\*^\*^\*^\*1NC – OFF-CASE\*^\*^\*^\*

Politics Link

Congressional backlash follows disability protections

San Antonio Express News, 5/14/07

Despite the report's findings, Rebecca Helterbrand, vice president of marketing for Goodwill, argues that what she characterizes as "**backlash" from Congress** could hurt organizations like hers and **deepen an unemployment rate among the disabled** that, according to Census Bureau data, hovers at almost 65 percent in San Antonio.

States CP

#### Text: The 50 states should substantially increase its investment in Universal Design transportation infrastructure in the United States.

State governments have the ability to effect Universal Design and promote the development of systems.

Connolly 05, Maureen Connolly, writer for Maine’s Opportunity, 04-16-05, “Universal Design: Maine’s Opportunity to Lead the Way to Information Access for Everyone,” http://www.mainecite.org/docs/wpaper.htm

State government and municipalities, including School Administrative Units, have the ability to not only effect universal design of its own information systems but to promote the development of fully accessible products and systems in the private sector. According to Conference advisor Steven E. Miller, director of the Mass Ed OnLine Project, it is not acceptable for technology developers to require users to figure out how to adapt products after their purchase. Inclusive features need to be incorporated into the product's structural and functional design. State government, as a regulator of the telecommunications and major customer of the technology and software industries, can influence designers and manufacturers to incorporate universal design into their products so they are ready-out of the box-for use by people with a wide range of abilities and needs. Many manufacturers simply don't understand how and why universal design is critically important. Others assume that the cost of universally designed products would be prohibitive. But the world of technology already has proven how access can be designed into a product, often at little or no additional cost. Glide points included on computer keyboards, for example, can be easier to manipulate than a mouse and improve access for people with mobility impairments. Alan Hurwitz, Director of the Northeast Technical Assistance Center at the National Technical Institute for the Deaf in Rochester, NY, called for designers and manufacturers of information systems and products to build in "redundancy of access." All products, he said, need to accommodate at least two methods of access. "Make visual information available audibly, audio information available visually, and both available tactilely," Hurwitz said. Mary Beth Walsh of Maine Center for the Blind and Visually Impaired said that every graphical image used on a Web page should have descriptive text that someone who is blind can access with the assistance of a sound card included in most computers. Jim Tobias, a nationally known consultant in access technologies, called on the State of Maine to collaborate with other states in promoting and implementing universal design and to use its influence to engage telecommunications companies to foster universal design. He suggested providing technical assistance to manufacturers and using the State's buying power to influence change.

Social Model Counterplan

Counterplan text: The United States Federal Government should terminate the use of the medical model of disability and transition into the social model

Counterplan solves—rejecting the current medical model is vital to transitioning to an egalitarian social model

Jesperson 4 (Maths Jesperson is a psychiatric researcher and activist residing in Sweden ‘Networking for our Human Rights and Dignity’ Testimonial for Congress of the European Network of Users and Survivors of Psychiatry; July 17-24th 2004) <http://wnusp.rafus.dk/documents/vejle04workshop4.pdf> LH§

The medical model is the paradigm — or theoretical framework — that directs current psychiatric praxis and research. If you believe in the medical model, of course you put all efforts and money in developing new medical treatment methods and in investigating the “biological basis” of the “mental illnesses”. If you follow another model you steer efforts and money in other directions. The medical model is not just a theoretical construction, which is of only philosophical and academic interest. Instead it is the real key issue if we want to change psychiatry. We cannot bring forth a radical change of the psychiatric system if we just discuss and criticize single matters as ECT, compulsory treatment, neuroleptics etcetera. These are not arbitrary elements in psychiatry, but logical consequences of the belief in the medical model. There is much power in the medical model and the user/survivor movement should put much more effort in criticizing this model. We should reveal the falseness of the medical model and replace this model with another, more human model. What we really should go for is a paradigm shift — within and beside psychiatry. How can we counteract the globalization of the medical model. The medical model not only dominates psychiatry. It also more and more dominates the care of children, old people, criminals, drug addicts and so on. And it is expanding its influence not only in western materialized societies but also in rural areas in developing countries all around the world. The way to counteract the medical model is to develop and promote other models. There exist already other models—not only in theory but also in praxis. We should gather information about these models and investigate them. But we should also develop our own models—out of our own experiences and insights as psychiatric users and survivors.

