The larger and lower density the paratransit service area is, the more difficult it is to carry many passengers in a vehicle per hour or mile of service; this substantially raises the cost of each trip provided. Moreover, passengers with serious disabilities tend to take longer to board and deboard, which also lowers productivity. As a result of these service features, the average one-way paratransit trip cost in the 50 largest U.S. transit agencies was $29.28 (calculated from unpublished data in FTA’s 2004 National Transit Database). In other words, taking the average eligible traveler with disabilities to and from one doctor’s visit would cost almost $60.

### AT: Courts CP

#### Courts rely on medical experts in decisionmaking: ensures disability discrimination.

Brown 2009 (Lindsey, researcher in Public Health Ethics at the Ethox Centre, University of Oxford, UK. “The role of medical experts in shaping disability law” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Returning now to the three end-of-life cases, close textual analysis reveals at least four key themes, which will be presented in the following order: (1) the role of doctors as 'experts'; (2) the medical profession's dominance over court proceedings; (3) how medical evidence goes unchallenged; and (4) the supposed 'objectiveness' of QL judgements. Doctors as 'experts' As previously argued, doctors may not be the best 'experts' in judging the QL of disabled people. Indeed, Kennedy has argued that the prevailing 'best interests' test protects medical power rather than patient welfare (Kennedy 1988: 395-6). This view is supported by Montgomery, who argues that 'the duty to give incompetent patients the care that is in their best interests is usually judged not against the judicial assessment of where those interests lie but that of the doctors looking after them' (2000: 164). Montgomery also observes that, because many cases do not go to court, 'the application of the best interests principle lies in the hands of health professionals rather than lawyers' (ibid.: 164). Even when cases do come to court, judges tend to focus simply on ensuring that the clinical judgements made are within the parameters of responsible professional decisions. Thus, in Re 'p2 it was said that it would be an abuse of the court's powers to instruct a doctor to treat against her or his clinical judgement. It will become evident that this reasoning was followed in wyatt, Burke, and, to some extent, in MB. Montgomery further claims that 'there is significant danger that best interests decision making could become little more than a mechanism for the imposition of prejudice' (2000: 166). This is a real concern to disabled people because prejudiced QL judgements could mean the withdrawal of treatment, services or life-saving equipment. How the 'best interests' test is constructed is important. Whilst often stating that the best interests test is not solely medical, it will be shown that the judiciary then continue to consider only the medical evidence, thereby undermining their rhetoric. It is therefore predictable that doctors are seen as suitable 'experts' to make QL judgements. However, as already argued, QL judgements properly should include social elements, and medics are not necessarily experts in disability issues. Furthermore, they typically take a view of disability that is grounded in the medical model. There is much to be said for Munby J's approach to the issue of expertise in assessing best interests in the Burke case. As he suggested: The doctor's duty is not merely to act in accordance with a responsible and competent body of relevant professional opinion: his duty is to act in accordance with the patient's best interests ... The decisions as to what is in fact in the patient's best interests is not for the doctor: it is for the patient, if competent, or if the patient is incompetent and the matter comes to court, for the judge.23 Munby J's dictum aims to balance the power relationship between doctor and patient. Each has a breadth of knowledge and experience not available to the other. His approach considers the knowledge base of both patient and doctor to be of equal merit, such that neither should take precedence over the other as a matter of course. Moreover, in the final analysis, his decision suggests that the patient's wish to receive life-prolonging treatment should be met unless to do so would prolong an intolerable situation. Munby J seems to understand that doctors should not be asked, or be expected, to pass sole judgement over what is 'in the best interests' of a severely ill or disabled patient. Whilst doctors are clinical experts, they are not experts in deciding a more holistic concept of 'best interests'. Regretfully, it will be shown that the medical profession continue to dominate court proceedings and their evidence remains most influential. The approach taken in Re MB was in contrast to Munby J's approach to expertise by defining respective roles for courts and for doctors. As Holman J tellingly observed: I wish to stress and make clear, however, that I myself am not concerned with any ethical issues which may surround this case ... The ethical decision whether actually to withdraw or withhold [life support] must be made by the doctors concerned. Judges are neither qualified to make, nor required, nor entitled to make ethical judgements or decisions.24

## AT: Kritiks

### K Ans- Generic

### Permutation

#### \_\_\_\_ We need to combine theoretical approaches to disabilities, not close down possibilities for engaging politics

Goggin and Newell 2006

[Gerard Goggin, professor of Digital Communication at the [University of New South Wales](http://en.wikipedia.org/wiki/University_of_New_South_Wales) and Christopher Newell, Senior lecturer in medical ethics at the University of Tasmania Medical School. 2006 “Disability’s Affect Or, Refugees Communications and Community” Southern Review 38.2]

It could be convenient to say that emotion refers to the social  expression of affect, and affect in turn is the biological and  physiological experience of it To an extent, this is an apt description. But it also seems that disciplinary pride keeps the camps separate  when what is needed .is a radical cross-fertil-  ization of ideas (Probyn 2005, pp. 25-6).  To explain how affect works, Massumi offers the example of an  episode in the life of Ronald Reagan. For Massumi, Reagan is able to  mobilise power based on image, and to achieve ideological effects in  ways not traditionally marshalled to explain ideology. So, for instance,  Massumi offers the parable of the day that Ronald Reagan gained his  confidence as an actor —to explain precisely how a subject is consti-  tuted via the affective, In the movie *King's Row,* Reagan plays a young  handsome character. who has an accident, and wakes up to find thdt  his legs have been amputated. Reagan found it very difficult to  imagine how he would portray the character in this event, remem-  bering it as the 'most challenging acting problem in my career'  (Massumi 2002, p. 52), To help him out, the prop men arranged an illu-  sion: Reagan was lying in the bed unable to see his legs, and in this  way he found he was able to enter into the character. Massumi takes  this story about the acquiring-of-a-disability to be exemplary of the  relationship between the body and an image—the 'coupling of a unit  of quasi corporeality with a unit of passion' he dubs an 'affect' (2002,  p. 61). Such a gaining of impairment provides Massumi with a  metaphorics for his theory of identity: 'Rethink body, subjectivity, and  social change in terms of movement, affect, force, and violence—  before, code, text, and signification...What is left of us, after "our"  unity has completed "his" amputation?' (2002, p. 67).  Our brief detour through Massumi's rich, suggestive discussion of  affect highlights that disability is a central but unnoticed part of his  conception of subjectivity. This is not the place to elaborate our critique  of Massumi, Instead, we wish to revise this parable about affect so its  hingeing upon disability is explicitly theorised. Our very theories of  subjectivity need to be reworked here, so that disability is not just used  to 'prop' up our arguments (Mitchell & Snyder 2001), but rather is  incorporated in a decentring and questioning of the normalcy inherent  even in post-structuralist theories of the body (Davis 1995), •  For their part, disability studies scholars appear to be only in the  early stages of considering the implications of affect for what light it  might cast on their concerns with bodies, power, and desire (for  important work see Hickey-Moody 2005; Hickey-Moody & Iocco 2004;  Holmes 2004; O'Brien 2005). One difficulty here may be the often trou-  bled place of cultural studies and cultural theory in the new, critical  disability studies, still dominated by the 'social model' of disability,  especially in Britain, but also to a lesser extent, Australian academies  and disability movernents,1From various standpoints, including post-  structuralist and feminist theory, the critique of the social model has  explored its limits in both social constructionist and historical materi-  alist variants (among many discussions see Corker & Thomas 2000).  Lived embodiment of impairment, and the stubborn and painful ways  in whichit--rea:sserts-its-challenges-to-its-syrnbolisationin.lan.guage and   society, is a leitmotif in much theory Our own position seeks to  acknowledge the socio-political nature of disability, but also to incor-  porate accounts of cultural, ethical and spiritual dimensions. We draw  upon new social and cultural theories of disability, such as those pro-  posed by North. American theorists, especially those influenced by lit-  erary and cultural studies (see, for example, contributions to Snyder et  al: 2002) as well as Australian theorists (Meekosha 2004 Affect has  much potential to move the theorising of disability beyond the  impasse of the dualistic social model; and its tendency to foreclose  upon and disavow the body and the biological. Such a rethinking may  have much to say to the humanities which, as Anna Gibbs notes, with  an often-used metaphor that resonates aptly in this context, have 'been  handicapped by a refusal to consider affect as anything more than cul-  turally constructed "feelings" and "emotions" substantially divorced  from the materiality of the body' (2002b, p. 337),

#### The permutation solves best – a relationship to the state is a pre-requisite to successful political strategies concerning disability.

Oliver and Zarb 1989 (Mike and Gerry, professor of disability studies at the university of Greenwich, policy analyst at the disability rights commission in the UK, “The Politics of Disability: a new approach.”)

But in order to challenge what might be called attitudes (Finkelstein, Cornes), mentality (Davis) or more properly, in the context of this analysis, ideology, then clearly the disability movement must work out an appropriate political strategy. As has already been indicated, this cannot be done through traditional political participation in parties or pressure groups, but has to be addressed in terms of the relationship between the disability movement and the State, the second element within Gramsci's (1971) framework. The relationships of these new social movements in general to the State have been considered in some detail and raise crucial issues of political strategy. If social movements carry forward a revolt of civil society against the state-and thus remain largely outside the bourgeois public sphere-they typically have failed to engage the state system as part of a larger democratizing project. In the absence of a coherent approach to the state, political strategy is rendered abstract and impotent. (Boggs, 1986, pp. 56-7) On the other hand, to engage in an uncritical relationship to the State, is to risk at best, incorporation and absorption, and at worst, isolation and marginalisation and perhaps, ultimately, oblivion. Leaving aside the question of whether the State represents specific interests or is relatively autonomous, the disability movement has to decide how it wishes such a relationship to develop. Should it settle for incorporation into State activities with the prospect of piecemeal gains in social policy and legislation with the risks that representations to political institutions will be ignored or manipulated? Or, should it remain separate from the State and concentrate on consciousness-raising activities leading to long-term changes in policy and practice and the empowerment of disabled people, with the attendant risks that the movement may be marginalised or isolated? In practice it cannot be a matter of choosing one or the other of these positions, for the disability movement must develop a relationship with the State so that it can secure proper resources and play a role in changing social policy and professional practice. On the other hand, it must remain independent of the State to ensure that the changes that take place do not ultimately reflect the establishment view and reproduce paternalistic and dependency-creating services, but are based upon changing and dynamic conceptions of disability as articulated by disabled people themselves. Such is the nature of a crucial issue facing the disability movement over the next few years and the complexities of the task should not be underestimated. In order, however, to develop an appropriate relationship with the State, all new social movements, including the disability movement, must establish a firm basis within civil society. The important point is that these movements, as emergent, broad-based agencies of social change, are situated primarily within civil society rather than the conventional realm of pluralist democracy. Further, the tendency toward convergence of some movements (for example, feminism and the peace movement) gives them a radical potential far greater than the sum of particular groups. Even though their capacity to overthrow any power structure is still minimal, they have begun to introduce a new language of critical discourse that departs profoundly from the theory and practice of conventional politics. (Boggs, 1986, p. 22) Thus, because these movements are developing within the separate sphere of civil society, they do not risk incorporation into the State, nor indeed do they need to follow a political agenda or strategy set by the State. Hence, they can engage in consciousness raising activities, demonstrations, sit-ins and other forms of political activity within civil society. Further, they can develop links with each other so that their potential as a whole is greater than that of their constituent parts. Finally, the relationship to organised labour needs to be renegotiated, which means that labour will have "to confront its own legacy of racism, sexism and national chauvinism" because The complex relationship between labour and social movements, class and politics-not to mention the recomposition of the workforce itself-invalidates any scheme that assigns to labour a hegemonic or privileged role in social transformation. (Boggs, 1986, p. 233) As far as the disability movement is concerned, its growth and development have been within the realm of civil society. It has used consciousness and self-affirmation as a political tactic and has begun to be involved in political activities such as demonstrations and sit-ins outside the realm of State political activities. By reconceptualising disability as social restriction or oppression, it has opened up the possibilities of collaborating or co-operating with other socially restricted or oppressed groups. But it has also crossed the borderline between the State and civil society by developing its own service provision, sometimes in conflict and sometimes in co-operation with State professionals, and has, on occasions, engaged in interest representation within the State political apparatus. The issue of crossing the borderline to the economy and establishing links with organised labour, however, has yet to be properly addressed. It could be said that as well as overcoming its racism, sexism and chauvinism, organised labour has to overcome its disablism too. While the labour movement has been broadly supportive in wishing to retain the Quota, established by the Disabled Persons (Employment) Act 1944, it has been disablist in its resistance to changing work practices to facilitate the employment of disabled people and to re-writing job specifications to enable disabled people to get the kind of personal support they need to live better lives in both the community and residential care.

#### Discursive focus is insufficient – only the permutation results in real change

Harpur 2012 (Paul, TC Beirne School of Law, University of Queensland, Brisbane, “From disability to ability: changing the phrasing of the debate,” Disability & Society Vol. 21, No. 2, http://dx.doi.org/10.1080/09687599.2012.654985.)

While altering the language used to describe disability discrimination can assist in culture change, this is just one strategy. Oliver (1996) has observed that it is not sufficient to simply abolishing the use of offensive words to describe persons with disabilities. Rovner has observed that ‘[f]or over forty years, the disability rights movement has sought to reframe the way people with disabilities are understood by American law, social policy, and society’ (2004, 1043). Rovner explains that to achieve this outcome it will be necessary for the image of disability to be remade in the eyes of those who make laws and apply them (2004, 1090). If policy-makers and the judiciary do not embrace the culture change, then reforms will have minimal impact (for a discussion of the impact disability models have upon members of the judiciary consciously or subconsciously, see Cantor 2009, 401). Altering the way in which language and culture constructs disability should be regarded as one useful weapon in the battle to achieve equality. Coupled with other interventions, language can contribute to the struggle for social equality. This paper has argued that using the term ableism to describe disability discrimination is one step that can be used to assist in the wider struggle against oppression.

#### We can simultaneously engage in actions that risk cooption and more tactical responses to hegemonic forces.

Quinlan and Bates 2012 (Margaret M. Assistant Professor of Communication and a Core Faculty Member of the Health Psychology Ph.D. Program at the University of North Carolina at Charlotte.; Benjamin R, Associate Professor Associate Director for Graduate Studies School of Communication Studies Ohio University "Walking In The City": Performance Of Strategies And Tactics In The 1985 Bus Accessibility Protests Disability Studies Quarterly Vol 32, No 1 (2012))

The first implication of this essay is that we cannot assume that a social actor must choose between employing strategies or employing tactics. There is a significant body of literature that examines the ability to employ either strategy as a member of the dominant group or tactics as a member of a subordinate group (e.g., Cooks, 2009; Fassett & Morella, 2008; Pauwels & Hellriegel, 2008). If we require activists to choose between strategic action, taken as using "proper" legal channels of redress, and tactical action, taken as civil disobedience, then we engage in a form of analysis that limits the symbolic possibilities available to individuals and groups who seek social change. Our examination of Verdi-Fletcher's story, however, reveals that activists can (and do) navigate between strategic actions and tactical actions for social change. Strategy and tactics are not the possession of the dominant and the subordinate, respectively; rather, they are approaches to symbolic interventions. Strategic choices — such as Verdi-Fletcher's "proper" protests, obedience of consumerist-capitalist logics, and desire to follow the civil rights movement's acceptable path toward social change — flow not from the activist's embodied position. If they did, Verdi-Fletcher would have been unable to employ strategies as a woman living with a disability. Instead, Verdi-Fletcher's ability to employ tactics reveals that access to "the stronghold of its own 'proper' place or institution" makes a strategic rhetoric a viable choice for any speaker, writer, or activist who can make sense of these seemingly formal rules for practicing a language of intervention (de Certeau, 1984, p. xx). On the other hand, tactical choices — such as blocking a bus in a particular space or calling the media to ask them to show a momentary disruption of the system — also are not tied to the embodied position of the activist. Tactics favoring disability rights are not forbidden to able-bodied individuals, as demonstrated by the fact that able-bodied individuals helped in the protest. Instead of "belonging" to the weak, tactics are manipulations "related to the ways of changing (seducing, persuading, making use of) the will of another (the audience)" by seizing on moments and opportunities in space, time and language (de Certeau, 1984, p. xx). Rather than a binary, our analysis shows that an activist can master rhetorical strategies by learning the formal rules of the system and still employ tactical interventions as moments of serious play when interventions are possible. Or, as de Certeau (1984) put it, the "two logics of action (the one tactical, the other strategic) arise from these two facets of language" (p. xx), and the person who can think through both logics will have the broadest array of choices. Instead of a strict either/or choice posed to the activist, then, we have a flexible model where strategies and tactics can operate in concordance.

### AT State Bad

#### \_\_\_ Ignoring the state does not make bad policies go away – it just leaves elites unaccountable

Nathan Coombs, Political Philosophy at the University of London, 2010

[“Roundtable Discussion on ‘Transnational Militancy in the 21st Century’” Journal of Critical Globalisation Studies, Issue 2]

There seems to be a number of trends that we need to take account of when considering the global and its relationship to subjectivity: (1) as Saul has argued in his recent work there seems to be an ultra-libertarian moment in contemporary radical theory that sees freedom in stark anti-statist language, which may be connected to a growing globalist imaginary, and possibly the rejection of the nation-state as a political tool itself; (2) at the same time, there seems to be a broad based collapse in self-interested militancy, the kind that Karl Marx speculated led to the all-or-nothing potentiality of the proletariat, in favour of acting on behalf of the other, or the subordination of militant political subjectivity to indeterminate narratives such as the cause of the global South, or the environment etc.; (3) perhaps as a result of the interplay of the above two factors there seems to a simultaneous divergence of the political imaginary with reality: As there is the tendency for people disengage from democratic politics, sovereign identities, self-interested political mobilisation, and so on, there is also a general acquiescence to the regime of global norms determined for the most part by transnational elites: unelected UN officials and agencies, medical professionals, NGOs, charities, the police-military security complex, the political class etc. In broadly Hegelian terms, then, what I think we are witnessing is the opening up of a gap between the imaginary and reality: An ever more libertarian zero degree of theoretical radical politics, and possibly popular aspiration too, combined with the general acceptance of a world run more and more by unaccountable elites.

