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Decolonising disability: thinking and acting globally

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This paper argues that the dominance of the global North in the universalising and totalising tendencies of writings about disability has resulted in the marginalisation of these experiences in the global South. This constitutes an intellectual crisis for disability studies in the periphery. The experience of colonisation and colonialism in the global South was both disabling and devastating for the inhabitants. The production of impaired peoples continues as a result of a multiplicity of phenomena including: war and civil strife, nuclear testing, the growth of the arms trade, the export of pollution to 'pollution havens' and the emergence of sweatshops. Yet the agendas of disability pride and celebration in the metropole may appear to stand in stark contrast to the need to prevent mass impairments in the global South. The paper concludes by attempting to articulate a southern theory of disability that challenges some of the implicit values and concepts of contemporary disability studies and includes analyses of the lasting disabling impact of colonialism.

Keywords: disability; colonialism; global south; impairment; Indigenous knowledge; settler societies

Points of interest

- Writing about disability has mainly come from the 'Northern' countries. But do disabled people in the 'Southern' countries share the same issues and ideas?
- Southern countries are those who have been conquered or controlled by modern powers, especially European countries such as England, France, Spain and Portugal and the USA. Invasion and war left behind poverty, dependence and disabled and upset people.
- Northern countries are those countries that are wealthy and developed such as in Europe and the USA.
- Writers and their stories from Southern countries, such as those in Africa or South America, rarely appear in books in the North.
- The power of Northern countries still depends on the control they have over resources such as oil. In protecting these economic interests they are often guilty of producing more disabled people through such acts as war and invasion and dumping of polluted waste. They also hire people in Southern coun-

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tries to make goods in unsafe factories where the employees risk becoming disabled.

- We need to think very differently about disability studies. We need to ask which countries and parts of the world we are including in our research. We also need to ask how people in parts of the world different to ours understand disability.

Introduction

This paper attempts to situate disability in a global context. To do this requires an analysis of the power relations between the global North and the global South that produce, sustain and profit out of disability. This involves a fundamental change in thinking in disability studies that amounts to a paradigm shift.

While I have used the epistemologies of the North in doing my own research and writing, their limitations have been evident for me for some time – especially in trying to understand the experience of disabled and dispossessed indigenous peoples in Australia, where I reside. Disability studies was constructed as a field of knowledge without reference to the theorists, or the social experience, of the global South. There has been a one-way transfer of ideas and knowledge from the North to the South in this field. This paper argues that contemporary disability studies constitutes a form of scholarly colonialism, and needs to be re-thought taking full account of the 400 million disabled people living in the global South (United Nations 2009).

Further, scholars and activists need to confront as a central issue the *production* of impairment in the global South. The processes of colonisation, colonialism, and neo-colonial power have resulted in vast numbers of impaired people in the global South. Much of this relates to the global economy; it concerns control of resources. Impaired people are 'produced' in the violence and war that is constantly provoked by the North, either directly or indirectly, in the struggle over the control of minerals, oil and other economic resources – ultimately control of the land and sea themselves.

For the most part, disability writers and researchers, fearing a return to the medical model of disability, understandably avoid the issue of the prevention of impairment (Michalko 2002, 182). There are of course exceptions to this prevailing trend (Kaplan-Myrth 2001; Barker 2010) but, within the northern discourse, prevention has primarily been limited to discussions of bioethical concerns, such as the prevention of intellectual disability (Parmenter 2001, 282) and prenatal diagnosis (Shakespeare 2006, 2008).

Paul Abberley was one of the first scholars to refer to impairment as 'social product'. Here he was referring to dangerous working environments in Britain, which produced large numbers of impaired individuals as a result of industrial diseases and injuries (Abberley 1987). The prevention of impairments as social products on a global scale as a result of, for example, war and environmental pollution, calls for a global perspective by disability scholars that specifically incorporates the role of the global North in 'disabling' the global South. These debates will lead to the potential role of disability studies and disability activists in the prevention of global atrocities, such as by making alliances with other progressive social movements fighting for an end to global violence in all its forms. Exploring these issues, the paper seeks to lay the groundwork for the emergence of a southern theory of disability.

'North/South' terminology came into use in the 1960s as shorthand for a complex of inequalities and dependencies: industrialised versus raw material producing countries, rich versus poor, those with military power versus those without, high technology versus low technology, and so on. 'Southern' countries are, broadly, those historically conquered or controlled by modern imperial powers, leaving a continuing legacy of poverty, economic exploitation and dependence. Not all populations in the South are poor: the global periphery includes countries with rich classes (e.g. Brazil and Mexico) and relatively rich countries (e.g. Australia). Even Australia, however, is regarded by global capital as a source of raw materials (timber, coal, uranium, iron ore) and holds a peripheral position in global society, culture and economics.