AT: Permutation

[If net benefit is Spending] The permutation is non-intrinsic. The affirmative spends money to support the ADA while the counterplan just rejects the current medical model of disability. Its impossible to fund the American Disabilities Act without contributing money.

More counterplan cards

**Rejecting the medical model is a starting point for the development of the *human model*—prevents all the emotional violence that the medical model inducesxs**

Jesperson 4 (Maths Jesperson is a psychiatric researcher and activist residing in Sweden ‘Networking for our Human Rights and Dignity’ Testimonial for Congress of the European Network of Users and Survivors of Psychiatry; July 17-24th 2004) <http://wnusp.rafus.dk/documents/vejle04workshop4.pdf> LH§

To be eﬁ'ective we should seek allies among critical psychiatrists, psychologists and others who also work in criticizing the medical model and in developing alternative models, which are more human and more in accordance with our experiences as psychiatric users/survivors. We should found alliances with all who works for a radical paradigm shift within and beside psychiatry. In the workshop Maths ﬁrst presented an altemative to the medical model, which he calls the human model. The core in the medical model is the belief in “mental illnesses” as the explanation of that kind of experience and deviating behaviour which people call “madness”. The core in the human model is to replace that which psychiatry calls “illness” with ‘strategy’ or ‘copying strategy’. In the hmnan model the primary cause is not a “biological defect” (an injury), but something that has happened in the person's life - a traumatic incident or some other problem. This has caused an inner conﬂict — an emotional wound — which is still not solved, but continues to trouble the person. That which is generally called “madness” is actually a strategy, which the person has developed — consciously or unconsciously — in trying to cope with his ongoing inner conﬂict. If a person develops a copying strategy that doesn’t work very well, he can be so entangled in the daily ﬁght with his inner conﬂicts that this occupies almost all of his time. If this happens it can of course strongly interrupt and disturb his ordinary daily life and become very disabling. When a person becomes that entangled in his inner conﬂicts and copying strategies it might end with someone putting him into a mental hospital. Anyway, that person needs help — but preferably something else than the kind of “help”

\*^\*^\*^\*1NC – CASE\*^\*^\*^\*

1. The status quo is not the medical model.

The medical model of disability is not enforced in the status quo, people with disabilities are expanding their availability to goods and services.

Brenman 11, Marc Brenman, Senior Policy Advisor Office of Civil Rights Office of the Secretary U.S. Department of Transportation, “Delivering on the Promise: U.S. Department of Transportation – Self-Evaluation to Promote Community Living for People with Disabilites,” Report to the President on Executive Order 13217, 06-11-11, http://www.hhs.gov/newfreedom/final/pdf/dot.pdf