### AT: Ethics

#### Disability must be taken into account in any conception of ethics.

Scully 2009 (Jackie Leach, Senior Lecturer in the School of Geography, Politics and Sociology, Newcastle University, UK, Disability and the thinking body, in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Over the past few decades, political and social changes coupled with medical advances have opened up new spaces for thinking about physical and mental deviations from the norm. Disability today can be framed as an emancipatory movement and minority-rights issue; a biomedical phenomenon; an emergent political identity; a set of social relationships and practices; and as this collection shows, as a topic of philosophical and ethical inquiry. The reconceptualisation of disability within disability studies has made it possible to study impairment as one form of variation among humans, thus joining the generallate-twentieth-century trend of attending to difference as a 'significant and central axis of subjectivity and social life' (Corker 1999: 630). Taking disability into consideration does not simply introduce a new analytic focus on a form of marginalised identity, however. As well as expanding our knowledge of impairment and its consequences, disability offers new perspectives on issues such as autonomy, competence, embodiment, wholeness, human perfectibility, finitude and limits, the relationship between the individual and the community, all of them notions that 'pervade every aspect' of our lives (Linton 1998: 118), issues with which moral philosophy and bioethics constantly grapple. It recentres the body within philosophical thought. Ethics and the body The criticism that the Western philosophical tradition has chronically failed to take embodiment seriously is now well rehearsed. An enduring preference for envisaging the self as a disembodied, decontextualised, ahistoricallocus of consciousness means that philosophers talking about moral agents are concerned with agential capacities for rational thought, or with behavioural or (sometimes) emotional characteristics, not with physical features of embodiment. Post-Enlightenment ethical thinking has also tended to interpret the desire for a universalisable ethics as meaning that people are most fairly treated as if they were already indistinguishable in their morally relevant features, as if stripped of the traits that make them different, including their bodily traits. Mainstream moral philosophy thus tends to treat bodies as barriers to rather than sources of moral insight. In reality, however, moral philosophy and ethics are always concerned with bodies because morality is about behaviour, and behaviour involves bodies. Our basic sense of moral concern reflects an awareness that individuals are vulnerable to each other through their embodied selves, and subsequent ethical theories and rules are abstractions that attempt to regulate what happens when embodied humans interact. Once we start to think of ethics and ontology in this way, an obvious question is whether it is not just the general fact of embodiment, but also the specifics of body and place, that are significant to individual moral understanding as well. This makes impaired or disabled embodiment worth closer philosophical attention for more than one reason. For one thing, it has some profound implications for thinking about the nature of human being and identity: If disability is a form of being, rather than a medical condition, what sort of being is it? How exactly does it develop? What relationship does disability have to other social or ontological categories, such as gender, ethnicity or class? Is disability a genuine ontological category, or is it just a useful organising category for a motley collection of odd bodies? And if it is an identity, can it ever be anything other than a spoilt one (Goffman 1971) that we are morally obliged to restore to normality if we can, or prevent happening if we can't? What we really think about bodies that differ from the norm is also ethically important, because our beliefs about normal embodiment become normative. They identify ideal bodies and determine the degree of effort we think it appropriate to expend in order to normalise anomalous ones. In moral philosophy, and specifically bioethics, normative ideas about bodies and body anomalies have particular potency when they inform the frameworks in which quality of life decision are made. 'Quality-of-life' evaluations have enormous moral weight when they form the basis for life-or-death decisions, especially when such decisions have to be made by third parties on behalf of another (end-of-life decisions and prenatal screening and termination for impairment are examples). Yet despite this, the bioethical discussions of such decisions are generally not supported by a clear philosophical theory of the quality of life. In addition, they are based on a number of assumptions including: (1) that we have an adequate grasp of the features of the life being evaluated; and (2) that there is broad agreement about which features are relevant to life quality and how they can be measured. Neither assumption is tenable in the context of impairment and disability: (1) because of the lack of knowledge on the part of those making the evaluations about the realities of life with impairment; and (2) because the subjective experience of impairment or disability may change some of the criteria for gauging quality of life, or their weighting or prioritisation by the individuals concerned (Albrecht and Devliger 1999; Amundsen 2005). In effect, we could say that the experience of impairment or disability modifies the moral understandings of disabled people.! To understand how embodiment affects a person's world requires more empirical approaches than normally taken by moral philosophy. But while empirical work may illuminate the features of life as a particular body, it makes no attempt to say what it is like to be that embodiment. This demands a more phenomenological approach. Phenomenology recognises that a subject's sense of self, perceptions and understandings are dependent on how the subject experiences his or her presence in the world; from a phenomenological point of view, presence in the world is an accumulation of everyday bodily events and encounters. If the embodiment is a socially or biologically anomalous one, that fact will affect the nature of the everyday events and encounters, at times very profoundly. In addressing the strong version of the social model of disability, which views disability as a product of materially excluding social barriers, a phenomenological approach has major flaws. Social models of disability redirect the analytic gaze away from the pathologised individual and towards social practices. The strong social model attempts to sever the link between embodiment and disability by arguing that disability is not about the individual impaired body, but about a stigmatised group being oppressed within a disabling society. Phenomenological philosophy's strategy of paying close attention to the lived experience of being (in) a different kind of body runs counter to this. Hence, social model critics argue that a phenomenological approach places the 'problem' of disability back with the pathologised individual and distracts from the real issue, which is that societies are arranged so as to disable people who are different. Despite this, scholars within disability studies have argued that a more phenomenological intelligence about disability, understanding the experience of disability from the inside, is an essential part of making ethical and ontological judgements about impairment. Such subjective understanding of disabled experience goes some way towards correcting the long-standing philosophical neglect of the body as an important source of insight into real moral lives. It is not a claim that experiential accounts are the only true source material for thinking about disability, nor that a deeper knowledge of disabled experience will rapidly generate a consensus on the meaning and ethics of disability. The disabled body understood through everyday subjective experience can form only a part of the contemporary understanding of abnormality and disability. Other insights, such as the disabled body as typically presented by medical discourse, its representations in popular culture, the understandings of carers and so on, are also necessary contributions to a fuller picture. The thinking body Is it possible that having or being a particular kind of body can result in a person acquiring particular moral understandings? Is it further possible that having or being an anomalous body can lead to the production of anomalous moral understandings? This aspect of the phenomenology of embodiment has not yet received much consideration. Yet it is apparent that at least in some circumstances, disabled people have rather different takes on ethical questions relevant to disability than do nondisabled people. Recent and well-known examples would include the arguments against the withdrawal of life support in the case of Theresa Schiavo (Wolfson 2005) or the cases where deaf people express a preference for having a hearing impaired child (Anstey 2002; Johnston 2005; Levy 2002; Parker 2007; Schmidt 2007; Scully 2008).2 Feminist standpoint epistemology suggests that different social positions provide distinct epistemic perspectives (Harding 1993, 2004; Hartsock 1983), sometimes even an epistemic advantage in perceiving injustices within a situation. What interests me here is the extent to which the experience of anomalous embodiment, as a parallel to the experience of gendered embodiment within feminist theory, contributes to this. If it is possible that being physically unusual affects a person's moral understandings, it is important for philosophers to identify the processes through which that might occur and the resulting differences it might make. I want now to examine the philosopher Maurice Merleau-Ponty's work, which directly addresses the most primordial interactions between the body and its physical surroundings. Merleau-Ponty's phenomenological approach to the thinking body provides some analytic traction on the impact of bodily variation on moral understanding. In part because of the limited neurological knowledge available in his time, however, Merleau-Ponty ultimately does not provide a satisfying theory of the epistemic consequences of bodily variation, and at this point I turn to recent work in neuroscience that to some degree supports Merleau-Ponty's philosophical claims. Research into what is called 'embodied cognition' provides some substantiation for the idea that both the organic reality of the body and its processes are important to abstract thinking, and hence that different embodiments may have subtle effects on higher order cognition, including thinking about ethics.

### AT: Foucault

#### \*\_\_\_\_ We should not abandon all institutions even if Focuault is correct – disciplinary technologies are critical to give people with disabilities the chance to live

Meekosha 2009 [Volume 15(1) What’s so ‘critical’ about critical disability studies?, Helen Meekosha and Russell Shuttleworth, Australian Journal of Human Rights 2009]

Foucault’s innovative understanding of power/knowledge continues to grow exponentially in influence across the humanities and social sciences. It is also becoming an important critical perspective, as disability studies transforms into CDS (for example, Corker 1998; Garland-Thomson 1997; Allan 1996; Tremain 2005; Sullivan 2005). What makes Foucault’ ideas so useful to CDS is that they perform a radical de-familiarisation of modern institutions and practices as caring and benevolent and reveal technologies and procedures that classify, normalise, manage and control anomalous body-subjects (Foucault 1978; Burchell, Gordon and Miller 1991). While certainly disability studies was partially founded on its critique of institutional perspectives on disability (such as medicine and economics), the terms of critique had remained for the most part materialistic and adversarial. Disability studies in Foucauldian terms was operating with a juridical conception of power. Foucault (1978), however, posits a much more encompassing view of power relations in modernity — that is, the emergence of biopower as a set of procedures and practices that objectivise and attempt to measure, predict and manage phenomena and processes having to do with the life of the human species (such as reproduction and death) and its individual variances in terms of a norm. Rapid spread of these normalising procedures and practices throughout modern institutions was enabled by governmentality, which is ‘any form of activity that aims to shape, guide or affect … conduct [in terms of] one’s relation to oneself, interpersonal relations that involve some form of control or guidance, and relations within social institutions and communities’ (Tremain 2005, 8). The important point to remember is that this understanding includes not only legitimate and overt forms of control, but also a micropolitics of power in which modern human beings are complicit with their subjection. Beginning in the late 1990s, disability theorists began incorporating Foucault’s thinking into analsyses of institutional management of disabled people’s lives (Allan 1996; 1999; Shildrick 1997; Levinson 2005)*.* The publication of Tremain’s (2005) edited volume has provided additional impetus for employing Foucauldian critiques of institutions that administer to disabled people. We think it is important to maintain a self-critical view with the employment of any critical notion, but especially with those terms that Foucault (re)formulated. It needs to be acknowledged that the very institutions and practices on the receiving end of his critique have often enabled disabled people to survive serious trauma and to re-enter society. Nevertheless, the extent to which these institutional discourses pervade social structures and cultural meanings to constitute the disabled subject is worthy of continual critique. As Sullivan (2005, 30) notes with respect to the rehabilitation of spinal cord injured persons: If the paralysed body were not invested with specific techniques and knowledge, it would quickly deteriorate and die. If, however, Foucault is correct, … then it would be reasonable to expect that, during the process of rehabilitation, the body of the spinal-cord-injured individual would be objectivised as paralysed, the individual would be subjectivised as paraplegic, and the subject would come to know itself in these terms. Others would also come to ‘know’ the spinal-cord individual in these terms.

### AT: Foucault/Deleuze

#### We can rewrite physical space through demanding inclusion for disability.

Quinlan and Bates 2012 (Margaret M. Assistant Professor of Communication and a Core Faculty Member of the Health Psychology Ph.D. Program at the University of North Carolina at Charlotte.; Benjamin R, Associate Professor Associate Director for Graduate Studies School of Communication Studies Ohio University "Walking In The City": Performance Of Strategies And Tactics In The 1985 Bus Accessibility Protests Disability Studies Quarterly Vol 32, No 1 (2012))

In addition to the temporary concordance of strategies and tactics, our analysis found that "Walking in the City" was a helpful way for us to examine how space can be reappropriated for activist purposes. Similar to others in rhetoric and composition who have used de Certeau's concepts related to space and place, our analysis indicates that spaces and places can be rewritten (e.g., Hartnett, 1998; Stewart & Dickinson, 2008; Wright, 2005). Our addition is simple; that space can be rewritten by performing bodies, whether those bodies be on stage (as in the dance) or acting out advocacy in the streets (as in the control of the bus's movements). In the 1985 bus protest, Verdi-Fletcher and her fellow activists used the one-way street in Cleveland to conduct a protest. Obviously, individuals who designed the maps of the city did not anticipate how the street would be used. The flat plat of the city, as seen from the "god's eye" view of the city planner, makes Cleveland appear both accessible to all and impossible to alter. However, de Certeau would encourage individuals to walk through the city and recognize the ways in which the city is made walkable for certain individuals and not for others. If one goes walking in Cleveland, a significant amount of work has yet to be done to make the city accessible. Our walk in the city shows that, at least before 1985, city planners believed some people belonged in some parts of town and others did not belong. When the sidewalk lacks a curb cut, an individual in a wheelchair cannot access the sidewalk and is implicitly told he or she does not belong on that sidewalk. But, when the bus protest redrew the map of Cleveland, when a one-way street became a dead end, Verdi-Fletcher and her allies engaged in a new form of writing the system by making its lines less accessible. If the city is a map, and our movement through the city draws lines, then this protest was an attempt to rewrite at least a part of the discourse on disability and transportation. Indeed, the actions taken by Verdi-Fletcher and her allies show that bodily movements — walking, wheeling, blocking — are performances of physio-spatial writing. Verdi-Fletcher's actions, as performed in her narrative, in WoC, and in the streets of Cleveland, were forms of writing. We agree with Flannery (1998) that performance "extends an understanding of literacy beyond the narrowly linguistic, emphasizing the extent to which the body itself served as a signifying modality, a modality that can signify in ways that extend the limits of print" (p. 44). To simply read Verdi-Fletcher's story as we have recorded it is obviously partial; to add more layers of writing, as Verdi-Fletcher does by writing, speaking, acting, and re-enacting her story, allows us to see the lines drawn, rewritten into narratives, and edited into advocacy. Each (re)telling and (re)enactment of the story is a thickening of the line that Verdi-Fletcher has drawn on the map of Cleveland, a bolder reinscription of that trace on the text of the city. By examining this line, by observing where it flows freely and where it stops because the body can no longer write on map, we can see the performative and linguistic enactment of Verdi-Fletcher's advocacy. Flannery (1998) maintains that performance encourages the possibility of resisting cultural scripts and limitations by opening a new form of writing. And, although we agree with Flannery, we believe she does not go far enough. By looking at this performance of ability, disability, and advocacy, we can also begin to see where the body's ability to walk and wheel requires a rewriting of the city map through accessible modifications. Although Verdi-Fletcher's body can show us where movement is limited by where she can no longer write on the map of the city, as academics and advocates, we believe that we must attempt to rewrite that city-scape with curb cuts, crossing signals, and other simple accommodations that would allow Verdi-Fletcher and others to expand the tablet upon which their bodies can write.

### AT: Colonialism K/Imperialism Impacts

#### Turn: We challenge the emotional-aesthetic investments sustaining the Western notions of invulnerable self—

#### This is Key to Challenging colonialism

Couze Venn 2009 [“Identity, diasporas and subjective change: The role of affect, the relation to the other, and the aesthetic” Subjectivity Vol. 26, 3–28]

Abstract If subjectivity is relational and metastable by reference to the material,  discursive and psychological conditions that constitute it, it would follow that  dislocations provoked by diasporic displacement occasion mutations in subjectivity  and identity. The problems concern finding ways of understanding the mechanisms  and means that enable subjects to explore dissident or disjunct identities, and that  provide the supports for the critical distancing which is integral to the process of  disidentification. This paper argues that this requires a radical break with either  essentialist or egological conceptualisations of identity and the subject, together with  the development of approaches that address the effects of the affective machinery,  including the domain of the aesthetic, that binds subjects to particular socio-cultural  complexes, be they ‘consumer capitalism’ or ‘traditional’ forms of sociality.  Re-theorising the inter-relationship between the psychic and the social, beyond the  limitations in psychoanalytic discourse, is integral to this project.   The Disorder of Identity  Population displacement, forced or otherwise, in the form of migration,  dispersion, expulsion, exile or transportation have been endemic in human  settlement throughout history. In recent times, incited by the forces of  corporate capitalism and new technological developments, this process  has become speeded up and globalised beyond the diasporic dispersions  provoked by European colonial expansion. These shifts in the global  circuits of people, money, labour, media, culture, information have  provoked all manner of reflections on the consequences for a sense of  belonging or unbelonging arising from the crossing of routes and roots. In  the context of continuing and intensifying inequalities of wealth and power, and  the focus on difference, the phenomenon of diasporas and the effects of  displacement for subjectivity have been relayed to the ‘politics of identity’, a  development which is now the object of a problematisation, for example, from  the standpoint of radical pluralism as well as political projects that support  varieties of cosmopolitanism. In addition, the analysis of global diasporas has  demonstrated the suspect character of the assumption that identities or cultures  are basically unchanging, homogenous entities, rather than heterogenous,  polyglot, plural, relational, existential and in-process. If subjectivity is relational  and metastable by reference to the material, discursive and psychological  conditions that constitute it, it would follow that dislocations provoked by  displacement occasion mutations in subjectivity and identity.  A rich vocabulary has emerged to address the range of issues involved: roots/  routes (P. Gilroy), doubleness (W.E.B. Du Bois), hybridity (Bhabha), transcul-  turation (Canclini), belonging/unbelonging, uprooting/regrounding (S. Ahmed),  syncretism, creolisation, translation (see Venn, 2006, for an analysis). They  signal the recognition that the transactions between cultures and peoples  brought together through migration, trade, war, environmental pressures and  so on, result in profound disruptions and adjustments that require an active  process of forging new identities. Although the social sciences and cultural  history have shed light on the mechanisms of the mutation of cultures, today,  at the level of the lived, we have to look to expressive forms such as the  ‘postcolonial’ novel and visual and audio–visual artworks – photography, film,  video, painting, multi-media – for the thick descriptions and depictions of the  making and remaking of identities in the context of simultaneous displacement  across many kinds of frontiers or borders: geographical, cultural, temporal,  ‘ethnic’, environmental. One is prompted to ask therefore: What does the  artwork, and expressive forms generally, tell us about this process that exceeds  what analytical and historical accounts by themselves can reveal? Are there  more general lessons to be learnt here about the problematic of subjectivity,  particularly regarding the role of affect? And are these the forms through which  identities and ways of life can be refigured?  In the wake of these questions, another set of issues about subjective  transformation appear, relating affective economy to the role of the aesthetic in  specific conditions, so that we now have to re-examine the problematic of  change in the light of what Stiegler (2005) calls an ‘aesthetic war’, that is, a  struggle that pits the cultivation of radical identities against the recruitment  of subjectivities by ‘hyperindustrial capitalism’, for what he sees as a ‘self-  destructive’ culture of consumption. This ‘cultural capitalism’, according to  him, works by way of capturing and diverting libidinal energy for an affective  economy in which capitalism itself operates both as an aesthetics and a ‘libidinal  machine’ (Stiegler, 2008, pp. 35 and 36). The struggle therefore involves the  spaces and the narratives for transformative becomings against the containment  of subjectivities in recent times within the norms characterising homo  oeconomicus as the ‘enterprising subject’ (Foucault, 2004), or as enclosed  within essentialising or fundamentalist ideologies of identity. The problems for  theory concern finding ways of understanding the mechanisms and the means  that enable subjects to explore and express dissident or disjunct identities, and/  or that provide the supports for the critical distancing which is integral to the  process of disidentification (Venn, 2000). So, on the one hand, it means a radical  break with what Levinas calls egological conceptualisations of the subject –  complicit with homo oeconomicus (Venn, 2000) – and the development of  alternative approaches, together with the need to address the effects today of the  affective machinery that binds subjects to particular socio-cultural complexes,  be they ‘consumer capitalism’ or ‘traditional’ forms of sociality. On the other  hand, at the level of individuation, it means finding ways to theorise the inter-  relationship between the psychic and the social in ways that overcome the now  well-known limitations presented in Freudian or Lacanian approaches.  Already, quite diverse discourses and problematics about subjectivity seem  relevant for this interrogation of the disorder of identity and the exploration of  the wider issue of social change. To begin with, one must foreground the general  standpoint about subjectivity as relational, emplaced and embodied, existing as  a nexus of relations with others and with a lifeworld. It is within this complex  that cognitive–affective mechanisms are at work in determining the process  of the figuration and refiguration of identity. More specifically, there are the  theories that attempt to understand displacement, often forced, in terms of  trauma and cultural conflict as well as in terms of creolisation and  ‘hybridisation’. I am adding a further set of theoretical issues because of the  choice of the affective-aesthetic as the field in which to reconstruct an analytical  apparatus appropriate for deepening our understanding of the mechanisms  involved, mechanisms that throw light on the linkages between individualisa-  tion and trans-subjective processes.  The difficulty in inter-relating the quite diverse discourses and paradigms  associated with this task is made a little less acute in two ways. First, the  strategic use or location of the work of Merleau-Ponty who, in his ontology, not  only proposed a conceptual apparatus that emphasises relationality, embodi-  ment and being-with as fundamental dimensions of being; he has besides been  the key thinker in the development of the central figures – Stiegler, via  Simondon, Ettinger, Varela – whose work I draw on in elaborating the  possibilities I will explore in this paper. The advantages are that his approach,  although developed at a general philosophical level, establishes the principles  for thinking embodiment, world, cognition within the same epistemological  framework so that it functions as transdisciplinary ground, something which is  necessary if cross-disciplinary work is to avoid incoherence. Furthermore, his  work already provides a theorisation of being that opens the way for  conceptualising the affective, the ethical and the aesthetic dimensions of  subjectivity in terms of relationality, a position shared by the authors I have  mentioned.