The 'North', the global metropole, refers to the centres of the global economy in Western Europe and North America. Many of the countries of the North were the imperial powers that colonised other parts of the globe and have remained major centres of global capitalism since the formal end of European empires. Not all populations in the North are rich – the US 'underclass' and immigrant communities of Europe are familiar exceptions. Yet this group of countries is the centre of economic and political decision-making, is the home of almost all major transnational corporations, is the world centre of technology and disposes of massive military power.

Clearly 'North/South' and 'metropole/periphery' are complex and dynamic concepts, as shown by the cases of Australia and China. But this basic distinction is an essential starting-point for an account of the relationship between colonisation and disability.

This paper is located within the new area of critical disability studies, aligned with critical social theory (Meekosha and Shuttleworth 2009). Yet critical disability studies itself needs to be re-formulated, to theorise relationships that have arisen from colonialism and postcolonial power. This is a large task. For instance, gender issues are important; colonial violence is above all masculine violence. This, and other complexities, will have to be dealt with subsequently; this paper only attempts a beginning.

I seek to understand disability in colonised and settler societies, not from a European/Northern perspective but by understanding 'the political rationalities of colonial power' (Scott 2005, 24). Anita Ghai (2002), researching disability in the Indian situation, argues that it is essential to conceptualise disability specifically in the Indian context: 'this is not a pedantic requirement . . . for at root are larger questions about the meaning and nature of disability itself' (2002, 90). Following Connell (2007, 379) I argue that disability studies '*almost never* cites non metropolitan thinkers and *almost never* builds on social theory formulated outside the metropole'. The civil wars and genocide that have swept many postcolonial countries in the twentieth and twenty-first centuries producing mutilation and impairments barely rate a mention in mainstream disability studies literature. Interestingly, this is often the terrain of medical anthropologists (see, for example, Farmer 2001; Scheper-Hughes 2003; Hinton, 2002). Medical anthropologists have studied the impact of these phenomena at a local level and have therefore paved the way for disability studies scholars.

A check of any disability studies text from the USA or the United Kingdom in the past decade reveals the applicability of Connell's claim: material from the periphery is rarely cited (Barnes, Mercer, and Shakespeare 1999; Shakespeare 1998; Davis 1997; Swain et al. 2004; Smith and Hutchison 2004; Siebers 2008).

We know that there is an emerging base for disability studies in the South. Disabled people in the South mobilised for the introduction of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which was initiated by Mexico. The countries of Latin America are now playing a leading role in motivating other countries to ratify and implement the CRPD. A southern disability theory can be built that will respond to this base. To clear the ground for this project, it is first necessary to demonstrate the dominance of the metropole in disability studies.

The northernness of disability theory

Raewyn Connell (2007, 44) suggests that the consequences of the dominance of the metropole results in a number of textual moves.

The claim of universality

There is a tendency to talk of universals in disability studies. *Disability & Society* in its notes for contributors states 'Contributors should bear in mind they are addressing an international audience'. But, in practice, if research is conducted in the metropole there is no need for any geo-political reference, whereas if you are writing from the periphery it is necessary to specify your location. Anita Ghai critiques the western universalising discourse by arguing that it 'ignores the harsh realities of disabled people's lives in countries such as India, which are caught in social and economic marginalization' (2002, 96). There is a distinct irony in disability studies contesting one kind of normativity while imposing another.

Reading from the centre

Contemporary debates in disability studies in the Northern Hemisphere have tended to ignore the lived experience of disabled people in much of the global South. Robert McRuer's deconstruction of the World Bank's disability inclusive development agenda demonstrates how disabled people targeted by World Bank programmes are 'positioned as clients of development and objects of expert administration' (McRuer 2007, 9) through the co-option of 'independence and inclusion' and stands as an exception to this tendency.

The key debates around disability and impairment, independent living, care and human rights are often irrelevant to those whose major goal is survival. Many remote indigenous communities in Australian outback each house may contain over 20 people, sanitation and water is sporadic, there is no fresh food available, there is little employment, while alcoholism, rheumatic heart disease and chronic otitis media are rife.

> Forty per cent of Aboriginal communities are over 250 kilometres from the nearest hospital, most without regular public transport ... 20% of Aboriginal children younger than 5 years are underweight, and almost four out of five children have hearing disabilities. In some communities the prevalence of chronic otitis media has been recorded as 50%, more than 10 times that which the World Health Organization regards as a significant public health problem. (Gruen and Yee 2005, 539)

In this context, concepts of disability and impairment seem inadequate and the concept of *social suffering* may be more appropriate (Kleinman, Das, and Lock 1997).