These are principles to increase the mobility of people with disabilities and/or expand their access to goods and services. 1. Availability: Transportation must be available if it is to be used to reduce immobility. For example, urban bus service can be enormously productive economically, and its curtailment, even in low-patronage, off-peak hours, can create added travel costs, income losses, and immobility that exceeds by many times the dollar savings to transit agencies from service reductions. (See “Using Public Transportation to Reduce the Economic, Social, and Human Costs of Personal Immobility,” Transit Cooperative Research Program, Crain & Associates with Ricardo Byrd and Omniversed International, 1999) 2. Equity: Everyone should enjoy at least a basic level of access, even if it requires extra resources to accomplish. 3. Seamlessness: Transition between transportation modes should be accessible. For example, Project Action has noted that many existing transit stations have direct connections to commercial, retail, and residential facilities, but the route is often not accessible. Project Action proposes that the transportation agency should include language in agreements it has with the facilities that require or encourage the provision of an accessible route from the direct connection point into the connected transit facility. 4. Inclusiveness: Technology, housing, transportation and other aspects of community life should be designed to accommodate people with disabilities to ensure a more inclusive and productive society for all Americans. 5. Equivalence: Service for people with disabilities should extend throughout the general service area and operate during the same hours as the system used by the general public. Contrary to some assumptions, people with disabilities are dispersed throughout the general population and their ultimate travel needs are not significantly different from the general population. 6. Efficiency: We should explore strategies that will ensure access and full participation in society for the greatest number of people at the lowest and most rationally allocated cost. 7. Safety: Accessibility in transportation infrastructure should be safe, including for people with disabilities. Changes being contemplated in transportation infrastructure that may at first appear to be isolated from disability concerns may have such implications. Customer safety concerns extend to the passenger and user with disabilities in ways directly related to their disabilities. For example, the Access Board has noted that very preliminary and limited research suggests that roundabouts discourage pedestrian use and that they are a significant barrier to pedestrians with vision, mobility, and cognitive impairments. Some safety issues for people with disabilities are not obvious. For example, in Oregon in 1999 it was found that many drivers hired to transport people with disabilities had criminal records. Background checks had not been done. To this end, the Department of Justice has published “Guidelines for Screening Persons Working with Children, the Elderly, and Individuals with Disabilities in Need of Support,” Publication Number NCJ 167248. Finally, the terrorist attacks of September 11, 2001 pointed out some of the special problems faced by people with disabilities in emergency situations. Transportation providers and infrastructure partners must see to it that the needs of people with disabilities in emergency situations are met. This will require emergency planning by working together with people with disabilities. 8. Reliability: Transportation should be reliable. All transportation infrastructure users want the systems to be reliable. Yet, for people with disabilities, mechanical systems breakdowns may result in a complete denial of access. For example, out of service elevators and escalators in a transit system may be a mere inconvenience to nondisabled users, but may be an inaccessible barrier to users with disabilities. 9. Reality-Based: Plans for use of transportation infrastructure elements in the U.S. should be cognizant of the realities of technology now, but be cognizant that technology improvements and changes are almost inevitable. 10. Consultation: People with disabilities should be thoroughly involved in the decision-making process for improved accessibility and mobility. Throughout each stage of planning and implementing actions for improved accessibility and mobility, disability advocacy organizations and knowledgeable resource individuals within the disability community should be active partners in creating a transportation network that is fully usable by people with varying types of disabilities.

Society has changed to include people with disabilities – transportations systems are available for them

RITA 10, Research and Innovative Technology Administration Bureau of Transportation Statistics, 05-28-10, “Freedom to Travel,” http://www.bts.gov/publications/freedom\_to\_travel/html/data\_analysis.html

The majority of disabled and nondisabled bus riders and subway, light rail, and commuter train users use the transportation service two or fewer days per week for local travel, as do paratransit riders3 (see figure 7 and appendix table 18 and table 19). However, more of those with disabilities (42 percent) use the bus three or more days per week than do the nondisabled (28 percent). When using a bus; subway, light rail, and commuter train; or paratransit service, most riders take one or two one-way trips. More than 90 percent of disabled and nondisabled public bus users; more than 88 percent of disabled and nondisabled subway, light rail, and commuter train users; and 95 percent of disabled paratransit users take one or two one-way trips (see appendix table 20 and table 21).

2. We shouldn’t continue to invest in the ADA – it causes more harm than good for disabled people.

The ADA didn’t help disabled people in their attempts of equality

Stossel 10, John Stossel, graduate of Princeton University with a B.A. in psychology, host of a weekly program highlighting current consumer issues with a libertarian viewpoint, 09-01-10, “Good Intentions Gone Bad,” http://townhall.com/columnists/johnstossel/2010/09/01/good\_intentions\_gone\_bad/page/full/