## AT: Cap K

### Disability Key to solve Cap

#### \_\_\_\_ Breaking down Ableism internal-link turns Capitalism—It provides the MASTER TROPE unlocking multiple forms of oppression.

Siebers 2010 [“Disability Aesthetics” Tom Siebers 2010]

Oppression is the systematic victimization of one group by another. It is a form of intergroup violence. That oppression involves "groups," and not "individuals," means that it concerns identities, and this means, furthermore, that oppression always focuses on how the body appears, both on how it appears as a public and physical presence and on its specific and various appearances. Oppression is justified most often by the attribution of natural inferiority-what some call "in-built" or "biological" inferiority. Natural inferiority is always somatic, focusing on the mental and physical features of the group, and it figures as disability. The prototype of biological inferiority is disability. The representation of inferiority always comes back to the appearance of the body and the way the body makes other bodies feel. This is why the study of oppression requires an understanding of aesthetics-not only because oppression uses aesthetic judgments for its violence but also because the signposts of how oppression works are visible in the history of art, where aesthetic judgments about the creation and appreciation of bodies are openly discussed.¶ Two additional thoughts must be noted before I treat some analytic examples from the historical record. First, despite my statement that disability now serves as the master trope of human disqualification, it is not a matter of reducing other minority identities to disability identity. Rather, it is a matter of understanding the work done by disability in oppressive systems. In disability oppression, the physical and mental properties of the body are socially constructed as disqualifying defects, but this specific type of social construction happens to be integral at the present moment to the symbolic requirements of oppression in general. In every oppressive system of our day, I want to claim, the oppressed identity is represented in some way as disabled, and although it is hard to understand, the same process obtains when disability is the oppressed identity. "Racism" disqualifies on the basis of race, providing justification for the inferiority of certain skin colors, bloodlines, and physical features. "Sexism" disqualifies on the basis of sex/gender as a direct representation of mental and physical inferiority. "Classism" disqualifies on the basis of family lineage and socioeconomic power as proof of inferior genealogical status. "Ableism" disqualifies on the basis of mental and physical differences, first selecting and then stigmatizing them as disabilities. The oppressive system occults in each case the fact that the disqualified identity is socially constructed, a mere convention, representing signs of incompetence, weakness, or inferiority as undeniable facts of nature.¶ Second, it is crucial to remember the lessons of intersectional theory. This theory rightly focuses on how oppressive systems affect the identity of the oppressed individual, explaining that because individuality is complex, containing many overlapping identities, the individual is vulnerable to oppressive systems that would reduce the individual to one or two identities for the purpose of maintaining power and control (Collins 2O8). Intersectional theorists restore a complex view of the individual and fight against creating hierarchies between different identities. For example, the debate whether it is worse to be black or female is viewed as divisive and unproductive. My tactic here is similar. I want to look at identity not from the point of view of the oppressed individual but from the point of view-limited as it may seem and significant because limited-of oppressive systems. **Disability is the master trope of human disqualification**, not because disability theory is superior to race, class, or sex/gender theory, but **because all oppressive systems function by reducing human variation to** deviancy and inferiority defined on the mental and physical plane.¶ Intersectional analysis shows that disability identity provides a foundation for disqualification in cases where other minority identities fail because they are known to be socially constructed for the purposes of domination. It is not clear why disability has proven so useful a trope for maintaining oppression, but one reason may be that it has been extraordinarily difficult to separate disability from the naturalist fallacy that conceives of it as a biological defect more or less resistant to social or cultural intervention. In the modern era, of course, eugenics embodies this fallacy. Eugenics has been of signal importance to oppression because eugenics weds medical science to a disgust with mental and physical variation, but eugenics is not a new trend, only an exacerbation of old trends that invoke disease, inferiority, impairment, and deformity to disqualify one group in the service of another's rise to power. As racism, sexism, and classism fall away slowly as justifications for human inferiority-and the critiques of these prejudices prove powerful examples of how to fight oppression the prejudice against disability remains in full force, providing seemingly credible reasons for the belief in human inferiority and the oppressive systems built upon it. This usage will continue, I expect, until we reach a historical moment when we know as much about the social construction of disability as we now know about the social construction of race, class, gender, and sexuality. Disability represents at this moment in time the final frontier of justifiable human inferiority.

#### \_\_\_\_The non-productivity of disability challenges the imperatives of Neoliberalism. Reducing it to a symptom of capital undermines its revolutionary potential

Snyder & Mitchell 2010 [Introduction: Ablenationalism and the Geo-Politics of Disability Sharon L. Snyder David T. Mitchell Journal of Literary & Cultural Disability Studies, Volume 4, Number 2, 2010, pp. 113-125]

In closing we gesture to our own contribution in addition to the productive discussions of alternative valuation systems with regard to people with disabilities. In “Disability as Multitude: Re-working Non-productive Labor Power” we employ Hardt and Negri’s concept of “multitudes” in order to re-fashion contemporary understandings of people with disabilities and their overriding ouster from guiding concepts of productivity within late Capitalism. Rather than continue necessary lines of thought regarding contemporary social barriers to disability and meaningful employment, we undertake a discussion of disability as an alternative to existing models of consumption. In so doing we seek to recognize disability as a pragmatic category for engaging enactments of nationalism and normative expectations of citizenship. We call this imperative to conform to the demands of competitive labor markets and their attendant normative expectations of participation *Ablenationalism*. Ablenationalism involves the implicit assumption that minimum levels of corporeal, intellectual, and sensory capacity, in conjunction with subjective aspects of aesthetic appearance, are required of citizens seeking to access the “full benefits” of citizenship. As such, most people with disabilities are excluded by falling short of this participatory bottom line and, as such, key guiding principles of democracy are left unrealized.¶ When we approach disability with respect to a concept of alternative valuation rather than merely as a symptom of exclusion within Capitalism, opportunities erupt for realizing “other worlds” of possibilities. In traditional formulas of Marxism and liberal discourses of political economy, disability represents the existence of non-productive bodies that cannot be successfully adapted to market expectations of competitive labor. Such bodies prove needy of state and private sponsorship that mark them as superfluous to classifications of those on the outer most fringes of Capitalism such as “surplus labor.” In Hardt and Negri’s definition of “non-productive bodies” we find a potentially productive alternative to body-based exclusions in identifying disability and other nonconforming populations as actively resistant to the imperatives of consumptive living (Empire, 274). Rather than simply bemoaning a lack of inclusivity characteristic of neo-liberal social < more active reading based on refusals of normative modes of participation that operate with respect to compulsory able-bodiedness as their unspoken foundation. ¶ Conclusion: To Re-Valuing Non-Normativity? The questions that guide our efforts here remain crucial for an effective opening up of Disability Studies discourse with respect to globality: can we keep ourselves open to the experience of non-normativity as something other than inferiority, deviancy, and intolerable aberrancy? Is it possible to think of the incapacitated body (including severely incapacitated bodies) without having to resort to epistemologies of pathology, monstrosity, or tragedy? How do we move forward into productive collaborations without reproducing totalizing concepts of disability identity? What are the economic and material stakes at risk in neo-liberal efforts to normalize the non-normal body? Can a value of transgressive reappropriation serve as a reliable barometer of radicality, resistance, and political commitment among those who are scrimping for survival despite the new rhetoric of exceptional inclusiveness offered by states to affirm their superior modernity¶

**The concept of disability is an instrument of the neoliberal state to obfuscate oppression and violence**

**McRuer, 2010** (Robert, Professor of English and Deputy Chair of the Department of English at George Washington University, "Disability Nationalism in Crip Times")

Murderball, however, is just one prominent sign—whether marking at this¶ point simply an emergent discourse or not—that something else is also going¶ Disability Nationalism in Crip Times ¶ on. And disability cultural studies in the academy is arguably another such¶ sign—a multivalent sign, certainly, but a sign nonetheless. **Disability studies**, in¶ other words (and this is of course bigger than any individual scholar or activist), **is caught up in relatively new biopolitical processes**; to call back Puar, disability¶ studies does in fact seem concerned (and rightly so) **with the “securitization and valorization” of various lives and populations**. **This vital political project, however, is inescapably non-innocent, caught up in the larger geopolitical processes Foucault describes in The Birth of Biopolitics: On the horizon of this analysis** **we see instead the image, idea, or the program of a society in which there is an optimization of systems of difference, in which the field is left open to fluctuating processes, in which minority individuals and practices are tolerated, in which action is brought to bear on the rules of the game rather than on the players, and finally in which there is an environmental type of intervention instead of the internal subjugation of individuals**. (259–60)¶ Puar’s contribution to transnational queer studies is not only her analysis of the¶ ways in which **new forms of “tolerance” are linked to securitization and valorization and thereby “optimized” by and for the neoliberal state and for Empire, but also of the ways in which this environmental intervention simultaneously masks ongoing necropolitical projects**.¶ Cripping Guantanamo¶ In this geopolitical context, **disability studies should continually ask questions about the risks that always attend our most urgent projects, questions about how or whether “the deferred death of one population” recedes in the wake of the securitization and valorization of another**. My brief reading of Guantanamo¶ in this final section is thus intended on one level merely as a caution—a call for¶ vigilance and rigor, an attentiveness to the varied and contradictory ways in¶ which our political and scholarly projects are taken up, resignified, made useful.¶ More pointedly, however, I argue in this section that the receding or deferred¶ death Puar theorizes is facilitated the more we depend on (and keep writing¶ into Disability Studies 101 theses) identity and state-based appeals (appeals that¶ may, of course, nonetheless remain indispensable—necessary but simply and¶ always insufficient).¶ There are innumerable examples of such appeals in disability studies; they are¶ appeals that have arguably become foundational to disability studies as it is currently¶ constituted. Consider, for instance, Rosemarie Garland-Thomson’s argument¶ that the Americans with Disabilities Act marks a shift, now “requiring¶ that¶ 174 Robert McRuer¶ disabilities be accommodated”; this shift that moves us “from a politics of sympathetic¶ advocacy to a politics of affirmative identity” (106–7). Or Paul Longmore’s¶ state- and nation-based demand for “an end to . . . discriminatory government¶ policies,” when he writes, “We, like all Americans, have talents to use, work to do,¶ our contributions to make to our communities and country. . . . We want access¶ to opportunity. We want access to work. We want access to the American Dream”¶ (258). Or, finally, of Tobin Siebers’s repeated positioning of disability identity¶ politics as the answer: “Individuals begin to constitute themselves as a minority¶ identity, moving from the form of consciousness called internal colonization to¶ one characterized by a new group awareness” (19). All of **these arguments have**¶ **been incredibly generative to both the field and the movement.**¶ **Can we at this point begin to trace the limits of the “new group awareness” for**¶ **which Siebers argues, especially as that awareness is not simply dismissed but**¶ **taken seriously, noticed, and utilized by state and market?** How does “the group”¶ grapple with those figures who do not, or cannot, or will never “constitute themselves¶ as a minority identity”? And to translate Puar’s theorizing about queer¶ times, how does the current geopolitical order, even as it very partially acquiesces¶ in some locations to the targeting of certain disabled subjects for life, simultaneously¶ crip other bodies (and I intend for crip here to mark both an ongoing¶ metaphorical process of marking certain bodies as excessive and monstrous and¶ the sometimes quite literal processes of physically and mentally debilitating certain¶ bodies)?¶ There are two figures from Guantanamo that haunt me as I ask these questions,¶ figures that can never quite congeal or materialize around state and identity in¶ the ways that, say, Mark Zupan and the other proud American athletes from¶ Murderball do. In Brittain and Slovo’s production, a speaker named Mr. Begg¶ introduces the first figure, his son Moazzam Begg, who is, eventually, interred¶ at Guantánamo Bay. Reflecting on his son’s early years, Mr. Begg muses:¶ Moazzam did his initial schooling [in the UK] and one day he said: “Dad I want to¶ make a society” and I smiled [because he was too young to talk about society] and¶ said: “what kind of society are you going to make son?” He said: “A society to help¶ older people, feeble people, and people with disabilities and all that.” So, I said, “This¶ is a very good thing, it’s a noble thing. I’ll not stop you doing that.” I don’t know how¶ far he went. (7)¶ Over the course of the production, we learn of Moazzam’s detention in Islamabad¶ by Pakistani authorities, of his eventual transfer to American custody, and¶ of the debilitating circumstances of incarceration at the Guantánamo Bay Naval¶ Facility. Paradoxically, even as his father’s own health improves in the UK (he¶ had been hospitalized earlier in the drama), Moazzam’s deteriorates. Initially¶ Disability Nationalism in Crip Times 175¶ writing from Guantánamo that “I am in good health and ok” (26), his situation¶ rapidly shifts. We learn that his daughter back home, according to Mr. Begg,¶ “gets at times nightmares. She says at times, ‘my father is being beaten up, his¶ head is bleeding’” (37), and we learn that bodily and mental changes are, in fact,¶ taking place. Moazzam himself writes to his family, “I am in a state of depression¶ and am beginning to fight against depression and hopelessness. Whilst I¶ do not at all complain about my personal treatments, conditions are such that¶ I have not seen the sun, sky, moon etc. for nearly a year!” (56). There are, additionally,¶ censored portions of this letter, which Brittain and Slovo represent by¶ instructing the actor playing Moazzam to mouth words that have been removed¶ by American authorities. Mr. Begg, as the story continues, begins to wonder¶ whether Moazzam’s “hands are working, or his eyes are working or his brain is¶ working” when he learns that “today I hear that they were giving injections to¶ detainees” (57). And, eventually, around the time of an improbable confession¶ that Moazzam was planning on using a drone aircraft (price tag 50 million dollars)¶ to drop anthrax on the House of Commons, his solicitor reports, “We have¶ very good reason to think he’s been driven into mental illness from oblique and¶ unattributable comments that have been made to us. . . . We believe he’s in a very¶ bad way” (57–8).¶ The other figure is Ruhel Ahmed, who simply writes, upon arrival at Guantánamo,¶ “I receive your letters and photos. Well about my eyes u can send me¶ contact lenses. Get them from Sandwell hospital [Eye Clinic] and solution from¶ Boots. It’s called [Boston advance care] . . . and I need protein tablets to clean¶ them . . . [Total Care tablets for hard contact lenses]. Both solution and tablets for¶ hard contact lenses. Its going to cost a total of £30.00” (30–31). Ahmed eventually¶ is returned to Britain, although the negotiations are extended, and initially “there¶ is no date given” (47). He waits, and waits, and waits, even though he has been¶ officially “released.” His story ends in severe visual impairment, according to his¶ solicitor: “And one of the young men had problems with his eyes, which require¶ contact lenses, they require them to stop something horrible happen[ing] to the¶ eyes, he hasn’t had them for two years. Ultimately the eye breaks if it isn’t held in”¶ (50). According to Ruhel’s father, when he is reunited with his son, “he is my son,¶ he is a young boy and I am old man . . . [and] . . . he could not see anything. So I¶ am crying myself. And he said, don’t cry, this time is gone” (50).¶ Guantánamo, external and internal to the nation, has been a hypostasized¶ site for practices associated with what Michelle Brown and others have called¶ “the prison nation,” which is why I use Brittain and Slovo’s representation of it¶ as a site for reflecting on and through, with and against, disability nationalism¶ in crip times, and on the processes of quarantine and incorporation that¶ 176 Robert McRuer¶ have been sketched in queer theory but not so much, yet, in disability studies.¶ Brown argues that “the sparse amount of research that addresses the psychology¶ of supermax confinement provides evidence for increased problems with¶ concentration, thinking, impulse control, and memory, as well as the development¶ of severe anxiety, paranoia, psychosis, depression, rage, claustrophobia,¶ and hallucinations” (988–9). One of my main arguments in this article is that¶ such impairments, like Moazzam Begg’s and Ruhel Ahmed’s, are not exactly¶ comprehensible as “disabilities” as we have come to think we know them. They¶ are impairments that exist at the limits of both identity and the nation-state and¶ thus for me raise important questions about disability movements’ and disability¶ studies’ focus on both.¶ That is not, however, to give up on Moazzam Begg’s beautiful, if childish (and¶ what is so bad about that, anyway?), dream of making a new, disabled, society.¶ Or, for that matter, on the dreams that disability studies gives us. Despite¶ my concerns about the limits of identity and state-based appeals, the tentative¶ sketch of crip processes I’ve given here is not in any way intended, simplistically,¶ to blame disability studies for them. On the contrary, in solidarity with those¶ already (and always) expanding the movement and the field (beyond identity,¶ beyond borders), this analysis intends to tease out, from within disability studies,¶ the conditions of possibility for crip critique.¶ Crip critique has affinities with queer of color critique as Ferguson theorizes¶ it—not surprisingly, given that queer of color critique emerges from 1970s¶ women-of-color feminism, with its profound attentiveness to shifting forms¶ of embodiment in the new geopolitical order. Ferguson argues that queer of¶ color critique always runs “contrary to canonical claims” in a discipline. It is¶ “always shaped out of heterogeneity [and] never neatly contained within . . .¶ presumed homogenous boundaries.” For queer of color critique, that heterogeneity¶ is productive and has the potential “to inspire new horizons for thought¶ and action” and to “incite other ways to be” (ix). **Disability studies has always incited other ways to be, perhaps most obviously through its critique of the medical model’s hegemonic singularity. Largely because it remains an emergent and still often-marginalized field, however, disability studies has hitherto rarely questioned its canonical claims (or, put differently, named any of its claims as “canonical”).** **The geopolitics of disability in the new world order (or the geopolitics of disability in crip times), nonetheless, demands such a questioning. The ongoing re-cognition that emerges from that questioning—a re-cognition of bodies beyond boundaries, bodies not (yet) legible according to the terms of our canonical claims—will continue to open up new horizons for thought and action, for solidarity and coalition.**