Social suffering does not equate with the concept of personal tragedy as critiqued by disability scholars. It can be historically and culturally located and relate to group 'burdens, troubles and serious wounds to the body and the spirit' (Kleinman, Das, and Lock 1997, 101). The concept of social suffering allows the experiences of indigenous peoples of Australia to be read through the dispossessing actions of the global North, without denying the agency of these peoples.

Scholars do venture into the periphery to conduct research – indeed, this is the territory of anthropologists – and they have added substantially to our understanding of the intersections between disability, impairment and culture as well as dispelling myths about disabled people in non-western societies (Reynolds and Ingstad 2007; Ingstad and Whyte 1995; Devlieger 2005). But in this work we still see methodological projection where the data are framed by metropolitan concepts, debates and research strategies. Cross-cultural analyses of disability usually depend on the metropole as the frame of reference.

Grand erasure

The five-volume *Sage Encyclopedia of Disability* (Albrecht 2005) neglects to include any entries on indigenous peoples and fails to mention the imperialistic, militaristic and colonial processes responsible for disabling millions of people across the globe. The disability relationships that emerge from the politics of colonialism and postcolonialism constitute a good example of 'grand erasure'. So too are responses to disability in the periphery. Rarely are examples of disabled person's movements outside the metropole cited. One recent exception is McRuer's discussion of the disability protests in Mumbai at the Fourth World Social Forum (2006, 42–48). In addition to Connell's textual moves, anecdotal evidence suggests there is also a tendency for writers from the South to engage in self-censorship. There also remains the difficulty of applying western concepts to postcolonial societies, especially where colonial forms of power still remain entrenched. Writers from the South who use Northern theory encounter difficulties of 'conceptual and theoretical fit' and confusion of identity (Matshedisho 2007; Ariotti 1999; King 2006).

For critical disability studies to be inclusive of the 650 million disabled people in the world, it will need to confront the centrality of colonialism (United Nations 2009). Disability in the global South is firmly linked to northern imperialism, centuries of colonisation and globalisation. Disability and poverty go hand in hand in the global South. The World Bank estimates that 20% of the world's poorest people are disabled (Godrej 2005). We need to ask why disability and poverty are so interrelated in the global South, who is responsible and who profits?

The centrality of colonialism

The fundamental business of colonisation involved structural, cultural, economic and political domination, usually by peoples from the Northern European metropole – over peoples from the south. The USA and Russia were also involved in colonisation of indigenous peoples overland. Writing in 1989, Ashcroft, Griffins, and Tiffin estimated that 75% of the global populations have had their lives shaped by colonialism (1989, 1). Colonisation has come to denote many relationships. Within disability studies the concept of 'colonisation' has been used to represent the medical and professional power exerted over disabled people (Hirsch 2000). On the

other hand, 'disabling' is used as a metaphor for negative change that occurred as a result of colonisation in colonial/postcolonial studies. Scott, for example, argues that colonisation is concerned with 'disabling old forms of life by systemically breaking down their conditions' (2005, 25).

Colonial invasions were justified on the basis that the inhabitants of places such as South America, Africa and Australia were godless and primitive savages. These 'barely human' stereotypes have resonance for disabled peoples worldwide. The invasion of Australia was deemed legitimate under what later came to be called in the twentieth century '*terra nullius*' (land that belonged to nobody). Unlike other colonial invasions there was little attempt at connection with the established peoples. The sweeping power of the colonialists allowed killings, theft of land, destruction of prior culture and the disabling of indigenous peoples. Indeed, some believed that because indigenous peoples were incapable of being 'civilised' they were doomed to die out. As non-humans they were not considered fit to reproduce, and many were forcibility removed and incarcerated in camps. Men were made to work in the pastoral workforce in Northern Australia and women and girls in the domestic workforce across the Outback. Australian Aborigines were excluded from the census until 1967 (although heads of cattle were counted). Disabling the indigenous population was then, as now, specifically related to colonial power. In this context the process of disabling has to be seen as a total dehumanising process and must include the destruction of physical, the emotional, psychic, economic and cultural life. It is not comparable with the scale of impairment in the rest of Australia or indeed in the British metropole.