You own a business, maybe a restaurant. You've got a lot to worry about. You have to make sure the food is safe and tastes good, that the place is clean and appealing, that workers are friendly and paid according to a hundred Labor Department and IRS rules. On top of that, there are rules you might have no idea about. The bathroom sinks must be a specified height. So must the doorknobs and mirrors. You must have rails. And if these things aren't right -- say, if your mirror is just one inch too high -- you could be sued for thousands of dollars. And be careful. If you fail to let a customer bring a large snake, which he calls his "service animal," into your restaurant, you could be in trouble. All of this is because of the well-intentioned Americans With Disabilities Act, which President George H.W. Bush signed 20 years ago. The ADA was popular with Republicans and Democrats. It passed both houses of Congress with overwhelming majorities, 377 to 28 in the House and 91 to 6 in the Senate. What does it do? The ADA prohibits discrimination against people with disabilities, requiring businesses to provide the disabled "equal access" and to make "reasonable accommodation" for employees. Tax credits and deductions are available for special equipment (talking computers, for instance) and modifying buildings to comply with the accessibility mandate. The ADA was supposed to help more disabled people find jobs. But did it? Strangely, no. An MIT study found that employment of disabled men ages 21 to 58 declined after the ADA went into effect. Same for women ages 21 to 39. How could employment among the disabled have declined? Because the law turns "protected" people into potential lawsuits. Most ADA litigation occurs when an employee is fired, so the safest way to avoid those costs is not to hire the disabled in the first place. Walter Olson, a senior fellow at the Cato Institute and author of the Overlawyered.com blog, says that the law was unnecessary. Many "hire the handicapped" programs existed before the ADA passed. Sadly, now most have been quietly discontinued, probably because of the threat of legal consequences if an employee doesn't work out. Under the ADA, Olson notes, fairness does not mean treating disabled people the same as non-disabled people. Rather it means accommodating them. In other words, the law requires that people be treated unequally. The law has also unleashed a landslide of lawsuits by "professional litigants" who file a hundred suits at a time. Disabled people visit businesses to look for violations, but instead of simply asking that a violation be corrected, they partner with lawyers who (legally) extort settlement money from the businesses. Some disabled people have benefited from changes effected by the ADA, but the costs are rarely accounted for. If a small business has to lay off an employee to afford the added expense of accommodating the disabled, is that a good thing -- especially if, say, customers in wheelchairs are rare? Extra-wide bathroom stalls that reduce the overall number of toilets are only some of the unaccounted-for costs of the ADA. And since ADA modification requirements are triggered by renovation, the law could actually discourage businesses from making needed renovations as a way of avoiding the expense.

3. The exclusion of disabled people will not cause genocide. Disabled people have been excluded for a while before the implementation of policies. It is empirically proven that their exclusion will not cause genocide. THAT IS COMPLETELY RIDICULOUS.

4. Universal Design is already in the status quo

Universal Design is found in transportation infrastructure today.

IDeA 10, Center for Inclusive Design and Environmental Access, 06-12-10, “Universal Design New York,” http://www.ap.buffalo.edu/idea/udny/section1.htm

Universal design is an approach to the development of "products and environments that can be used effectively by all people, to the greatest extent possible, without the need for adaptation or specialized design" (North Carolina State University, 1997). It is an inclusive process aimed at enabling all of us to experience the full benefits of the products and environments around us regardless of our ages, sizes or abilities. By designing for a diverse population, universal designers integrate usability by everyone into their work on a routine basis. This approach leads to greater inclusion for many groups often neglected in the design process (e.g., children, the elderly, people of small stature, frail people, etc.). Universal design equalizes the ways people use products and services. For example, the stairless bus has a low floor section so that anyone can enter the bus from a pedestrian pathway using a short ramp that is extended to the pavement. This design makes entering the bus easier for everyone. This bus also has a system that verbally announces the next stop and displays it on an electronic message board at the same time, ensuring communication of essential information to all riders. Is universal design a utopian dream? Is it really possible? How can every graphic, product, place or system be usable by everyone? Universal design does not claim to accommodate everyone in every circumstance. Rather, it continuously moves toward this goal of universal usability. Consequently, a more appropriate term may be universal designing, a verb rather than a noun. Universal design acknowledges that both consumers and producers have to live with cost constraints. As a result, cost can make a difference in its successful introduction into the marketplace. Consider the case of the Oxo line of kitchen utensils, one of the most successful examples of universal design in terms of market penetration. The original set of products Oxo introduced was competitive with other utensils because the cost of production was controlled by using inexpensive plastic for most parts and designing all the utensils with an identical handle and interface. Oxo utensils have thick, resilient and non-slip handles that improve grasping.