### Challenge Medical Model Solves

#### \_\_\_\_ Challenging the medical Model Exposes the Artifice of seemingly Natural Social Divisions of Bodies - Disability Movements Provide the foundation for Universal Struggle –This leads to More Creative Experiments in Political Resistance

Mitchell 2010 [“Disability as Multitude: Re-working Non-Productive Labor Power,” David T. Mitchell & Sharon L. Snyder, Journal of Literary & Cultural Disability Studies, Volume 4, Number 2, 2010, pp. 179-193]

By the end of the nineteenth century, efforts to segregate, restrict, and oppress populations, identified variously as “feebleminded,” “subnormal,” “deviant,” etc., went increasingly trans-national. Eugenics, the social engineering project that sought to eradicate defective traits from a nation’s hereditary pool, went global. Scientific collectives were formed, restrictive policies were translated from one cultural context to another with relative ease, categories of pathology proliferated, and parallel populations found themselves increasingly the subjects of incarceration practices. Policy-makers, scientists, psychiatrists, and institutional administrators referenced the effective restrictions at work in other nations in order to put pressure on their home legislatures to adopt “firm measures.” ¶ In other words, modern capitalism recognized the utility of international markets in segregation strategies toward disabled people (and others deemed non-normal) and actively traded in their dissemination (there are echoes of Homi Bhabha’s “DIS-semi-nation” here). In Cultural Locations of Disability, we point out that a profound and devastating irony was at work in the progressive period: as the discourse of disciplinary eugenics became increasingly mobile and international, disabled people—the very subjects of that discourse—found themselves increasingly immobilized. Their labor was not absent, but rather cordoned off and contained within the parameters of the modern-day institution. A fully Foucauldian network burgeoned within this period with disabled people as the global objects of its efforts. Within the U.S., Canada, western Europe, and Australia, nations argued a logic of racial improvement and purity; in Russia the old czarist lines were disqualified as “inferior” due to the eugenics concept of “inbreeding”; in Asia entire countries such as Korea found themselves “disabled” by virtue of another (Japan in this case) colonizing power’s emasculation of the country. In other words, the discourse of eugenics, applied unevenly and non-uniformly, functioned as a meta-disqualifier of entire populations whose differences (perceived or actual) served as the source of their inferiority. Here we find the historical roots of a global effort to classify bodies as non-productive and therefore outside of capitalist competitive labor markets all together.¶ The modern-day disability-rights movement, consequently, is not essentially European or American or “Western” by necessity of the fact that wherever the discourse of eugenics could be found (in one form or another), counterinsurgent forces arise. These resistance strategies increasingly surface within populations designated as “non-productive,” but, for Hardt and Negri, “nonproductive bodies” prove imminently productive because they occupy outposts of alternative biopolitical discourses, lives imagined and realized in contrast to, even counter-posed against, more dominant discourses of consumption, productivity, family, and nation. In part these insurrectional communities of non-productive bodies begin with a “deconstructive method” in that they create group conceptions founded on theories of the malleability—the necessary mutancy even—of strict borders, classifications, and social relationships. The introduction of this strategic fluidity proves critical to the creation of counter cultural formations as they rely upon the exposal of the artificiality of late capitalism’s “naturalness” as their political alternative. Disabled bodies, as definitively multiple forms of embodiment that cannot be universalized even within “condition” groups, rely for their insurrectional force on the non-transcendental nature of their difference. This is the impetus for upsetting medical and rehabilitation-based models of pathology that transect the globe. Disability movements function as counter-discursive resistance efforts at the global level while sustaining—and even honoring—local differences. This is one of the powerful lessons that Jim Charlton’s Nothing About Us Without Us (2000) has brought to Disability Studies with its comparativist, international interview methodology. Meet Me at the Global We draw to a conclusion with a laundry list of ways in which disability groups produce a viable counter-narrative of biopolitics. Disabled persons are made, willingly or not, into the legitimate “non-workers” —those who refuse to participate not in productivity but in the productive net of capitalism that ensnares all in the seemingly infinite practice of consumption as synonymous with life. The disabled people that we know are some of the worst consumers on the planet because they have neither the means, the interest, nor the gullibility of mistaking meaning with market. For instance, disabled artists in the U.S. live some of the most sparingly non-consumptive lives and, yet, this is what we admire about them the most. ¶ Those who identify as non-disabled often strain to occupy the increasingly common forms of prosthetization that supplement failing bodies trying to navigate late capitalist environments. To a great degree this prosthetic discomfort comes about for those still inhabiting narratives of the natural body. Disabled people, in turn and by necessity, have surrendered this artificial nostalgia for a version of their bodies as natural, pure, and unsupplemented. In this manner they become, truly, the quintessential project of postmodernity. Global capital increasingly relies on the development of workforces that can manipulate immaterial data across an ever-expanding array of communication networks. Such labor often involves a variety of skills such as: (1) the ability to sit in rooms with others for hours on end; (2) the capacity to performatively represent oneself in cybernetic space through non-visual or oral forms of communication; (3) the ability, and even willingness, to function in virtual locations that are not subject to aesthetic criteria of appearance that so often result in exclusions of disabled people from employability; (4) substantial amounts of leisure time that goes relatively uninterrupted by the nuisance of family, friends, or love interests (we mean this only partially as tongue-in-cheek); and (5) a willingness to be devoted to one’s job because so much of what counts as an “outside life” has already been rendered unavailable (the inaccessibility of recreation, religion, or geographies beyond an immediate space). ¶ We are increasingly approaching a time when all that formerly passed as the undesirability of life in a disabled body proves increasingly “advantageous” from the standpoint of an immaterial labor market. However, and perhaps even more importantly, even outside of the formal workforce disabled people find themselves manipulating data of a political nature across national boundaries. Disabled people’s organizations and disabled individuals now routinely exchange survival strategies and political tactics with other non-productive bodies in formerly unreachable locations. Thus, the international participation of eugenics discourse in the earlier part of the last century has been met by an increasingly globalizing discourse of countereugenic efforts. Disability rights movement leaders now exchange policies and solutions with each other in order to pressure their own legislatures into adopting “human rights platforms” based upon comparisons with other policy- and rights-based actions. These efforts effectively turn eugenic-based strategies on their heads and can be fueled by commerce across global cybernetic networks. Following out the logic of non-productive bodies allows us ways of conceiving of disability as a potentially effective political foundation for new forms of resistance, particularly in that disability (as those who refer to “TABS” [the temporarily able-bodied] remind us) potentially cuts across all marginalities. Yet, its founding recognition of unity based in difference (i.e. what we have called in another context, the politics of atypicality or intensive individual singularities that cannot be neatly collapsed in a coherent identity) could prove more effective than those diagnosed by Laclau and Mouffe and Žižek as balkanizing identity-based approaches to difference that undermine more spontaneous forms of collective action.¶ Of course we do not mean to overlook the fact that disability collectivities have discovered creative ways of fracturing their own collectivities, particularly on the basis of unproductive debates over who is “disabled” and who is “notdisabled,” disability hierarchies, tokenism, marginalization of expressive modes (i.e. putting the pragmatics of policy over arts), the neglect of disabled people of color, old boys and old girls networks of power brokering, and so on. But there is also a series of productive ways to organize political constituencies that we owe to the creativity of disability movements around the world—namely, since disability movements continue to operate at the meta-national level, disabled people without borders.¶ To return to Hardt and Negri’s thesis explicitly, we stress that disabled bodies prove so integral to late capitalism because the model upon which capitalist exchange rests has shifted so dramatically. Disability may present the best intervention object of all in that it provides an opportunity to renew capital in new geographies of the body. Because disabled bodies persist throughout history, and in militarized economies we produce them in great numbers at “home” and “abroad,” market economies increasingly reference them among their target audience

### AT: ID politics Links

#### \_\_\_\_ We are not a call for assimilation based upon identity politics but a challenge to defining the limits of bodies that matter. Disability Movements radicalize movements against capitalism – The Unity Is based on the common that precedes our production

Snyder & Mitchell 2010 [“Disability as Multitude: Re-working Non-Productive Labor Power,” David T. Mitchell & Sharon L. Snyder, Journal of Literary & Cultural Disability Studies, Volume 4, Number 2, 2010, pp. 179-19]

Theories about new forms of political resistance bear a great deal of significance for Disability Studies and global disability movements. This is not only because a new assessment of disability bio-politics on a global scale (witness the recent passage of the 2006 United Nations charter on global disability rights), but because international disability movements may serve as key examples of Hardt and Negri’s controversial formulation of postmodern militancy: The multitude designates an active social subject, which acts on the basis of what singularities share in common. The multitude is an internally different, multiple social subject whose constitution and action is based not on identity or unity (or, much less, indifference) but on what it has in common. (Multitude, 100) Within this definition of coordinated yet non-unified insurgencies, Hardt and Negri have most consistently cited the Zapatista movement and the “spontaneous” uprisings of protestors during meetings of the G8. The sociology of these resistance groups reveals the participation of members who do not align themselves primarily on the basis of foundational social identities such as race, class, ethnicity, or gender. Rather, contemporary resistance movements bring with them alternative values of living that oppose corporatist, consumptive models of everyday life. They specifically attack late capitalist culture in terms of “the productive dimension of biopower” wherein lifestyles of over- and under-consumption operate as false universals (Empire, 27). It may seem strange to cite disability movements in the context of a definition of multitude that is not based on identity. After all, disability seems to mark a horizon of contemporary identity-based politics based on variable bodily capacities, appearances, and experiences of stigma developed without common community institutions or practices of everyday life. For Negri, “the multitude is the power of the singularities that are brought together within cooperative constellations; and the common precedes production” (“Kairos,” 215). This characterization better captures the productive multiplicity that characterizes movements of disabled people’s goals at a micro and, ultimately, macro level. First, disability does not constitute a shared social condition. Instead, disabled people recognize the intense differences that constitute their bodies (what Negri calls “resistant singularities”) as their greatest commonality`in the sense that disability movements contest inadequate universalist categories of medicine and rehabilitation. According to Disability Studies, the imprecision of medical taxonomies of deviance simultaneously pathologizes and groups disparate experiences as shared when they may in fact be disparate in a phenomenological sense. The embrace is socially derived because the “unity” of disabled people fighting for their rights seeks a radical edge that is essential to revolutionary politics: The [multitude], the producers of the common formula from which they are—nonetheless— excluded, are the motor of the materialist teleology, because only the multitude of the poor can construct the world under the sign of the common, pressing forth relentlessly beyond the limit of the present. (Negri, 185) As explained above, cross-cultural efforts by disability groups to seize the commons in the name of universal accessibility for all bodies contests the neo-liberal state’s justification of privatization. Disability movements, as opponents to “accumulation by dispossession,” play a critical role in the exposal of neoliberal practices that disenfranchise people from access to shared public space (Harvey, 43)

### Marxism fails -- Disability

#### The Marxist narrative fails to account for the social ramifications of disability – only the permutation allows us to resist the multitude of power relations that produce ableist discrimination

Kitchin 1998 (Rob, School of Geosciences, Queen’ s University of Belfast, “'Out of Place', 'Knowing One's Place': Space, power and the exclusion of disabled people,” Disability & Society, Vol. 13, No. 3, http://dx.doi.org/10.1080/09687599826678.)

It is increasingly clear that the relationships between disability and society cannot be framed within either strict economic and political terms or purely socio-cultural processes, but must encompass a mixture of the two. In a mixed approach, disabled people are excluded not only because of capitalist mode of production, but also because of socially constructed modes of thought and expression enshrined in cultural representations and cultural myths. The neo-Marxist might claim that such representations and myths are a particular manifestation or expression of capital. Such claims can be rejected: all behaviour and action are not predicated upon capital concerns. For example, exclusionary processes within Northern Ireland between Nationalist and Unionists are predominantly predicated upon territory and power, not capital. Whilst it could be argued that the sociospatial nexus in Northern Ireland was a result of feudal capital relations, the current conflict has shifted in emphasis. Class, whilst important, is only one axis of oppression within society with disability, gender, race, sexuality, religious beliefs and nationality providing the context in which other power relations operate: there are multiple, interacting fields of power (Pile, 1997). Processes of oppression can arise out of the social mobilisation of groups of individuals with conflicting interests. The focus of attention should therefore shift from capital and class to power in its various manifestations. Young’ s (1990) classification of oppression can be used to illustrate the variety of power relations and processes of exclusion in relation to disabled people. In the first instance, disabled people are rendered `powerless’ ; power relationships between able-bodied and disabled people are maintained through political means. Disabled people are denied access to important decision-making positions within society. Secondly, disabled people are marginalised within society and social life: power relationships are maintained through social means. Disabled people are `pushed’ into poor housing, denied access to private and public transport, and are ostracised from `mainstream’ social activities such as visiting the pub or cinema through poor provision and weak statutory laws. Thirdly, disabled people are exploited within the labour market: power relationships are maintained through material means. Disabled people are often excluded from labour market through discriminatory practices and poor levels of mobility. Where they do gain access it is usually in margin positions undertaking low-paid, low-skilled work often on a part-time basis. Such a situation works to deny disabled people prosperity and wealth, and their associated power. Fourthly, the maintenance of power can be achieved through violent means. People who do not hold the same values or live the same way as the dominant group are repressed through physical violence and imprisonment. The system of asylums and imprisonment have been one particular method used to con® ne and oppress disabled people. Lastly, power relationships are maintained through the use of ideology, through a form of cultural imperialism. The dominant group’ s cultural practices are promoted as the norm and the cultural practices of Others are portrayed as deviant. As such, disabled people are taught to `know their place’ , to believe the logic of the oppression; that they are unworthy and deserve to be where they are on the social ladder, ` ª fatalis ticallyº accepting their exploitation’ (Freire, 1970, p. 46). They are taught patterns of self-blame, self-shame and self-doubt (Wendell, 1989). These forms of oppression are played out within space and are given context by space. Space is organised and written to perpetuate disablis t practices. Society is socio-spatially organised to sustain hegemonic power within a nested set of social relationships at varying spatial scales. If we are to understand disability and the experiences of disabled people we must deconstruct the landscapes of power and exclusion, and the geographies of domination and resistance.

### AT: Identity Ks

#### Disability has been used as justification for discrimination and segregation

Baynton, 2001 (Douglas C., Associate Professor at the University of Iowa, "Disability and the Justification of Inequality in American History", http://courses.washington.edu/intro2ds/Readings/Baynton.pdf)

Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the concept of disability has been used to justify discrimination against other groups by attributing disability to them. Disability was a significant factor in the three great citizenship debates of the nineteenth and early twentieth centuries: women's suffrage, African American freedom and civil rights, and the restriction of immigration. When categories of citizenship were questioned, challenged, and disrupted, disability was called on to clarify and define who deserved, and who was deservedly excluded from, citizenship. Opponents of political and social equality for women cited their supposed physical, intellectual, and psychological flaws, deficits, and deviations from the male norm. These flaws-irrationality, excessive emotionality, physical weakness-are In essence mental, emotional, and physical disabilities, although they are rarely ddiscussed or examined as such. Arguments For racial inequality and immigration restrictions invoked supposed tendencies to feeble-mindedness, mental illness, deafness, blindness, and other disabilities in particular races and ethnic groups. Furthermore, disability figured prominently not just in arguments for the inequality of women and minorities but also in arguments against those in- equalities. Such arguments took the form of vigorous denials that the groups in question actually had these disabilities; they were not disabled, the argument went, and therefore were not proper subjects for discrimination. Rarely have oppressed groups denied that disability is an adequate justification for so- ial and political inequality. Thus, while disabled people can be considered one of the minority groups historically assigned inferior status and subjected to discrimination, disability has functioned for all such groups as a sign of and justification for inferiority.

### AT: Gender K

#### Disability stereotypes underlie gender ideology. Plan is a prerequisite to understanding gender.

Baynton, 2001 (Douglas C., Associate Professor at the University of Iowa, "Disability and the Justification of Inequality in American History", http://courses.washington.edu/intro2ds/Readings/Baynton.pdf)

To demonstrate the ubiquity of gender in social thought, Scott focused on political history, a field in which historians were especially apt to argue that gender was unimportant, and where most historians today would imag- ine disability to be equally so. She chose as an example Edmund Burke's at- tack o n the French Revolution, noting that it was "built around a contrast between ugly, murderous sans-culottes hags ('the furies of hell, in the abused shape of the vilest of women') and the soft femininity of Marie-Antoinette." The contrast Scott highlights calls on not only gender but also notions of beauty, disfigurement, and misshapen bodies that would be amenable to an analysis informed by disability. Even more striking, however, is that in addition Douglas C. Baynton tion to the rhetoric of gender, Burke's argument rested just as fundamen- tally on a rhetorical contrast between the natural construction of the body politic and the monstrous deformity that the revolution had brought forth. Burke repeatedly referred to "public measures . . . deformed into monsters," "monstrous democratic assemblies," "this monster of a constitution," "un- natural and monstrous activity," and the llke (as well as evoking "blind prejudice," actions taken "blindly," "blind followers." and " blind obedience" and alluding to the madness, imbecility, and idlocy of the revolutionary leaders). This rhetoric of monstrosity was by no means peculiar to the conservative cause. Tom Paine, in his response to Burke, also found the monster metaphor an apt and useful one but turned it around: "Exterminate the monster aristocracy," he wrote.2 The metaphor of the natural versus the monstrous was a fundamental way of constructing social reality in Burke's time. By the late nineteenth and early twentieth centuries, however, the concept of the natural was to a gl-ea~ extent displaced or subsumed by the concept of normality.' Since then, nor- mality has been deployed in all aspects of modern life as a means of measuring, categorizing, and managing populations (and resisting such manage- ment). Normality is a complex concept, with an etiology that includes the rise of the social sciences, the science of statistics, and industrialization with its need for interchangeable parts and interchangeable workers. It has been used in a remarkable range of contexts and wich a bewildering variety of connotations. The natural and the normal both are ways ofestablishlng the unl- versal, unquestionable good and right. Both are also ways of establishing so- cial hierarchies that justify the denial of legitimacy and certain rights to In- dividuals or groups. Both are constituted in large part by being set In opposition to culturally variable notions of disability-just as the natural was meaningful in relation to the monstrous and the deformed, so are the cultural meanings of the normal produced in tandem with disability.