Appropriation of the land of indigenous peoples was and still is a particularly important part of the disabling process. In Brazil, the impact of colonial consolidation of land into large plantations dominated by single crops destroyed the previous diverse and sustainable way of life and reduced the population to a 'humbling set of economic and psychosocial dependencies on their essentially feudal landlords' (Scheper-Hughes 1992, 32). These dependencies were disabling and one of the keys to understanding the complexities of the disabling process may well be to understand the nature of enforced dependency. Thus the Northern disability studies differentiation between chronic illness, impairment and disability cannot usefully explain the contemporary lived experiences of indigenous peoples. To analyse the experience of disabled people in the context of the establishment of a new social order of exiled and colonised people ruled over by an alien bourgeoisie requires a different set of methodologies and frameworks from those formulated in the Northern metropole.

In examining that new social order in penal colonies we also need to address the issue of who was transported – the criminal classes, the poor, petty thieves and homeless, but also people with mental illnesses and developmental/cognitive impairments. Moreover, the violence of colonisation inevitably produced impaired beings as a result of the hard life in the colonies. While for indigenous peoples colonisation was catastrophic, for many of those transported or who arrived as free settlers it was not much better. Like confinement, the practice of exiling undesirable members of a population has a long and heterogeneous history (Redfield 2005, 55).

Race and disability in the global South are fluid concepts. This has been the case both in colonial and contemporary times. Devlieger reports that 'disability as a category of discourse is foreign to sub-Saharan African thought' (2005, 693). King also reports that Indigenous Australians have different ways of discussing changes in bodily function (2006, 8). In her work with indigenous peoples, Ariotti (1999)

described disability as an alien concept. The idea of racial and gender supremacy of the Northern Hemisphere is very much tied to the production of disability in the global South and racialised evolutionary hierarchies constructed the colonised as backward, infantile and animal-like. We cannot meaningfully separate the racialised subaltern from the disabled subaltern in the process of colonisation. Parekh discusses fluidity of subaltern identities in the Indian context – transgender, intersex, low-caste and disabled people all interact (2007, 154) – and argues that there are both solidarities and competitions between marginalised groups.

In colonial times both disabled and racialised individuals were institutionalised to contain resistance and prevent the 'pollution' of the wider population. Removal of children from family and community has for centuries been justified on the basis of disability, as has removal of children on the basis of race and gender. The colonial authorities, with assistance from missionaries, established institutions to contain and control those among the colonised that were viewed as dissident and abnormal. The removal of indigenous children in Australia was an attempt to normalise them into European ways, and this paralleled the establishment of early institutions for disabled people and 'wayward' girls. Race, gender and disability collide in this treatment of many children – removed from families and communities to endure harsh discipline and retraining for servile low-status jobs (Meekosha 2006). In India, institutionalisation of disabled people began with the British. The promotion of custody rather than care was an attempt to break traditional culture (Bhambhani 2005, 668). Similar initiatives were developed in colonial Africa (Devlieger 2005, 694).

Ideology

Eugenics and institutions

Colonisation brought along ideologies and influences from the Old World. The imperialist attitude towards the colonised as unfit and inferior made a favourable environment for the export of eugenics to the periphery. The eugenics movement in New Zealand was historically linked to England inspired by Chapple's 1903 publication of the *Fertility of the Unfit.* The text argued that crime and destitution resulted from 'defective' stock. A society was established in New Zealand replicating the London Eugenics Education Society. In Western Australia, ideas of eugenics were pervasive and people with intellectual disabilities were committed to asylums and institution from the beginning of the nineteenth century in Australia.

The establishment of penal institutions in the colonies gave way to institutions for the 'mentally defective' or 'idiots'. They were also confined in the hulks of merchant ships – a practice copied from England (Cocks and Stehlick 1996, 18). Towards the end of the nineteenth century, large institutions were built where people would live and work for the duration of their lives. These institutions were totally closed, the conditions were physically and emotionally harsh, and abuse was widespread. Although deinstitutionalisation began in the 1980s, some of the biggest and best-known institutions in Australia, such as Kew Cottages in Melbourne, only closed in 2008. The particular development of the colonial state allowed for the institutionalisation of disabled people. For example, after the gold rush era (1850s–1860s) many types of institutions were built to keep the population employed. Rural towns that are dying still today lobby government to place institutions such as gaols in their towns.