5. Predictions are wrong

Their predictions are wrong argument turns the case. Their whole aff is based on predictions that the implementation of Universal design will stop the exclusion of disabled people in society. Therefore they are proving their whole case wrong. Their PREDICTION that the medical model will be dissolved after they implement Universal design – is exactly a PREDICTION. No one can go into the future to see if it actually does.

\*^\*^\*^\*2NC – OFF-CASE\*^\*^\*^\*

2NC States CP

Extend our Connelly 05 card from the 1NC which directly talks about how states can implement Universal Design.

States will cooperate –

Intrastate compacts encompass multiple states that work in cooperative endeavors

DalSanto 11 DalSanto, Matthew, Berkeley Center for Law, Business and Economy, 04-04-11 “The Economics of Horizontal Government Cooperation” http://papers.ssrn.com/sol3/papers.cfm?abstract\_id=1568600

Originally, the interstate compact was primarily used to resolve border disputes between states. Consequently, case law up through the early 20th century is predominantly related to state border compacts. Since then the purposes for enacting an interstate compact and the number of signatories to the agreement have greatly expanded. Recent interstate compacts encompass a multitude of states and a multitude of issues - not merely disputes, but cooperative endeavors (Zimmermann and Wendell 1976). The legality of the relatively recent inception of states entering into a compact that delegates administrative authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court. State ex rel. Dyer v. Sims, 341 U.S. 22, 30-31 (1951). When entering into the agreement the signatories cede a specified part of their sovereignty by constraining their activities to comply with the decisions of an interstate administrative agency created by the terms of the compact.

Federal government fails—state control of infrastructure solves issues

National Journal 12

[Fawn Johnson and  Niraj Chokshi, staff writers, 5/21/12, http://transportation.nationaljournal.com/2012/05/not-waiting-for-the-feds.php] aw

The transportation community in the states should want the federal government to be fired. Over the next few weeks, they are waiting for negotiators in Congress to pass a highway bill. If lawmakers are successful (and there is no guarantee of that), a few much-needed updates to the transportation program would be in place. But then it will only be 18 months, at most, until policymakers have to address again a handful of percolating problems like shoring up the highway trust fund for the long term. If the chambers can't reach agreement, that likely means a shorter extension of current highway authority. Cuts are possible. This scenario does not offer a ringing endorsement of the federal government as transportation caretaker. The inability of Congress and the White House to articulate and carry out a federal infrastructure policy could give credence to arguments from the right that the states would do a better job of regulating and funding their own transportation. But then Rep. Peter DeFazio, D-Ore., colorfully points out the very real problem with that idea--the highway to nowhere. DeFazio has a poster of a Kansas turnpike in 1956 that ends in a farmer's field in Oklahoma. "Devolution, baby! That's where we're headed," he said when showing it off in the Capitol in March. What if the transportation didn't have to wait around for Congress and the White House to make a move? Are there examples of states or regions taking initiative where the federal government is failing? What stands in the way of states or localities acting on their own? Does it make sense to diminish the power of the congressional purse strings if Congress can't do its job? If the federal government is essential to infrastructure, what can be done to make sure it actually can take care of the nation's needs?

\*^\*^\*^\*2NC – Case \*^\*^\*^\*

1. Extend our Brenman 11 card from the 1NC which talks about how the medical model is not in society today.

a. This takes out the ENTIRE case, because the whole plan revolves around the fact that “current transportation infrastructure endorses the medical model of disability.” Since we prove that there isn’t a social exclusion of disabled people in society today, their whole case is taken out. Our cards are post-date making them more reliable for status quo information, which debates on inherency are all about.