#### Plan solves for the exclusion of women from transportation

Hinea & Griecob, 2003 Transport and Road Assessment Centre, School of Built Environment, University of Ulster, Newtownabbey, Belfast & Transport Research Institute, Napier University, Edinburgh,UK, in ‘3

[Julian & Margaret, “Scatters and clusters in time and space: implications for delivering integrated and inclusive transport”, Transport Policy, 10]

Women have been identified as a group that experience¶ exclusion in a number of ways as a result of poor public¶ transport services (Grieco et al., 1989). Hamilton et al.¶ (2000) point out that there are clear issues affecting¶ women’s transport which relate to patterns of travel,¶ patterns of employment, income, caring responsibilities¶ and access to forms of travel (particularly access to cars).¶ There are also differences amongst women in terms of the¶ experiences of specific groups (e.g. older women, disabled¶ women, women from ethnic minorities, women living in¶ rural areas and lone parents). Hamilton and Jenkins (1992)¶ cite a range of reasons why women should be considered¶ more fully by transport planners for example: multiple roles¶ and primary responsibility for child care and domestic work,¶ more constrained opportunities for paid employment and a¶ much greater likelihood of being engaged in part-time and/¶ or casual employment, usually local. For many women, the¶ small local area is of more significance to them as they live¶ most of their lives bounded by the local shops, school and¶ bus stop. As with older people and the disabled, the design¶ of the infrastructure can mitigate against the use of a local¶ transport system. Women with young children are perhaps¶ hardest hit in this respect. Personal safety when using or¶ trying to access transport infrastructure is also a major¶ consideration for this group (DETR, 1999; Hamilton and¶ Jenkins, 1992).¶ In the UK, although evidence suggests that there is little¶ difference between the average number of trips made by¶ men and women, men travel much further (Hamilton and¶ Jenkins, 1992; DETR, 1998). In 1995/97, men made about¶ 4% more journeys per person per year than women,¶ travelling 45% further on average. Although car is the¶ main mode of travel for both men and women, it is higher¶ for men across all adult age groups. Women are also more¶ reliant on walking and public transport than their male¶ counterparts. Overall, 30% of trips made on foot were¶ women, compared to 25% for men. Public transport shows a¶ similar age and sex pattern to walking. Overall men made about 7% of trips by public transport compared to 10% for¶ women. Public transport use was greatest for those aged¶ 17–20 and over 70. One in five trips by women on public¶ transport are made by the aged 70 and over age group¶ (DETR, 1998). Work undertaken by System 3 (1998)¶ showed that women took substantially more trips on foot¶ and by public bus than men.¶ Commuting and business trips account for greater¶ differences between women and men in terms of numbers¶ of trips taken annually. Women also make more trips¶ escorting family members to and from education. Men are¶ more likely to travel to visit pubs and clubs, as well as¶ sporting events. Women make more shopping trips, whilst¶ the number of trips for ‘personal’ business are more or less¶ identical between women and men. Women travel more¶ during off-peak times and less after dark (Hamilton et al.,¶ 2000; DETR, 1998).¶ There is mixed evidence on whether women and men¶ exhibit differences in the complexity of the trips which they¶ make. In the US and a number of other countries (including¶ studies in France and the Netherlands), there appears to be¶ clear evidence that women’s travel patterns are more¶ complex than those of men (Rosenbloom, 1989). Rosenbloom¶ (1989) showed that women often tend to make¶ interconnected decisions about where they work and the¶ need to escort children to education. Women are far more¶ likely to work closer to home, and to walk to work, but, as¶ will become clear, this may also be linked to the lack of¶ availability of adequate transport to enable them to take¶ advantage of opportunities outwith the immediate local area¶ (Reid-Howie Associates, 2000).¶ Other studies relating to the gender specific restrictions¶ on time budgets experienced by women mean that a degree¶ of trip chaining may be required. These tasks often require¶ complicated trip chaining (Turner and Grieco, 1998), which¶ may in some cases be impossible by public transport due to¶ the lack of suitable means of transport or the discrepancies¶ between personal and transport schedules. Gaerling et al.¶ (1998) pointed out that the associated time pressures and¶ stress caused by multiple and potentially conflicting¶ demands (particularly salient for those without recourse to¶ the use of a car) can bring with them additional adverse¶ health effects, thus exacerbating the effect of exclusion,¶ which limitations in mobility are already imposing.

### AT: Disability Language K

#### Only linguistic forms are intelligible because of embodiment: spatial metaphors that exclude difference are inevitable.

Scully 2009 (Jackie Leach, Senior Lecturer in the School of Geography, Politics and Sociology, Newcastle University, UK, Disability and the thinking body, in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

In the embodied cognition thesis, data from a range of cognitive science subdisciplines are used to support the general hypothesis that aspects of bodily experience structure abstract concepts. But even if cognition cantilevers out from more basic neural structures, that still leaves open the question of how exactly bodies give rise to specifically moral thinking. One intriguing suggestion, which I outline here, is the view that abstract concepts (including moral concepts such as 'autonomy' and 'justice') are understood through embodied metaphor. Cognitive linguists have long puzzled over the human capacity to understand and use abstract concepts such as those deployed in moral discourse. Although linguistics treats language as an abstract propositional system independent of embodiment, new lines of work present a case for the body, or more precisely the body's sensory and motor experience, having something to do with how people understand certain words and phrases, and how these words and phrases emerge in language to carry their meanings. In this view, conceptual abstraction is not primarily mediated through representations and propositions, but through embodied interactions, especially patterns of bodily actions, perceptions, and manipulations of objects (Gibbs 1996; Johnson 1987; Lakoff and Johnson 1980, 1999, 2002). Briefly, the idea is that in the course of interacting habitually with the world and objects in it, image schemas are generated. Image schemas are not mental pictures but a combination of visual, auditory, tactile and kinaesthetic components in 'experiential gestalts' (Gibbs et al. 2004: 1192) that give coherence to recurring perceptual and motor bodily experiences. An example that appears frequently in the literature is that of an image schema for balance (Gibbs 2005; Johnson 1987). Early physical experiences of balance and disequilibrium, ranging from the obvious (losing one's balance and falling over) to the less so (feeling too cold or too hot, too wet or too dry) give us, it is postulated, a grasp of the meaning of being in balance or being unbalanced. The claim here is that we understand the non-literal meanings of metaphors not because they are linguistic conventions that we have acquired, but because they have embodied meaning for us. I want to emphasise that these theorists do not claim that the body is all there is in terms of cognition; social organisations and culture provide frames and constraints, and embodied associations are culturally modifiable. Moreover, the embodied metaphor thesis is not universally accepted by cognitive linguists. Critics say that the available evidence simply does not yet allow us to distinguish a model in which sensorimotor experience is foundational to the understanding of abstract concepts, from one in which the association between particular spatial relationships and those concepts is purely conventional and learned (Glucksberg 2001; Murphy 1996). But if it turns out to be the case that people use aspects of their phenomenal experience to structure abstract concepts, then the associated experiential elements (such as the connection of verticality to dominance, or of balance to fairness) are irreducible parts of our basic understanding of them.

### AT: Anthro/Exclusion Bad

#### Morally inflecting personhood is crucial for intersocial recognition: the negative ensures the lack of valuation of other beings.

Ikaheimo 2009 (Heikki is a research fellow in philosophy at Macquarie University, Australia. His main fields of interest are recognition, personhood, social ontology and Hegel's theory of subjectivity. “Personhood and the social inclusion of people with disabilities” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Yet regardless of all this, you may have a vivid feeling that you do not fully count as a person. Is it irrational for you to think so? Are you simply mistaken? Or is it perhaps that this way of thinking involves some merely metaphorical, perhaps rhetorically powerful but not philosophically serious, sense of what personhood involves? I do not think so. I believe that the experience of exclusion from full personhood in question is perfectly rational, perfectly literal, and to be taken very seriously. What is actually lacking here is one of the components of what it is to be a person in a full-fledged sense: interpersonal personhood. In other words, what is lacking is that relevant others should see you (at least to an adequate degree) in light of person-making significances, and that you should thereby count in the concrete contexts of interaction with them as a person who has authority, a seriously taken claim to happiness, and/or something gratitude-worthy to contribute. That is, you are not included in the moral communities or 'we's of persons as a person. If anything deserves the name 'social exclusion', then this surely does? Social inclusion as a solution to social exclusion: what are we talking about? The terms 'social exclusion' and 'inclusion' are today widely used in disability discourses, social-policy declarations, and elsewhere. Yet, the meanings in which these terms are used are usually not particularly clear. As, for instance, Amartya Sen notes, in the loosest possible sense, basically lacking anything can be called being 'excluded' from it. Hence one can rephrase, say, lacking adequate nutrition, as 'being excluded from adequate nutrition'. But here the term 'exclusion' adds arguably no new information to what we already know: that someone does not have enough to eat (Sen 2000: part 4). If 'social exclusion' means simply lacking anything one has reason not to be without, then it hardly names a new or useful concept at all. There are of course more distinct senses of the term as well. The ones that seem to me to grasp something important that is not obviously grasped by many other terms are ones that refer to being somehow a partaker in society, social life or interaction with other persons. Let us say that in this general sense 'social exclusion' means being somehow excluded from social life, and 'social inclusion' being somehow included in it. But this is of course still quite vague. Let me suggest a way of being more explicit as to what may be at stake when one talks of inclusion in, or exclusion from, social life. My aim is not to discuss all of the possible interpretations, but only some of them and to concentrate predominantly on what I have been focusing on all along: on interpersonal personhood and the way in which being a person in this sense is being included in social life with others. I suggest that we can usefully analyse social inclusion in terms of a scheme according to which social inclusion is always a case of some A including B in C in manner D with the status E. I will not try to be exhaustive of the values that these variables can take, nor of all their possible combinations, but only spell out some of the combinations which I believe are important to grasp and distinguish from each other. For the sake of simplicity, I will assume that A and B are always individuals or collectives of individuals. 17 To begin with, note first that the qualifier 'social' in 'social inclusion' seems ambivalent in that it can be understood as referring, at least, to that in which B is included (C), to the way in which B is included (D), as well as to the status with which B is included (E). First, as stated, I assume that (C) that in which social inclusion is inclusion is always social life. In other words, independently of what values the other variables take, social inclusion is always inclusion in social life. 18 Second, it is useful to distinguish analytically between three different manners or ways of inclusion in social life (D): the technical (D 1), the institutional (D2) and the interpersonal or social (D3).19 By technical inclusion in social life (D 1), I mean the provision of all the possible material, technical or 'systemic' facilities (or their side effects) which enable persons to take part in social life. In the case of people with disabilities wheelchair-ramps are the simple and obvious example: they enable people using wheelchairs to go or be taken to where other people are, and thereby to take part or be 'included' in social life with them. By institutional inclusion in social life (D2), I mean being institutionally attributed deontic statuses which give one an institutionally enforced position within the social order - paradigmatically rights. Finally, by interpersonal, or social, inclusion in social life (D3), I mean being included in concrete events and contexts of interaction through the attitudes or attention of concrete others who are also partakers in them. 86 Heikki Ikaheimo Third, (E), the status with which one is included, is an immensely important factor. What is most decisive here is whether one is included as a person or not. For instance, slaves are an important part of the social life of slave-holding societies. Yet, in having no rights, the institutional or deontic status with which they are institutionally included in social life (D2) is not that of a person, but, rather, of property. Similarly, it is possible to be included interpersonally or socially in social life (D3) by concrete others, yet without the interpersonal status of a person. This is what it is to live among and be attended by people who have no attitudes of recognition towards oneself as a person.20 Let us return now to the example of Case 5. In this situation you are technically included, at least in the sense that it is possible for you to be physically present in the midst of social life, you are institutionally included as a person by having at least the same basic rights as anyone else, and you are interpersonally included in the sense of being attended to by people around you. Yet, to the extent that you are not an object of their recognitive attitudes and thus not included interpersonally with the interpersonal standing or status of a person, in a very important sense you are still socially excluded. It may be that nothing is more humiliating to an individual than her/his being attended to by others in light of significances other than those of a person, or in other words, being included in social life by others as a non-person.21 How is it then that such a predicament can come about and what could be done about it? Why is it that people around you do not respond to the claims of your psychological personhood in adequate or appropriate ways, by having recognitive attitudes towards you? There seem to be two possible explanations. Either they experience your claims to personhood but do not, for some reason, respond to them appropriately. Or they do not even experience your claims as justifiable, at least not clearly enough. To the extent that the others in question are psychologically more or less 'normal' people, it is somewhat implausible that they could experience the claims that your being psychologically a person presents them with yet be totally unmoved to recognition.22 It is more likely is that they have a genuine problem in experiencing your claims. The others in question are simply incapable, or insufficiently capable, of experiencing you as psychologically a person, due to your unconventional appearance, the relative difficulty of communication, and their lack of experience. What is there then to be done in order to fight this radical form of social exclusion which many people with disabilities are all too familiar with? The first thing to do is to identify the problem and to produce lucid ways to talk about it. In this regard, it is important to see that we are not dealing primarily with lack of institutional inclusion in social life in the sense of lack of rights, and consequently, the primary means of fighting the problem is not by demanding more rights. Technical (or practical and technical) means, on the other hand, can be very useful.23 Any means that help non-recognised people to communicate with relevant others may be decisive in 'getting their claims through', getting others to realise that they are persons whose existence in the social space demands more appropriate Personhood and social inclusion 87 responses. Another measure would be to affect the moral imagination of society at large, or at least that of the relevant concrete others in question. Here the task is to enhance the readiness and sensitivity of people to 'really look', to borrow freely an expression from Iris Murdoch (1970: 91), and to really see people with the depicted kinds of disabilities as having similar kinds of inner life to oneself, i.e. as psychological persons. Only to the extent that one really understands and accepts that the other has hopes and claims similar to one's own for respect, love and being valued, can one be moved to respond to these with recognition and thus to enter into a genuinely interpersonal relationship with her/him. This may sound naively humanist and wishy-washy to many readers. If others around one are blind enough not to understand that they are dealing with a person who just happens to be externally somewhat different from them, why care about such fools anyway? Well, a general answer is that a decent, not to mention flourishing, life as a person is in numerous ways dependent on recognition by the others among whom one lives. Recognition by others and thus interpersonal personhood (or lack of it) intimately affect the development, exercise and consummation of the features and capacities that make us persons psychologically. It is simply impossible to have authority in the social world in which one lives if others do not respect one as sharing authority or co-authority with them. Also, it is at least very difficult for anyone to act in ways that significantly enhance one's own happiness or well-being if others around do not even grasp that one is a person capable of happiness and misery. And finally, finding meaning and communion in one's life by contributing to the lives of others is difficult or impossible if others have no idea that one could have something valuable to contribute and the wish to do so. This means, among other things, that reacting to a lack of recognition by others by deliberately isolating oneself from others and receding into the private sphere of one's own mind provides at best very limited consolation: the very features that make it the mind of a person, and thus oneself psychologically a person, make one dependent on the recognition of others. Whether one likes it or not, realising oneself as a person and thereby finding fulfilment in life largely depends on others perceiving and accepting us as persons. Because of this, it is always better to respond to lack of recognition and inclusion with action rather than resignation. Full personhood is, to put it mildly, something worth struggling for.24 Concluding comments There are many reasons why talking about the personhood of disabled people is something that may cause worry and unease, not least among disabled people themselves. One of the worries is that once the notion of being a person is separated from that of being human, the conclusion is that disabled people are not persons, or at least not to the same degree that average people are. This, then, opens doors to practical consequences that may be catastrophic or at least a likely source of great misery to people with disabilities. Even if this worry needs to be taken very seriously, there are certain potential fallacies related to it that need to be avoided as well. For one thing, as to the psychological notion of personhood, no one's psychological capacities will get any better simply by not talking about them. Second, there is no inevitable or automatic inference from psychological personhood to institutional personhood. It is a matter of political judgment and decision to which beings institutional personhood (paradigmatically in the sense of the right to life and perhaps some other basic rights) is distributed, and it is not obvious that the degree of an individual's psychological personhood is the decisive or single criterion on which such a judgment should be based. As to what I have called interpersonal personhood, or the interpersonal component of what it is to be a person in a full-fledged sense, it is simply a fact that many disabled people suffer from lack of it. This is not something we should keep silent about, but something we should try to change. Since there is so much talk about 'social exclusion and inclusion' today, it would be politically wise to point out loudly and clearly the radical ways that people will remain socially excluded simply because of lack of adequate recognitive response by relevant other people in their social environments. It is only when this form of exclusion becomes an explicit part of the public imagination that effective remedies can be expected. To conclude with a difficult question, what, then, are we to make of the interpersonal personhood of people whose person-making psychological capacities are not as developed as those of average people, yet, who do not lack them altogether? Well, within the limits of their capacities, they obviously should have the possibility to enjoy life among respecting, loving and valuing others who, by having such attitudes, enable and support them in leading their lives as fully as they can as persons among other persons. That intellectually disabled people live among and are supported by others whose sensitivities for 'really looking' are cultivated in sharing life with them is also the best possible guarantee that they will be considered with full seriousness on the institutional level. And I would contend that this is as much true of people whose psychological capacities are congenitally limited, as of those whose capacities have become so due to illness, accident or old age.

### AT: OBJ

#### Objectivism’s conception of freedom ensures anti=disability exclusion.

Hull 2009 (Richard, Lecturer in Philosophy and Director of the Centre for Bioethical Research and Analysis at the National University of Ireland, Galway “Disability and freedom” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Contra Rawls, it is at the very least insensitive to suggest that those that are lacking social and economic opportunities would or should prefer, say, an extension of their rights of assembly to some help with their heating, clothing or mobility costs. Rawls' insistence on the pre-eminence of the basic civil and political rights and liberties constitutes a denial of the fundamental role that basic social and economic needs actually play in a human life (Pogge 1989: 133). We should not accept such a denial. Rawls' theory runs into these difficulties because lexical priority is assigned to a principle that guarantees more than paper rights in one sense (effective legal freedom) but guarantees no more than paper rights in another (no minimum worth ofliberty). Such a position fails to sufficiently acknowledge the impact that social (and natural) contingencies can have on our freedom. Imagine that, by some stretch of the imagination, jumping from a second floor balcony suddenly became a fundamentalliberty. Let's say jumping from high places was deemed to have a vital role in self-development, indeed, the higher the better. I think that it is unlikely that we would choose to be assigned a new first principle right to jump from a third floor balcony (that we lack the physical and/or fiscal means to perform) in preference to being given the money to gain access to a second floor balcony and to undergo the training, ifrequired, to actually jump. However, Rawls asserts that the idea of incorporating a guaranteed minimum of means at one's disposal into the first principle of justice is superfluous. 'Whatever the merits of this suggestion, it is superfluous in view of the difference principle. For any fraction of the index of primary goods enjoyed by the least advantaged can already be regarded in this manner' (Rawls 1982: 73; Pogge 1989: 136). While this is obviously the case in an ideal situation, where the difference principle is satisfied, it is not in a non-ideal situation,S for example, where the first principle of justice is yet to be satisfied. So, a possible strategy for Rawls is to emphasise the design priority (in ideal situations) of the first principle of justice while denying the implementation priority of it (in non-ideal situations) (Pogge 1989: 136). Although it is a possible strategy for Rawls to restrict the lexical priority of his principles of justice to ideal theory, it is not a strategy that he seems to adopt. Viewing the theory of justice as a whole, the ideal part presents a conception of a just society that we are to achieve if we can. Existing institutions are to be judged in the light of this conception ... The lexical ranking of the principles specifies which elements of the ideal are relatively more urgent, and the priority rules this ordering suggests are to be applied to nonideal cases as well ... Thus while the principles of justice belong to the theory of an ideal state of affairs, they are generally relevant. (Rawls 1972: 246; Pogge 1989: 136) We are still left, then, with the uncomfortable possibility that 'meeting basic social and economic needs will in nonideal contexts take second place to the establishment of basic liberties (which could hardly be enjoyed by those whose basic needs remain unmet)' (Pogge 1989: 139).6 That we are left with such a possibility suggests that Rawls is wrong to attach so much more importance to effective legal freedom than he does to worthwhile freedom. Indeed, on this alternative view, Rawls is wrong to state that the fundamental liberties are always equal. We need not accept such a limited idea of human freedom as that expressed by Rawls via his first principle of justice. It is the claim that a worthless freedom is a freedom nonetheless that lands Rawls with the difficulties outlined above. Such a claim fails to sufficiently recognise the impact of social and natural contingencies on human lives. It could be said to be a rather misleading portrayal of 'freedom', for it allows one to hold that everyone in society is equally free while some may not be in a position to meet their basic social and economic needs, a fundamental prerequisite for a minimally worthwhile human life (ibid.: 146). Using the term in this way does not seem to match the moral gravity that is usually attached to it. Yet this is, in effect, what Rawls does. Due to the fact that worthlessness is not ruled out, effective legal freedom is a very minimal and potentially meaningless concept of freedom which in turn renders the claim that we should have a right to the most extensive total system of equal basic liberties a rather empty gesture.7 The arguments so far suggest that the worth of liberty distinction, as Rawls draws it, is mistaken. Instead, it should be acknowledged that, in order to meaningfully describe something as a freedom, some degree of worth must be present. That is to say, social and natural contingencies should be seen as among the constraints definitive of liberty. 8 A freedom would then have to be to some extent worthwhile or realisable so to be articulated as such. Given that at least some degree of worth would thereby be stipulated, the worth ofliberty distinction would then become operative so to determine the degree of worth of a given freedom. If this were to be acknowledged, it would follow that those whose basic social and economic needs remain unmet cannot be said to be free. It would follow, in turn, that the claim that the fundamental liberties are always equal is false. Hitherto, it has been contended that a concept of liberty would do well to be more sensitive to the influence of both natural and social contingencies on freedom. This is best done by abandoning the blanket assumption of negative liberty coupled with the worth of liberty clause as Rawls articulates it. Rather, a conception of justice should be sensitive to the influence of natural and social contingencies on freedom. This is consistent with Feinberg's point that constraints to freedom can be internal (for example, compulsive desires or ignorance) and also negative (such as poverty or a lack of strength). He argues that, once we realise this, we can dispense with the positive-negative liberty distinction. A constraint is something - anything that prevents one from doing something. Therefore, if nothing prevents me from doing x, I am free to do x; conversely, if I am free to do x, then nothing prevents me from doing x. 'Freedom to' and 'freedom from' are in this way logically linked, and there can be no special 'positive freedom' to, which is not also a 'freedom from'. (Feinberg 1973: 13) It is appropriate, then, to make a distinction between legal freedom and a more inclusive or realisable freedom and to acknowledge that realisable freedom is conditional upon ability, whether physical, fiscal or both.9 This ensures that worthless freedoms in the Rawlsian sense are clearly demarcated from realisable freedom and lends support to the intuitively appealing idea that we cannot be said in any meaningful sense to be free to do that which we are unable to do. The example of a person in a wheelchair at the bottom of a flight of stairs will illustrate how freedom is inextricably linked with ability if the concept is to have any meaning to the agent to whom it is meant to apply. Let us assume that the person in a wheelchair is unable to climb stairs. However, on the negative conception of liberty she is free to do so. Freedom here means very little to the agent due to their inability to realise it. Contrast this with a person in a wheelchair at the bottom of a ramp. She is, on the negative conception, free to move up the ramp and this freedom is realisable in so far as she can move up the ramp. The difference between the two freedoms in this case is immense and remains unaccounted for by the negative model. The former freedom is not only worth very little; it is not a freedom in anything like the same sense as the latter. It is more fitting, then, to make a distinction between legal or hypothetical freedom and realisable freedom. If one is legally free to do x but unable to do x, one is only legally free. If one is legally free to do x and able to do x, freedom is realisable. Likewise, if one is effectively prohibited from doing x but able to do x, one has no freedom and only hypothetical ability; and if one is effectively prohibited from doing x and unable to do x, one has neither freedom nor ability. Thus, a legal or hypothetical freedom cannot be realised without ability and ability cannot be realised without freedom. While the importance oflegal or hypothetical freedom should be acknowledged given that it is a condition of freedom's realisation, it is realisable freedom that is the stuff of value. Worthless freedom is rarely subject to demand. Rather, it is the idea that freedom has practical manifestation that explains why it means such a lot to us - why it is cherished, fought for and taken away as a punishment. In the interests of our concept of freedom matching up with the value we place on our freedom, then, freedom should be recognised as being conditional on ability. 10 To claim that x is free to do y when x is unable to do y can be said to be a manoeuvre lacking substance. It renders freedom relatively meaningless to a lot of people in a lot of contexts. Equating freedom with ability on the other hand is more sympathetic to our intuitions with regard to the value of liberty and encourages that the term is no longer used as a potentially insensitive conceptual veneer. The idea that freedom cannot be realised without ability has further ramifications in that it admits that there can be many more constraints on an agent's freedom than simply 'external impediments of motion'. Whatever hinders our ability, by implication, hinders our freedom. Exclusion at the point of definition as to what counts as a hindrance is no longer justifiable. I I In the light of this, we can see that negative liberty theory only articulates part of what it really means to be free. An alternative and more comprehensive definition of freedom is provided by Gerald MacCallum, who argues that underlying both positive and negative conceptions of freedom is the same concept of liberty. He expresses this in the triadic formula; 'x is (is not) free from y to do (not do, become, not become) z' (1991: 102). His formula attempts to elicit as simply as possible what freedom is without prior judgement as to what freedoms are important or what counts as unfreedom. It follows from this that 'differences of opinion over liberty, turn on different interpretations of what (for the purposes of freedom), counts as an agent, a constraint or an objective' (Gray 1991: 12). And the arguments so far suggest that inability should count as a constraint upon freedom. When we are free in the meaningful sense ofthe word, we are necessarily free to do something whether we do it or not. To do something requires that we are able to do it. Therefore, inability is a source of unfreedom. Given that inability is a source of unfreedom, disability can be seen to be a source of un freedom . Disabilities arising from impairments can be seen as restrictions of ability and thus freedom, due to functional limitation. Likewise, disabilities resulting from social arrangements like the widespread failure to provide ramps, for example, can be seen as restrictions upon freedom. 12 Applying MacCallum's formula, it seems fairly uncontroversial that a person with an impairment should count as an agent, that economic, political, social, legal, environmental and interpersonal barriers or failures should count as constraints, and that the living of a rough approximation to normal early twenty-first-century life should count as an objective. It is the latter restrictions of freedom that are especially important to political theory given that they are socially determined. The situation is alterable, if not eradicable. By implication, then, our theoretical position should account for the fact that people with impairments have their freedom limited in a variety of ways and that this unfreedom is to a significant extent socially determined. Moreover, it should provide a justification as to why the situation is not altered to increase the freedom of people with impairments.

### AT: Vital Materialism

#### Vital materialism is overly reductive: we must understand the possibility of disability agency within complex systems of interaction.

Bickenbach 2009 (Jerome E. Professor of Philosophy and Law at Queen's University, Canada, and consultant for the World Health Organisation. “Disability, non-talent and distributive justice” in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

Although perfectly apt, it remains a somewhat trivial objection to Tawney that the 'inner' /'outer' distinction is simplistic. In an important sense it is: we are ecological entities; the world shapes us just as much as we shape the world. Even at the foundations of our biological being - our genetic make-up - we are buffeted and moulded by evolutionary and environmental forces. And our individual and collective actions return the favour, with ever more dire consequences. If 'inner' and 'outer' suggest a dualism of soul and body, or mental and physical, then as a materialist I am the first to reject the distinction as nonsense. Nonetheless, it remains a useful heuristic. Without denying the fundamental interactive relationship between the 'inner' and the 'outer', we can and should distinguish between ontological levels or planes of experience or whatever, roughly characterised as that which is intrinsic to us as biological and psychological entities and that which forms our habitat, our physical, interpersonal, social, cultural and political environment. Still, Tawney's expression of the distinction is not helpful. On one side, he uses phrases that are not equivalent: 'character and intelligence', 'natural endowments', 'personal gifts', and 'individual differences'. A cursory reading might suggest he is distinguishing between differences a person can be held responsible for ('character and intelligence') and those that are outside of her control. But that can't be right (although it hints at matters we will return to) since he then speaks of 'natural endowments' and 'personal gifts' which suggests a distinction between attributes one is born with and those one acquires. But surely he does not want to ignore individual differences brought about by life experiences, such as lowered intelligence because of nutritional deprivation, disease, accident, or violence. On the other side, Tawney only speaks of 'social and political organization', which leaves out a vast range of external or extrinsic sources of human differences. Do we include climate, or population density, or other geopolitical factors here or not? Yet, fundamentally Tawney's insight is easily understood: a social commitment to equality does not demand that all individual differences be equalised, only those disadvantageous differences that are caused by the social and economic environment. We would not be unfaithful to his insight if we elaborated both sources of human difference in a modest way. We can assume that it is 'individual difference' that is the operating notion here, which would generally include all physiological and psychological functional capacities and traits. Thus, by 'character', Tawney might be thought to have in mind such inner human resources as industry, ambition, self-discipline, optimism, emotional stability, creativity, and energy, and by 'intelligence' he surely would be willing to include all talents, skills, and capacities, mental and physical, innate or acquired. It would be equally fair to Tawney's insight to expand and elaborate the other side of his dichotomy. Though he is only interested in 'social and political organization', all manner of 'external' or 'environmental' factors can influence how one's life is led, or, how one's panoply of intrinsic traits plays out in the world. Some features of the physical environment - time, gravity, and basic physical properties - are outside of the control of social and political institutions. Others are controllable, but at great cost - population distribution, climate control, resource availability and distribution - and others still are increasingly amenable to social and political institutional control- city planning, public health promotion and prevention, discrimination, access to resources. The level, kind and feasibility of social and political control over external or extrinsic sources of differences are huge issues, but nothing is gained conceptually by whittling down the domain of these sources from the outset. Once we appropriately elaborate the domains of intrinsic and extrinsic sources of human difference, Tawney's insight remains and is strengthened. It becomes the framework for an action plan of social justice: We must remove, modify or otherwise alter all those extrinsic sources of human inequality that are within the control of our social and political institutions. Those extrinsic factors that are realistically out of our control but produce individual differences may require a compensatory state response, in the form of additional social resources to compensate the individual for limits on his or her capacity to participate in basic human and social activities. Whether achieved by direct action (altering the environment) or compensation, equality does not demand that people themselves be 'made the same' or 'equalised' (whatever that would mean). People are different, and that is a good thing generally speaking.

# Other

### AT: Social Model

#### Social model fails: biology matters

Shakespeare 05 (Tom. International Centre for Life, University of Newcastle. Sociologist, works at World Health Organization. http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CFMQFjAB&url=http%3A%2F%2Fjournals.cambridge.org%2Fabstract\_S1474746404002210&ei=KGEEUP3RFuWi2wXpsr28BQ&usg=AFQjCNFyuMJBz-XL-\_lPGSHy85HAf5ktVA&sig2=c7y8rMutUm-VLrEkmZTufQ)

Within disability studies, there is a general rejection of work in medical sociology, chronic illness, rehabilitation and other fields which explore issues of the body and biomedicine. This refusal to recognise the importance of the body has been criticised by many scholars, particularly from a feminist perspective (Morris, 1991; Crow, 1996). Neglect of impairment is neglect of something important to many disabled people’s lives. Many disabled people experience disease and impairment effects (Thomas, 1999), which often bring them regularly into contact with biomedicine. If ‘the personal is political’, then experience of bodies and impairment and medical intervention should be part of the disability studies analysis. If disability studies neglects bodies and impairment then the field is left to researchers who may not share the commitment to disability equality and social justice, and who may not ask appropriate questions or use appropriate methodologies. Social model researchers, therefore, should not neglect biomedicine (Hughes, 2002). Those researchers who reject, or wish to go beyond, the social model, argue that the social model fails to account for the multi-dimensional nature of disability (Shakespeare and Watson, 2001). By contrast, the WHO’s International Classification of Function (ICF) aims to be a ‘medical–psychological–social’ model, enabling inclusion of different levels of disabled people’s experience. Because the ICF stresses social and environmental barriers to participation, it has the potential to promote a civil rights approach to disability, and perhaps for this reason has been endorsed by Disabled People’s International. Conceptually, the new approaches suggest that a non-exclusive approach to disability is needed, one in which perhaps the different meanings of the year 2003 may each be able to find a place.

#### Social reconstruction movement’s don’t represent the actual disabled population

Shakespeare 05 (Tom. International Centre for Life, University of Newcastle. Sociologist, works at World Health Organization. http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CFMQFjAB&url=http%3A%2F%2Fjournals.cambridge.org%2Fabstract\_S1474746404002210&ei=KGEEUP3RFuWi2wXpsr28BQ&usg=AFQjCNFyuMJBz-XL-\_lPGSHy85HAf5ktVA&sig2=c7y8rMutUm-VLrEkmZTufQ)

If disability is a product of the interaction between impaired bodies and excluding social environments, and if disability is often experienced as a problematic social and physical status, then disability prevention also should be multi-dimensional. This necessitates attention to a controversial issue in disability studies. A social modellist might define disability prevention in terms of barrier removal, civil rights and other structural interventions. A public health analyst would define disability intervention in terms of health promotion, medical cures, and care and rehabilitation. Disability studies and disability rights perspectives approve of the former, but tend to ignore the latter. Where preventing impairment means preventing impaired people, many disabled commentators suggest that the two approaches are contradictory: it is often claimed that prenatal diagnosis and selective termination (PND) is discriminatory or unjust (see for example many contributors to Parens and Asch, 2000). By contrast, I argue that preventing people becoming impaired is as important, on a global scale, as preventing people from becoming disabled. For those who already have impairments, or whose impairments cannot easily be cured, the priority may be removal of social barriers and promotion of inclusion and equal respect. But for the vast population of individuals vulnerable to impairment, measures to forestall impairment are vital. Whereas some disabled activists see impairment as part of diversity, sometimes even to be welcomed, I would support the position that ill health and impairment should be prevented wherever possible, but not at all costs. Although slogans and statements such as ‘disabled by society, not by our bodies’ and ‘we do not want cures’ are common in the world of disability rights, it is my contention that in practice many disabled people agree with the general assumption that impairment and illness should be prevented or cured if possible. In particular, many disabled people with degenerative conditions are very supportive of biomedical research: for example gene therapy or stem cell research. Evidence of these claims comes from Agnes Fletcher’s survey of the disability community for RADAR (Fletcher 1999): 73 per cent of respondents believed it would be great if new genetic treatments could be developed for conditions like cystic fibrosis or muscular dystrophy. If your condition is steadily worsening, and if you are likely to die as a result of it, you may be far more positive about the role of biomedicine than if you have a static impairment which does not impact on your health or longevity (see for example patient views expressed in the journal Euroataxia www.euro- ataxia.org). Further, no disabled person rejects all cures or medical interventions. Most people who become paralysed, for example, want to maximise their movement and strength, and cooperate with surgeons and therapists to restore and build function as far as possible. A disabled person may have accommodated to their condition, or may be used to it since birth, yet if their condition starts degenerating – perhaps through age – they may be keen to prevent further deterioration, and seek the help of medical professionals and professionals allied to medicine to assist this. Disability rights commentators may draw a distinction, however, between biomedical interventions which remove or mitigate impairment or illness, and forms of prenatal diagnosis (PND), which prevent the birth of people with impairment. The former is impairment prevention, but the latter is prevention of disabled people. If you support disability rights, it is claimed, you cannot support access to PND.

#### **Disability is a product of both social and material conditions**

Barclay 2011 (Linda, senior lecturer, department of philosophy, Mon Ash University, “Justice and Disability: What Kind of Theorizing Is Needed?,” Journal of Social Philosophy, Vol. 42, No. 3.)

As a preliminary, I should state that my own preferred characterization of disability is roughly in line with the widespread consensus that the “limitations associated with impairment are a joint product of biological features, environmental factors, and personal goals” (Wasserman 2001, 225). Typical of this consensus, Anita Silvers rightly claims “[t]he dimension and degree of an impairment’s interference with an individual’s life activity, as well as the line of substantial diminishment of significant performance, are relativized to social arrangements rather than biological states” (Silvers 2000, 128). Similarly, Allen Buchanan et al. attribute the disadvantages of disability to a “mismatch between a person’s abilities and what may be called the dominant cooperative framework of society” (Buchanan et al. 2000, 259). Supporting this consensus entails that I have little sympathy for the view that disabilities are caused by or synonymous with intrinsically disadvantageous or “inferior” mental and physical traits of the person. More broadly, I am skeptical of any attempt to identify a single cause of disability and its attendant disadvantages in either biological or social states. David Wasserman has argued that recognizing that disadvantage arises from an interaction between a number of biological and social factors means that we should be very skeptical of any attempt to single out one of these factors as the cause of disability and disadvantage (Wasserman 2001, 226). What we fix upon as the cause will be subjective and context-dependent. When people claim that a person’s impairments are responsible for her disadvantage, they are often presupposing some kind of state of nature baseline in which no one enjoys the advantages of technology or social cooperation. Such a baseline is value-laden and need not be adopted in our context where technology and social cooperation are well developed. Similarly, the claim that social arrangements are always the cause of disability assumes all manner of things about the possible nature of, and entitlement to, particular social environments. The strength of the “interactionist” (Wasserman 2001, 224) characterization of disability is that it avoids any dubious attempt to identify a singular cause of disability, a problem that I will argue is characteristic of standard models of disability. Inevitably, a brief word on terminology is required. I understand “impairments” to refer to those mental or physical features of a person widely identified as such. Of course, even the notion of impairments is controversial, with some scholars insisting that such traits are merely different to those of most others, rather than statistically or biologically deviant in any way, as the word impairment seems to imply (Amundson 2000). I intend to remain neutral on this issue, and the argument that follows does not presuppose any particular view about the nature of impairments. “Disability” will be understood to refer to the limitations in functioning typically associated with impairments, although it is by no means assumed that these limitations are caused by impairments themselves, irrespective of the social environment: the interactionist model I favor explicitly states that these disabilities arise as a result of the interaction between the social environment and an individual’s range of physical and mental traits. I will also refer to the “disadvantages associated with disability,” by which I mean to include the full range of social, political, and economic disadvantages that people with disabilities routinely endure. Finally, my geographical and cultural home means I am more comfortable with, and less likely to cause offence by use of, the phrase “people with disabilities” rather than with “disabled people.

#### **A purely sociological model fails to account for the practical difficulties that people with disabilities face on a daily basis.**

Dewsbury et al 2004 (Guy, Karen Clarke, Mark Rouncefield, Ian Sommervile, Department of Computing Lancaster University Lancaster, Dave Randall, Department of Sociology Manchester Metropolitan University Manchester, “The anti-social model of disability,” Disability & Society, Vol. 19, No. 2.)