People with disabilities have access to transportation systems that allow them to connect themselves with opportunities

AAPD 12, American Association of People with Disabilites, promote equal opportunity, economic power, independent living, and political participation for people with disabilities, 2012, “Transportation Equity,”http://www.aapd.com/what-we-do/transportation/transportation-equity.html

Our nation’s transportation investments are particularly crucial for Americans with disabilities, who disproportionately utilize non-automobile transit options such as rail, buses, and pedestrian-friendly development. The surface transportation reauthorization bill allocates federal funding to infrastructure repair and new transportation needs. AAPD works with a broad coalition of organizations to promote investments in accessible, affordable transportation that connects people with disabilities to employment opportunities, health care providers, and educational institutions, promoting full participation in public life.

Medical model not enforced – disabled have the ability to drive.

RITA 10, Research and Innovative Technology Administration Bureau of Transportation Statistics, 05-28-10, “Freedom to Travel,” http://www.bts.gov/publications/freedom\_to\_travel/html/data\_analysis.html

The survey sought to determine if a person's perception of his or her driving ability as it relates to certain physical characteristics has changed from 5 years ago. Although the majority of both disabled and nondisabled drivers indicate that their capabilities are the same as they were 5 years ago, a higher proportion of disabled drivers indicate their capabilities in all categories – eyesight/night vision, attention span, hearing, coordination, reaction time to brake or swerve, and depth perception – are worse than 5 years ago (see figure 11 and figure 12 and appendix table 39). Of particular note, 40 percent of disabled drivers compared to 28 percent of nondisabled drivers said their eyesight/night vision had declined. For the remaining categories, the percentages of drivers with a perception of declining capabilities range between 12 and 21 percent for drivers with disabilities, but only from 4 to 7 percent for nondisabled drivers. Again, these comparisons do not consider other factors such as disability type or age.

2. Extend our evidence from the 1NC that the ADA is actually harming the disabled community rather than helping it. It is preventing the disabled to get jobs.

Therefore we shouldn’t increase the investment of policies that cause more harm than good

The Americans with Disabilities Act actually didn’t help disabled people – it caused a greater unemployment

DeLeire 11, Thomas DeLeire, an assistant professor at the Harris Graduate School of Public Policy Studies of the University Chicago, 07-28-11, “The Unintended Consequences of the Americans with Disabilities Act,” http://www.cato.org/pubs/regulation/regv23n1/deleire.pdf

Although ADA may have caused employers to accommodate people with disabilities, the cost of complying with the Act may have reduced the demand for disabled workers and thereby have undone ADA’s intended effects. To determine the employment effect of ADA, I analyzed data for a sample of men aged 18 to 65 from the Survey of Income and Program Participation (sipp). Table 1 compares changes in the employment rates of disabled and nondisabled men before and after enactment of ADA. Employment of men with disabilities fell by 10.9 percentage points following the enactment of ADA, while employment of nondisabled men fell by 3.1 percentage points. Thus, ADA reduced the employment of disabled men by 7.8 percentage points. Has ADA reduced employment of disabled workers of all types or have ADA’s negative effects been concentrated in a few demographic categories? Using the sample of working-age men from the sipp data, I estimated the effects of ADA on employment rates for disabled men according to their level of education, type of disability, and age (speciﬁed by decade of birth). I controlled for such other factors as occupation, industry, minority status, length of disability, and whether a disability resulted from an injury. Table 2 reports the effects of ADA by age cohort, educational level, and type of disability. Relative employment fell in all cases, and all but 2 of the 24 estimates are statistically signiﬁcant at the 95-percent conﬁdence level. To summarize Tables 1 and 2: • ADA caused a decrease of about 8 percentage points in the employment rate of men with disabilities. • ADA caused lower employment regardless of age, educational level, and type of disability. •Those most affected by ADA were young, less-educated and mentally disabled men. ADA is a striking example of the law of unintended consequences. ADA has reduced employment opportunities not only for disabled people as a whole but especially for the most vulnerable groups—the young (less experienced), less educated (less skilled), and mentally disabled— groups that ﬁnd it most difﬁcult to get jobs. Why has ADA had these consequences? Firms generally have reduced their employment of the disabled because the Act has imposed higher accommodation costs than ﬁrms would voluntarily incur. The burden of cost has fallen especially hard on those workers least likely to have been accommodated voluntarily by ﬁrms in the absence of ADA, namely, less-experienced and less-skilled workers and workers with mental disabilities, which generally are more difﬁcult to accommodate than physical disabilities.