Most disabled people want to live in the community as independently as possible. The extent to which that can be achieved depends to a large extent on the accessibility of the built environment, at home and in public. Few homes are built with any real thought for more complex individual needs of the people who may live or use them. (Bradford, 1998) This section is concerned with what contribution, if any, the Social Model may make towards the design of assistive technologies. This reflects the ‘turn to the social’ in design—a product of dissatisfaction with the neglect of the social circumstances of technology deployment and use, and an acknowledgement that existing methods for informing design present overly abstract and simplistic analyses of social life. The argument for the relevance of the social sciences in design reasons that systems need to be appropriate both for the application domain and potential users. If design is more art than science, dealing with messy indeterminate situations, before designers can solve a design problem they need to understand some basics—such as what they are designing, who should use it, how often and in what circumstances. This contrasts with the perception of designers as essentially designing for themselves—or people just like them—and effectively excluding disabled people (Clarkson & Keates, 2001). The ‘turn to the social’ recognized a new kind of end-user, a ‘real time, real world’ human and designers turned to the social sciences to provide them with some insights, some sensitivities, to inform design. It is in this sense—failing to meet these requirements to provide designers with useful insights into the social life of the disabled—that the Social Model can be argued to be ‘anti-social’. As Marks (1999) suggests: … by excluding personal experience from the analysis of disability, a theoretical vacuum is left, which is filled by those who adopt an individualistic and decontextualised perspective. (Marks, 1999, p. 611) We can only agree, but repeat the question we have asked above, which has to do with what kinds of experience, in what circumstances. Furthermore, and in the context of the halfway house we are studying, what kind of representations of experience should we accept? At its most simple and brutal, this argument indicates that we really do not need the social model to tell us that getting a wheelchair up steps is difficult. However, and this is not to critique the social model for stating the obvious, we want to ask precisely what design implications flow from the research findings of the model. It is an attempt to tie the research into its objectives and its claims. It is not, per se, a critique of the social model for failing to produce ‘gadgets’ for as Vasey (1992) argues: ‘The social model is not about showing that every dysfunction in our bodies can be compensated for by a gadget, or good design, so that everybody can work an 8-hour day and play badminton in the evenings’ (Vasey, 1992, p. 44). The problem of design rests not on theoretical notions of how we define disability, but on ensuring the needs of the person are translated into appropriate design that should be empowering to the user. As Gitlin (1995) suggests technology can present dramatic compromises in social activities, role definition, and identity. Consequently, the challenge is to provide support for individuals, rather than create new, technological, forms of dependence. This sensitivity towards the social implications of any technological intervention is itself informed by detailed investigation into the everyday life of those for whom the technology is intended. As Corker suggests disability is polysemic; ‘ambiguous and unstable in meaning—as well as a mixture of ‘truth’ and ‘fiction’ that depends on who says what, to whom, when and where. (Corker, 1999, p. 3). The Social Model fails to see the ambiguities and rhythms with which a person relates to their environment and the attendant choices concerning what to look for in the social setting that are central to appropriate design. Faced with the difficulties of deploying explanatory accounts in making design recommendations, we advocate an alternative approach for the understanding of disability, based on ethnomethodologically informed ethnographic methods. (There is no space to detail our studies here but see Cheverst et al., 2003.) We choose to abandon the search for explanation to embrace understanding. We choose to replace theoretical obsession with a focus on methodology—of how we might best go about developing an understanding of disability such that we can make a useful input to the design process. Ethnomethodology has some notoriety for complaining that sociologists characteristically treat the members of society as ‘cultural dopes’—barely able to get up and put their socks on in the morning unless adequately socialized. However, the import of this critique is rarely appreciated in that it makes the investigation (rather than theorizing) of ‘common sense’ understandings the focus of inquiry. Disability is thereby considered in relation to how individuals practically understand it and how it practically affects their everyday life, and from this the requirements for any technological intervention through a consideration of details from the everyday life of disabled people. We suggest that when it comes to mundane technological intervention what is needed is this alternate position from which to understand disability, that considers disability ‘from within’. This is attending to members’ perspectives as a practical matter, replacing political rhetoric with recommendations for design. Technology development for disabled people faces further problems in that, as Williams (1996) argues, there is no neutral, ‘untainted’, language with which to begin the process of discussion. The language and categories we use influence both the definition and ‘solution’ of the problem. Our response to this is, of course, to let people speak for themselves, to document their own experience, to tell their own stories revealed through a range of ethnographic methods.

### Social model Bad

#### Social model fails: reifies normalization

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG ), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare

PEID = 'part-essentialist individual deficiency interpretation')

What then of the different interpretations of the social model? Much of the DRM implicitly promotes one understanding of the social model that I will term the 'politics of disablement'2 interpretation, or POD. Instead of medical or rehabilitation polices being recommended via the FEID or PEID interpretations, attention is directed by the POD interpretation toward changing the social and political environment. In other words, this interpretation offers a structural, as distinct from an individual account of disability, in effect bracketing the personal experience of disability, other than what an impaired person might experience in relation to the social and political environment. It is via this POD interpretation that the DRM makes a clear distinction between 'impairment' and 'disability'. So, impairment is associated with a particular medical condition, which may (or may not) lead to a disability, with disability being associated with various social and political restrictions often (but not always) imposed upon people with impairments. For example, according to the Union of the Physically Impaired Against Segregation (UPIAS): Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment. Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. (UPIAS 1976; see also Bickenbach 1999: 1173-86) Following from this distinction, disability is therefore seen by many within the DRM as a thorough-going social and political concept and so should have no medical or individualised import whatsoever. So, according to Liachowitz: Disability exemplifies a continuous relationship between physically impaired individuals and their social environments, so that they are disabled at some times and under some conditions, but are able to function as ordinary citizens at other times and other conditions. (Liachowitz 1988: 2) However, my argument is that the POD interpretation, although in many ways radically challenging to the two medical model interpretations, still adheres to the same essentialist myth of 'ordinary' or 'normal living' , because it too relies on fixed assumptions concerning the 'normal' and 'abnormal' as related to 'ideal' and 'non-ideal' states of being . In short, the value of functionality as related to notions of ordinary citizenship is abstractly reified by the POD interpretation as a fixed ideal. That is, an ideal based on a normalised shared social goal for all individuals, including people with impairments. Of course, understandings of normalisation are conceptualised differently by the POD (compared with the medicalised interpretations above) as it refers solely to the social rather than medical origins of deficiency. However, my principal point is that all these interpretations define 'deficiency' as a 'social problem' with the ideal condition of ordinary citizenship being promoted as the main aim of each. So, the POD interpretation often portrays disabled people as looking forward to, and struggling for, a future where they can participate in the same ideal and normal state as 'the non-disabled' already are, supposedly, enjoying. For example, the ideal of 'independent living' is often promoted within the DRM as a goal for disabled people, intended to reflect characteristics of normal or ordinary citizenship. However, having this goal ignores how, in the process, rigid demarcations are made between 'normality' and 'abnormality' and between 'independence' and 'dependence' that are themselves essentialist. So, these demarcations assume falsely that (a) it is necessarily the case that all non-disabled people are independent, and (b) the condition of independence is, in any event, a desirable 'state of being' (see also my arguments in Smith 2001b: 579-98). Consequently, although according to the POD interpretation a disabled person's inability to achieve the goal of independence is related to social causes, it is still axiomatically assumed it is a deficiency that this goal remains unachieved.

### AT: Medical Model Bad

#### No medical model now: their claims are out of date.

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG ), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

The medical and social models of disability, whilst establishing important parameters for understanding competing interpretations of disability are now probably more accurately presented as archetypes of various discourses concerning disability, allowing for a range of interpretations between these two extremes (Shakespeare 2006). It is in this light that my chapter revisits how these models can be variously interpreted in an effort to clarify the different type of claims that can be made by the Disability Rights Movement (DRM). Briefly put, the medical model has been commonly regarded by the DRM as an inaccurate interpretation of disability forming the basis of oppressive and exploitative relationships between non-disabled and disabled people. The argument is that focusing on individual medical conditions as the causes of disability, the medical model, first, incorrectly defines disability as a fixed condition related to the severity of a medical impairment. Second, it also incorrectly assumes that it is this medical condition, often defined as 'handicap', which inevitably causes 'dependency' between disabled and non-disabled people. So, according to Colin Barnes, the medical model links the term 'handicapped' with 'individually based functional limitations' which in turn falsely implies that: 'The impairment is permanent and that [the handicapped] will almost certainly remain dependent throughout their lives' (Barnes 1991: 2). For the DRM, the 'social model' offers an alternative paradigm for understanding disability by identifying causes of disability within social and political domains. Therefore, the experience of disability is not reduced to a fixed medical state relating to the severity of a particular medical impairment, but rather is an experience that is dependent upon how society is politically and socially organised and structured in relation to particular medical conditions. From this vantage point, the focus for the DRM is on the 'politics of disablement' where citizenship, inclusion and the problems of accessibility and discriminatory barriers to participation, are seen as central to the struggle of 'being disabled' (Oliver 1990). That is, rather than focusing on individually based functional limitations which require treatment, adjustment or 'cure' as defined by the medical model. These models of disability though, can still be variously interpreted. Any model, after all, whilst it might provide useful generalisations concerning the character of the phenomena being examined, is relatively abstract and still requires further more substantive interpretation if it is to be relevant to specific policy and practice. I will begin by outlining two interpretations of the medical model, with one interpretation probably lying in between the medical and social models, plus two interpretations of the social model. My main argument being that (whilst these might not be exhaustive) each interpretation has distinct implications for the way disabled people are viewed and treated. Reinterpretations of the medical model One objection by the DRM to the medical model is that it is based on what is seen as an essentialist notion of disability (e.g., see Swain et al. 2003: 98-102). This associates being disabled with fixed and essential characteristics (i.e. characteristics necessarily associated with being disabled), seen via the perspective of non-disabled people and experts, that inevitably preludes a life of personal loss or tragedy. I will call this interpretation of the medical model the 'full essentialist individual deficiency' interpretation, or FEID. The main point is that policies and practices based on FEID render disabled people as passive and powerless targets of intervention through non-disabled expertise. For the DRM, this reduces the person and his or her experience to an essentially 'abnormal' and 'lesserthan' medical condition. In respect to policy and practice, the FEID is reflected in legislation throughout the industrialised world explicitly defining people with impairments as medically 'deficient', 'sub-normal' and the like. Consequently, policies of segregation and medical treatment have been legitimated where disabled people, being seen as essentially deficient, were (and are) categorised as unable to function 'normally' and therefore requiring separated and 'special' care (see Hevey 1992). At its most extreme, FEID is found in the eugenics movement and fascist ideology of the early twentieth century, where the essential deficiencies of disabled people are seen as a threat to the 'pure race'. This led not only to impaired people being segregated from the essentially normal and ideal but also resulted in the recommendation and practice of genetic eradication and even the systematic murder of people with impairments. However, the FEID has been, on the face of it at least, rejected by most contemporary mainstream policy-makers and replaced by more social and integrated interpretations of impairment. For example, disability in part could be seen as a consequence of deficient 'bodily structure' or function (reflecting FEID) but that these in turn are deficiencies defined in relation to complex functionings operating within a social context (reflecting more social interpretations of impairment). Assuming an interface between medical and social functionings, this leads to an interpretation of disability that moves away from the FEID recognising that an impaired person might be able to participate in mainstream society, albeit as a matter of degree. So, an impaired person might be defined as deficient because they cannot walk, but then the complex social activity of mobility can accommodate for this deficiency if the environment is made accessible to wheelchair-users. It is this latter understanding of impairment I will call the 'part-essentialist individual deficiency interpretation', or PEID. Briefly put, this assumes an impaired person is able to participate at least to some extent in social activities - that is, despite their individual medical deficiencies, and as long as the social and physical environment is changed to accommodate them. In other words, PEID still assumes that essential differences between 'the disabled' and 'non-disabled' exist, but that these differences do not mean that a disabled person cannot 'function normally' at least in certain social contexts.

### Medical Model Bad

A purely medical view of what a disability is leads to exclusion, segregation, and loss of identity.

Pineda 8, Ph.d at UCLA, expert in disability policy, planning and regional development, taught courses on Policy Evaluation, Community Development, and International Disability Rights, advised international agencies such as the World Bank and United Nations, as well as state and federal governments, in the development and implementation of programs and policies that include people with disabilities, joined the Dubai School of Government as a Visiting Fellow to study the implementation of the UAE Disability Act of 2006, worked as an associate with the U.S. Treasury, obtained degrees in Political Economy, Business Administration, and a Master’s in City and Regional Planning, awarded the Fulbright-Hays and Sheikh Qassemi Fellow at the Dubai School of Government, (Victor Santiago Pineda, “Enabling Justice: Spatializing Disability in the Built Environment” <http://berkeley.academia.edu/VictorSantiagoPineda/Papers/251651/Enabling_Justice_Spatializing_Disability_In_the_Built_Environment>)

The medical abnormality model views disability as amedical defect, an individualistic and physiological,biological, or genetic inferiority that is in no way connected to space. Medicine and technology carry modernist ideas of optimal functionality. In thismodel, it is necessary to normalize an individual’sfunctions for optimal growth, health, labor and ef-¶ ficiency. Physical or genetic abnormalities are seen¶ as dangerous to the growth and stability of a society and must be eradicated. People who deviate from¶ the norm are seen as ill and in need of fixing. This¶ dynamic is exacerbated by the doctor-patient relation-ship, which suffers from asymmetric power relations where functional-limitations and imperfect lives aresolvable challenges for experts. If knowledge candefeat ignorance, then medicine can defeat disease.In such a model there is no cure, only normalization¶ Citizenship rights, duties and privileges are denied— at times, disabled persons are even denied human¶ recognition and status. In the fields of philosophy,theology, and bioethics for example, the definition¶ of “person” may exclude adults with mental and de- velopmental disabilities who are incapable of certain¶ kinds of thought. Infirmity and disease are seen as¶ linking physical, mental and moral weakness, leaving ‘abnormal’ individuals to be feared and spurned, marked as less than human. People with disabilities are discouraged to occupy or embrace their impairments. It is ultimately the responsibility of the individual to¶ fit into oppressive, exclusionary, discriminatory, and otherwise unaccommodating spaces of stigmatization and marginalization.

#### Medical model of disability ensures the extermination of people with disabilities with new genetic technology.

Shakespeare 05 (Tom. International Centre for Life, University of Newcastle. Sociologist, works at World Health Organization. http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CFMQFjAB&url=http%3A%2F%2Fjournals.cambridge.org%2Fabstract\_S1474746404002210&ei=KGEEUP3RFuWi2wXpsr28BQ&usg=AFQjCNFyuMJBz-XL-\_lPGSHy85HAf5ktVA&sig2=c7y8rMutUm-VLrEkmZTufQ)

Genetics and disability are regarded very differently by the two groups who celebrated 2003, which was both the European Year of Disabled People and the fiftieth anniversary of the discovery of the structure of DNA (cf. Shakespeare, 1999). For disability activists and scholars, disability is defined as the oppressive relationship between people with impairment and disabling societies. The priority is to use law and policy to remove the barriers that exclude people (Swain et al., 2004). For genetic scientists and medical professionals, disability is the unfortunate result of disease and deficit. The priority is to prevent disability through therapies, cures, and antenatal diagnosis and selective termination. For example, James Watson himself has written that ‘seeing the bright side of being handicapped is like praising the virtues of extreme poverty’ (2000). He views disability as something to be prevented or cured at all costs. Genetics is threatening to a disability rights perspective, not just because it suggests that disabled people should be prevented from being born, but also because genetic reductionism challenges social model understandings of the social creation of disability, re-defining disability in terms of biology and abnormality. The majority of disability scholars and activists have rejected genetic approaches to disability, claiming that genetics is discriminatory, or that it expresses negative valuation of disabled lives, or that it will lead to increased discrimination against disabled people in the population (cf. Parens and Asch, 2000).

#### There is no such thing as disability

Pfeiffer, 2002 (David, Ph.D., Professor of Public Management at Suffolk University, Disability Studies Quarterly, Vol. 22 No. 2, Spring, p. 3-23)

Disability does not refer to a deficit in a person. Disability refers to a value judgment that something is not being done in a certain, acceptable way. Just as race is not a viable biological term and has no "scientific" definition, disability has no "scientific" or even a commonly agreed upon definition. Disability is not based on functioning or normality or a health condition, but on value judgements concerning functioning, normality, and health. In other words, the term disability is based on ideology and social class.

#### Medical model leads to eugenics.

Wilson, 2006 (Daniel J., History Department at Muhlenberg College, “Cultural Locations of Disability”, Social History of Medicine, October 8, http://shm.oxfordjournals.org/cgi/rapidpdf/hkl052v1)

In two chapters on the eugenics movement, Snyder and Mitchell ‘analyze eugenics as the hegemonic formation of exclusionary practices based on scientiﬁc formulas of deviancy’ (p. 73). Eugenics, they contend, used the new quantitative studies of normality to enforce ‘an aesthetic ideology’ (p. 77). This so-called science stigmatised certain bodily differences and those whose bodies differed from some norm. They point out that eugenicists were guilty of asserting that it was individuals who needed ﬁxing rather than the social and cultural environments. The authors also criticise eugenics for using disabled bodies to learn more about human biology, for pathologising difference, and for excluding disabled persons from full membership in the human community.

### Medical model bad

Vehmas, Kristiansen and Shakespeare 2009 (Sima, Professor of Special Education at the University of Jyvaskyla; Kristjana, Associate Professor at the Norwegian University of Science and Technology, Department of Social Work and Health Science; Tom, social scientist with an interest in bioethics, involved in the UK disability movement for twenty years. Introduction in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

In the modern era, disability has been explained by scientific methods, and reduced to an individual's physiological or mental deficiencies. Disability has become, among other phenomena such as alcoholism, homosexuality and criminality, a paradigm case of medicalisation (a term which refers to a process where people and societies are explained increasingly in medical terms). The expression medical model of disability has become a common nickname for a one-sided view that attributes the cause of the individual's deficits either to bad luck (accidents), to inadequate health practices (smoking, bad diet), or to genes. This position views disability as the inevitable product of the individual's biological defects, illnesses or characteristics. Disability becomes a personal tragedy that results from the individual's pathological condition (Barnes et al. 1999; Oliver 1990, 1996; Priestley 2003; Silvers 1998). Since the late 1960s, the one-sided medical understanding of disability has been fiercely criticised. It has been argued that medicine portrays disability in a biased manner that leads to practices and social arrangements that oppress people with impairments; interventions are aimed solely at the 'abnormal' individual while the surrounding environment is left intact. Resources are not directed at changing the environment but rather on ways to 'improve' or 'repair' the impaired individual. This is seen to lead to a social and moral marginalisation of disabled people, preventing their full participation in society. In other words, disability is a social problem that should be dealt with through social interventions, not an individual problem that is to be dealt with through medical interventions. Sociological viewpoints combined with a strong political commitment to the selfempowerment of people with impairments have become the ontological and epistemological foundation for disability studies (e.g., Linton 1998; Oliver 1996; Priestley 2003). Indeed, the way a phenomenon such as disability is understood and explained constitutes the basis for practical interventions aimed at removing the possible hardships associated with disability. A certain view and understanding of disability inevitably directs our responses and actions. In other words, if the cause of impairment and disablement is seen to be spiritual, it is only natural to address the issue with spiritual manoeuvres, such as exorcism and faith-healing. And if disability is understood in terms of medical knowledge and is confused with impairment, then it is only reasonable to concentrate on improving a person's ability with medical interventions. One unfortunate outcome of mechanical applications of either one of these individualistic approaches to disability has been paternalism: making decisions on behalf of others for their own good, even if contrary to their own wishes. Part of paternalism is a kind of expert system where the authorities of relevant knowledge and craft determine how the phenomenon in question should be understood and dealt with. In the religious framework, it is the clergy who are in possession of the truth; in the medical discourse, it is the doctors. In either case, the autonomy of people with impairments has too often been trampled upon, and they become merely passive recipients of the benevolent assistance provided by professionals, and other believers of the dominant disability discourse. The shortcomings of individualistic approaches to disability thus seem clear, and the emergence of a social understanding of disability has been a welcome change to disability discourse and institutional responses to disabled people's lives. The field of disability studies has been dominated by sociology and, in the USA, also by the humanities. The research conducted is mostly empirical with the aim of verifying certain premises. For example, in the UK, disability is often seen to be a matter of oppression, and the function of research is to a large extent to clarify how people with impairments are actually oppressed. However, if disability as a social phenomenon is understood in terms of oppression and discrimination, it would seem vital to make closer analyses of concepts such as health, normality, well-being, discrimination, justice and equality - the kind of concepts that have long been discussed in philosophy. However, very little theoretical work has been done concerning the key concepts and underlying assumptions of disability studies. Hence, this book aims to contribute to the development of disability theory and a more profound understanding of the phenomenon.

### **Social Focus Good**

#### Social factors precede questions of utility – societal prejudice is so great that it forces people to torture themselves in order to preserve cosmetic normalcy

Amundson 2000 (Ron, University of Hawaii at Hilo, “Against Normal Function,” Stud. Hist. Phil. Biol. & Biomed. Sci., Vol. 31, No. 1.”

During the past three decades the concept of disability has undergone critical evaluation and reconceptualization. The customary way of thinking about disability is based on what is now called the Medical Model. Disability is thought of as a biomedical condition of an individual, an abnormality that is naturally associated with disadvantages. Disability activists began in the 1970s to think of disabled people as an oppressed minority, and to demand civil rights parallel to the rights earlier won by ‘racial’ minorities and women (Eisenberg et al., 1982). As a part of this movement, the Medical Model is being replaced by the Social Model of disability (Oliver, 1990; Shakespeare et al., 1996). It was long recognized that the disadvantages experienced by people with disabilities were at least partly caused by the social context in which they lived, if only by the widespread negative stereotypes of disabled people. The Social Model makes disability entirely an issue of social context, arising as it does from the disabling ways in which certain kinds of human variation are dealt with in society. Section 7 asserted that high levels of function were possible for atypical people using atypical modes. It intimated that functional determinists were more concerned with the cosmetic issue of the mode of function than the pragmatic issue of the level of function. If this is so, the aversion to atypical modes of function is a simple prejudice, and not an objective scientific assessment. What evidence is there that functional mode is favored over level of performance? There is abundant social evidence that atypical modes of function are stigmatized. Many disabled people attempt to hide their disability. Some refuse to use tools that would make their disability more apparent, even though the tools would greatly enhance their level of function. A large population of survivors of the polio epidemics of the 1940s and 1950s are now experiencing Post-Polio Syndrome, a condition that causes increased weakness and discomfort with exertion. Many were passers for most of their life (a term significantly borrowed from the racial context to mean a disabled person who passes for non-disabled). It is common wisdom in this group that most passers will resist the use of new assistive devices (canes, crutches, wheelchairs, or ventilators, depending on the nature and extent of the paralysis) even though their waning strength would make the devices extremely useful. These people voluntarily suffer increasing pain and limitations on their activities just to avoid acknowledging their muscular weakness. Exclamations of joy can be seen on Internet lists as individuals finally give in and discover how much the adaptive equipment liberates them and increases their level of function. The same is true of other gradually acquired disabilities, such as resistance to the use of a hearing aid or a white cane. Publicly acknowledging one’s own disability is often a personally momentous ‘coming out’ similar to acknowledging one’s homosexuality, or one’s unacknowledged ethnic background. The fact that individuals try to hide their disability has usually been interpreted patronizingly, as evidence of the failure to accept one’s own limitations. It should instead be seen as a recognition on the part of disabled people of a deep social prejudice against them. Cosmetic normality at the cost of functional performance has been an acknowledged goal of many rehabilitation programs. As cited above, many schools for deaf children forbade the use of sign among their students, just as government schools for Native Americans forbade the use of indigenous languages. Oralism produced a lower level but more cosmetically normal performance. (It also allowed somewhat more integration into hearing society. But integration could equally well have been achieved by requiring hearing people to learn sign language!) A second example is the rehabilitation program in Canada in the 1960s for the babies affected by thalidomide. Many of them had no legs, or legs that would not function in walking. The children were strapped onto specially designed upright platforms that looked vaguely like legs. With great effort they could teeter the platforms back and forth and slowly ‘walk’ forward. The children were forbidden to use wheelchairs. Only when they were old enough to refuse to cooperate were they were allowed to use the devices that maximized their performance (WBGH, 1989, p. 8ff.). Cosmetic normality dominated their ‘rehabilitation’ while their functional performance was artificially suppressed. Now that they are free to function atypically, many have become high functioning adults.2 A third example is the education often given to children with autism. Much of the education is oriented towards getting the child to appear normal. Many people use, no matter how painful and inefficient the walking. This is not a mere popular prejudice from which academics are immune. Brock discusses three assessment instruments designed to measure what he describes as ‘functions of the “whole person”’ (Brock, 1993, p. 298). They actually measure something quite different. One such instrument has a scale for ‘mobility’ and a scale for ‘physical activity’. These scales illustrate the bias towards fashionable normality of mode over level of functional performance. The ‘physical activity’ scale scores 4 points for walking freely, 3 points for walking with limitations (using a cane or crutches), and 2 points for moving independently in a wheelchair (Brock, p. 303). A walking person scores higher in physical activity than a person who uses a wheelchair, even if the walker manages only slow and painful steps and the wheelchair user is a marathon racer. Cosmetic normality wins over functional performance. Recall that Brock refers to these very measures as the ‘objective’ components of genuine quality of life. The post-polio population is filled with people who can attest that wheelchair use improves not only their level of physical activity, but also their quality of life. The wheelchair is a stigmatized tool, and the stigma is reinforced by the doctrine of biological normality. The ‘mobility’ scale of this instrument awards 5 points for using public transportation alone, 4 points for requiring assistance to use public transportation, and 3 points for needing assistance to go outside (ibid.). Consider how a physically fit paraplegic wheelchair user would score on this assessment. If there were barriers between his living quarters and the street (e.g. stairways without elevators), he would score 3. If there were no such barriers but his city’s public transportation was inaccessible to wheelchairs, he would score 4. If his living quarters and his public transportation were both wheelchair-accessible, he would score 5. The differences in score depend not on the biological traits of the person, but on the environment he is living in. Does this scale measure ‘functions of the whole person’? Not in the least. It measures the accessibility of the person’s environment. To conceive of these criteria as measuring the functional traits of a person is the crudest of prejudices. The design of the environment is the cause of the disadvantage. The doctrine of biological normality obscures this cause.

### Social Model Good

#### **Their conflation of happiness with normality privileges the able body and disrupts any attempts towards equality.**

Amundson 2000 (Ron, University of Hawaii at Hilo, “Against Normal Function,” Stud. Hist. Phil. Biol. & Biomed. Sci., Vol. 31, No. 1.”

The tight linkage between opportunity and normality reappears in Dan Brock’s analysis of the concept of quality of life. ‘[Q]uality of life must always be measured against normal, primary functional capacities for humans . . .’ (Brock, 1993, p. 308). This is taken to follow from Daniels’s position that the ‘normal opportunity range’ is only available to functionally normal humans. One might think that quality of life would be measured by the satisfaction and fulfillment actually experienced by those living those lives. This would allow an empirical test of the identification of quality of life with functional normality. If the linkage is empirically correct, then functionally atypical people would report low qualities of life. Unfortunately, the data do not support this identification. Atypical people typically report a high quality of life. There is a great deal of empirical evidence that people with even serious disabilities report a quality of life averaging only slightly lower than that reported by non-disabled people. Physicians in particular estimate the quality of the lives of their disabled patients to be much lower than do the patients themselves (Bach and Tilton, 1994). Brock is aware of the mismatch between biological normality and the reported quality of people’s lives. If we were discussing a genuinely empirical hypothesis, such a mismatch would be taken as evidence that one’s biological normality is irrelevant to the quality of one’s life. After all, if happiness doesn’t correlate with normality, then normality doesn’t measure quality of life. But Brock argues exactly the reverse. Since normality doesn’t correlate with happiness, happiness itself does not measure quality of life! In order to protect from refutation the link between normality and quality of life, Brock distinguishes ad hoc between the subjective and objective aspects of quality of life (Brock, 1993, p. 306). Subjective aspects are the degree of happiness and satisfaction that a person experiences. Objective aspects include the person’s own objective abnormality and the opportunity associated with it. Abnormal people who report a high quality of life are simply mistaken about the quality of their own lives. Their quality of life is merely subjectively high. Objectively, it is low. How does Brock account for the mismatch between high subjective quality and low normality-defined (‘objective’) quality? He offers only one explanation. Functionally abnormal people who report a high quality of life have lower expectations than functionally normal people. Lowered expectations are more easily satisfied, and the easy satisfaction of low expectations yields a high subjective quality of life. This, to Brock, is not real quality of life. ‘To be satisfied or happy with getting much less from life, because one has come to expect much less, is still to get less from life or to have a less good life’ (Brock, 1993, p. 309). One is reminded of John Stuart Mill’s account of how higher pleasures are qualitatively and not just quantitatively better than lower pleasures; ‘. . . better to be Socrates dissatisfied than a fool satisfied’ (Mill, 1996, p. 526). I do not deny that people labeled as abnormal have a reduced range of opportunity. And I agree that equality of opportunity is an important moral value. But the discussion of opportunity takes a very different form in the context of supposed biological abnormality than in other contexts. Racism and sexism, for example, cause very serious reductions of opportunity. Moral discussion of these problems centers on how opportunity should be restored to the disadvantaged groups, by changing social institutions if necessary. We are well past the time when academic discussion of race and sex was centered on rationalizations of how the disadvantages experienced by certain races and genders were caused by nature itself. But the normality discussions do just that. The abnormals are said to be disadvantaged by nature itself. If a black woman today considered herself to have a fulfilling life, would a moral philosopher be likely to suggest that her happiness only results from lowered expectations, and she is really getting less from life than a white male? I doubt it. But the abnormals can still receive this patronizing treatment.

#### A Social Model approach solves- it allows room for criticism of the underlying mindset

Crenshaw, 2007 (Mark, Director of the AADD Interfaith Disability Network, “Disabled or Crippled? A New Ethic of Ability”)

I propose a sociological approach to disability as a healthy alternative to the medical model. This model categorizes disability as a form of social diversity, like ethnicity, gender, and sexuality. Understanding and studying disability in this way allows us to critique the mind-set which has previously defined disability and leaves room for a growing awareness of the things that people with disabilities have to offer (as opposed to only dwelling on their deficiencies as defined by an able-bodied world). If we adopt the sociological understanding of disability, issues of physical accessibility become just the tip of the iceberg. Beyond this basic consideration, communities and individuals must begin to consider language and attitude barriers, which prevent people with all kinds of differences from being full participants. Instead of questioning the need for civil rights for people with disabilities we must question a society in which these rights are not the norm. Rather than simply building a ramp we must question whether the people who can now enter will be confronted with metaphors in which blindness and deafness are equated with imperfection. We must think through the implications of genetic testing and engineering for those of us who would not be here if certain practices in this area were adopted.

#### The medical model of disability reduces the disabled to “things” instead of people

Crenshaw, 2007 (Mark, Director of the AADD Interfaith Disability Network, “Disabled or Crippled? A New Ethic of Ability”)

The dominant model for thinking about disability is one that espouses the need to “fix” whatever the “problem” or “dysfunction” is. This model is so deeply ingrained in our society that even those of us who live with disabilities often believe that we are less than whole. The temporarily able-bodied fear their own fragility and have “cast out” the people who are signs of the human condition itself by making disability a category that evokes pity or fear. We must stop allowing the dominant culture to disable those of us who live with visual, hearing, and mobility impairments, learning disabilities, and many other conditions that make us different but not less valuable, not less able to live full lives. The social constructs of disability are the true impediments that we must overcome, not our physical or mental conditions themselves. We must embrace a model of disability and illness that dismantles the alienation experienced of people with disabilities so that all of us can have a new and fuller experience of what it means to be human and whole.

#### **Disability is not just a medical condition.**

Stein 7 (Michael, Michael Stein holds a J.D. from Harvard Law School and a Ph.D. from Cambridge University. Co-founder and Executive Director of the Harvard Law School Project on Disability, ¶ California Law Review, Vol. 95, No. 1 (Feb., 2007), pp. 75-121 ¶ http://www.jstor.org/stable/20439088 )

In contrast to the medical model, disability studies scholars have long argued for an understanding of disability through a "social" model.56 This framework maintains that the socially engineered environment and the attitudes reflected in its construction play a central role in creating "disability." According to the social model, collectively mandated decisions determine what conditions comprise the bodily norm in any given society.57 Thus, factors external to a disabled person's limitations are really what determine that individual's ability to function.58 Just as some cultures view female leaders as less capable than male leaders,59 most societies have historically assumed disabled persons are less capable than nondisabled persons.60 The social model underscores the manner in which disability is culturally constructed.

### AT: Social Model Bad

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG ), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare)

To summarise, with all the interpretations of disability examined so far, the problem of deficiency is fixed in relation to essential facts (whether social, medical or a mixture of both) and that these 'facts' cause the problem. Moreover, it is a problem that is fixable through strategies that promote ordinary citizenship, whether via social and/or medical adjustment (as with PEID and POD), or, as with the FEID interpretation, with the segregation or eradication of people with impairments. There is though at least one other interpretation of the social model that I believe complicates any exegesis of the DRM's political demands. In this interpretation, it is not only that disability is socially caused by inaccessible and discriminatory social environments but also that disability is 'socially constructed'. That is, the definition and social meaning given to individual deficiency or dysfunction (and their opposites 'talent' and 'capability') can also be conceived as related to particular social and political processes. Therefore, disabled people are discriminated against via two types of social and political processes: first, and reflecting the POD interpretation above, by social and political structural environments that exclude individuals with certain medical conditions; and second, by social and political discourses that defines what are in the first place talents and handicaps. It is this second type of social process that I will now explore, leading to what I call the 'social construction of disablement' interpretation of the social model, or SCOD. With the SCOD interpretation it can be seen that the DRM focuses not only on issues of inaccessibility and social inequality, but also on questions concerning the negative social construction of disabled people's individual and group identity. For example, the medicalised assumption that the experience of impairment is a tragic personal loss is wholeheartedly rejected by the DRM, partly for the structural reasons explored above regarding the unequal power relationships between nondisabled professionals and disabled clients and users, but also because a disabled person's identity as a disabled person is undermined as a result. So, according to Swain et al., 'for many disabled people, the tragedy view of disability is in itself disabling. It denies the experience of a disabling society, their enjoyment of life, and even their identity and self-awareness as disabled people' (2003: 71).

### AT: No medicalization now

Smith 2009 (Steven R. Smith is Professor of Political Philosophy and Social Policy at the University of Wales, Newport, and is a founding member of the Newport Social Ethics Research Group (SERG ), Social justice and disability: competing interpretations of the medical and social models in Arguing about Disability, eds. Kristjana Kristiansen, Simo Vehmas and Tom Shakespeare

PEID = 'part-essentialist individual deficiency interpretation')

The PEID, which combines or synthesises elements of the medical and social model of disability, can be found in various policies and practices and is used implicitly by the World Health Organisation (WHO) in its Second International Classification of Functioning, Disability and Health (WHO 2001). This ICF classification revises WHO's earlier definition of impairment and disability, in response to severe criticisms of the first classification by the Disabled People's International (DPI). The earlier classification was eventually published as an official WHO document in 1980 but was criticised by the DPI for focusing almost exclusively on the problems of having certain medical conditions, rather than on the problems of the social environment. The second ICF classification addresses some of these criticisms, recognising that deficient bodily function can be accommodated for socially, allowing the active participation of people with impairments. However, this compromise between the two models is still seen as inadequate by many within the DRM. So, although the second more socially minded interpretation has moved away from the FEID understanding of individual deficiency (in that the social environment is seen in part as the problem), it still explicitly relies on a medicalised understanding of disability and so cannot avoid an essentialist interpretation of normality. Therefore, disabled people are still defined as 'problematic' because they are unable to conform to standards of normality which in turn are standards that are associated with what is seen as 'ideal' or 'best'. This understanding of 'the problem' legitimates policy where the non-disabled professional, as guardian of this normalisation process, is assumed to be the expert and therefore knows best how to facilitate better social functioning. In other words, using my terminology for these different interpretations, there are still strong echoes of the FEID interpretation found within PEID and these are reflected in contemporary policy and practice. Consequently, disabled people are treated by non-disabled professionals as if the former's experience is essentially 'lesserthan' and even 'tragic', which then legitimates the latter exercising considerable power or control over the disabled client or user. For example, according to Jenny Morris: Someone who is blind is thus viewed as experiencing a 'personal tragedy' and it is the role of the professional to mitigate the difficulties caused by not being able to see ... [Moreover] the medical and 'personal tragedy' models of disability and the attitudes which go with them are a very important part of the powerlessness experienced by disabled people in their relationship with those professions whose role is so important to the quality and nature of our daily lives. (Morris 1991: 180) Therefore, mainstream policies are recommended using the PEID interpretation of impairment that either involves non-disabled experts changing the individual deficient/tragic condition through medical intervention and/or providing rehabilitation programmes for individual and social adjustment to that condition. The point for the DRM is that these policies (despite their social leanings) usually serve to reinforce the exploitation and discrimination of and against disabled people - even if these policies involve considerable resources being redistributed from the non-disabled to meet the supposed 'special needs' of disabled people (Oliver 1996: 62-77). So, intervention strategies based on the meeting of needs (defined by non-disabled experts), whilst justified on the grounds of providing care and enhancing participation, in fact function as mechanisms of social control and serve to undermine the autonomy and decision-making power of disabled people. According to Michael Oliver, recently implemented community care policy within the UK has made: [N]eeds led assessment the linchpin of service delivery ... however, above all else assessment of need is an exercise of power, as even the language we use to talk about the exercise shows ... The professional assesses the need of the client or 'user', as they have now come to be called .... [Yet] various studies show that professionals have distorted or defined their needs ... The new reforms do not change this balance of power at all. (Oliver 1996: 70)