3. Extend that just because disabled people are excluded some parts of society, there isn’t going to be genocide. There are various examples in history where people have not included a part of society – there was not genocide.

EX: BASICALLY ANYONE THAT IS NOT WHITE IN US HISTORY

4. Extend that Universal design is already in the status

quo.

NON-UNIQUE

It is proven that Universal design helps people with and without disabilities – empirically proven

Myth #2: Universal design only helps people with disabilities and older people. Universal design extends the benefits of good functional design to many groups of people who are not necessarily classified as having a disability, but who regularly encounter functional obstacles. Consider the problems encountered by short people, tall people, large people, frail people, pregnant women, left-side dominant individuals, children, etc. In addition, consider those carrying packages, parents with children in strollers, those who are ill or fatigued and those with orientation difficulties. Visitors in an unfamiliar city or building also benefit from universal design because they might not know how to find things or how to operate its products and systems. (It is worth noting here that New York City has nearly 40 million visitors every year.) Universal design, in short, benefits everyone every day by helping us all overcome obstacles routinely encountered in our daily lives.

5. Extend that predictions turns case from the 1NC.

No solvency and turn. Multiple alternate causalities to your impact—they view the disabled as a burden

Cheryl McEwan and Ruth Butler 7, human geography at Durham University and social research at University of Hull, 2007 (*Geography Compass* 1.3)

Social models also recognise that further constraints are created by existing cultural barriers, which are not likely to be overcome by legislation and policy alone. Social acceptance and attitudes are both reflected and constantly reinforced by the vocabulary employed to refer to individuals with disabilities. Many southern African languages, for example, use prefixes designated for noun classes referring to objects of animals when referring to individuals with disabilities (Devlieger 1998) – spoken and written language reinforces their marginalisation within society. In many sub-Saharan African countries negative cultural attitudes persist, where disability in children continues to be associated with maternal wrongdoing, witchcraft, evil spirits or divine punishment (Kabzems and Chimedza 2002). A family might be accused of ‘sacrificing’ the child in exchange for good crops or a father will accuse his wife of promiscuity in order to deny his part in the ‘creation’ of disabled child (ibid. 151). And in many developing countries around the world, international aid agencies have perpetuated the public perception that disabled people are a burden in need of support from charitable organisations and external agencies; it is not surprising, therefore, that negative attitudes exist within communities where resources are scarce. Thus, although the civil rights of disabled people in some developing countries are increasingly protected, cultural barriers still remain and are continually reinforced. However, one remaining positive factor is that in countries where progressive policies have been adopted civil society structures have also been put in place and can play a major role in lobbying and advocacy. Awareness campaigns, which receive some state support, have some potential in empowering disabled people (Gleeson 1999) and advocacy is important in changing attitudes (Parker 2001).

Assistance increases dependency and oppression – studies on deaf programs prove

Wilson 5, Department of Educational Foundations and Research Gallaudet University, 2005 (Amy T, “The Effectiveness of International Development Assistance From American Organizations to Deaf Communities in Jamaica” *American Annals of the Deaf* 150.3 (2005) 292-304, Muse)

American organizations bringing assistance to deaf people in developing countries unintentionally create relationships of **dependency or oppression** rather than relationships of support. Using qualitative methods, the author examined the effectiveness of development assistance provided to the Jamaican Deaf community by two American churches, one American nongovernmental organization, and one U.S. federal agency. Documents were reviewed and observations were made. Interviews were conducted with more than 60 deaf and hearing people involved with the American organizations, the Jamaican organizations, and deaf Jamaican beneficiaries. The author concludes that the Jamaican Deaf community was often **excluded** in planning, designing, or evaluating programs, and was unsatisfied with the American assistance it received. Results also indicate that the American organizations were poorly prepared to work with the Deaf community. Suggestions for American organizations wishing to strengthen and empower deaf people through development assistance in developing countries are proposed.