Brendan Gleeson's research in colonial Melbourne in the late nineteenth century found documented records of 'slow' and 'unsteady' individuals and a young boy

with a 'paralyzed hand', which were not tolerated. Those unable to work were confined to the poorhouse and the asylum where conditions were wretched (Gleeson 1999, 114). Street vagrants, described as 'cripples', were sent to the gaols. Others became street traders living a liminal life between the shadows of homelessness and cheap boarding houses. Women living on the street hawked their wares and their bodies. Swain, quoted in Gleeson, tells the story of Ada a partially blind single mother and notes that she 'was not atypical, for many similar girls were also physically or mentally handicapped and quite alone in the city' (Gleeson 1999, 123). Thus colonisation also brought the legitimacy of the 'disabled beggar' still to be seen on the streets of cities in the global South.

Building the new social order: immigration restrictions

Restrictions of immigration from colonial times demonstrate the collision of race and disability most sharply. In New Zealand, the 1882 Imbecile Passengers' Act required a bond from ship's captain who brought into New Zealand anyone who was deemed to be a lunatic or who would become a burden requiring charitable aid. Again in New Zealand, the 1899 Immigration Act prohibited any immigrant that was seen to be an idiot or suffering from a disease to enter the country.

In Australia, the 1901 Immigration Restriction Act was aimed to control the entry of unwanted people, who were defined in terms of 'race', criminal status and certain forms of disability. The Act emerged from a mix of British imperial world-views, the developing eugenicist ideologies to 'purify' the White race and popular racism in Australia. The Act gave power to customs officials to decide whether or not they would 'test' the European credentials of prospective entrants, through the application of a dictation test. A person became 'prohibited' if 'when asked to do so by an officer fails to write out at dictation and sign in the presence of the officer a passage of fifty words in length in an European language directed by the officer'. This approach was derived from the Natal Act of 1897, developed in South Africa to control entry by non-Europeans. More recently, the 1992 Disability Discrimination Act allows the Immigration Department to exclude disabled people from coming to Australia on the justification of health costs.

Production of impairment in the majority world

Colonialism paved the way for twentieth-century capitalism and the phenomenon of globalisation. The rapid increase in impairment in the global South largely can be attributed to these dual and interrelated processes. Over two decades ago Abberley (1987) discussed the deleterious and impairing effects of defective drugs exported to the developing world and outbreaks of polio in developing countries. We are now witnessing further outbreaks of polio in war-torn countries such as Iraq, Kosovo, Angola and Sudan where immunisation has been disrupted (Tangermann et al. 2000, 331). This disabling disease has been eradicated from the industrialised nations. In the export-processing zones and free-trade zones of South East Asia working, conditions and pay rates remain substantially worse than in the metropole. Amputation has been a feature of many civil wars in Africa. Berghs reports how the long civil war in Sierra Leone produced many amputees and how these people in turn are reminders of slavery and colonial and capitalist abuse (2007, 84) The following section begins a process of documenting some of the scenarios where the processes of production of impairment

are clearly linked to the worst exigencies of the intersections of globalisation and capitalism.

War, armed conflict and the arms trade

> Some military leaders may find it more advantageous to wound rather than to kill enemy personnel, military or civilian, since the opponents must then consume valuable resources to take care of their wounded. The vast majority of the weapons being used today are antipersonnel weapons. (Sidel 1995, 1677)

War remains a major cause of disability worldwide. In 2007 the USA was the top supplier of all arms (41.3%), making $12.8 billion (Grimmett 2007). The USA spent $711 billion on the military in 2008 and the overall spending for the world totalled $1.473 trillion (Shah 2009). It is estimated that more than 85% of the major conflicts since the Second World War have been in poor countries (Southall 2002, 1457). These include the imperialist wars of the USA and its allies – most recently in Afghanistan and Iraq, but also the postcolonial civil wars that have emerged in Africa, Latin American and with the break up of the Soviet Union. Figures from UNICEF suggest that more than six million children were injured or disabled between 1986 and 1996 (Southall 2002, 1459). However, whilst being mindful of the colonial and postcolonial context, we cannot lay the blame solely on the global North – this would be to deny the political realities of war-prone dictators and ruling elites, and, at times, popular nationalism.

A political economy of disability must clearly include an analysis of the international arms trade. Most weapons are manufactured in the metropole and sold to countries in the periphery. Leading suppliers of arms are the USA and the United Kingdom with China and Russia also becoming major players. In 2006, five out of the top eight international arms companies were from the USA (Schofield 2008). The arms trade is increasingly relevant to academics and scholars in the North. There are deepening relationships between universities and the military industrial complex.

Figures from the US wars are relatively easy to obtain. There were 500 US amputees at the beginning of 2007 as a result of the Iraq war (Weisskopf 2009), and according to the Department of Veteran Affairs nearly one in five soldiers leaving Iraq and Afghanistan is partly disabled (Shane 2006). We know very little about numbers of Iraqi people disabled as a result of the war, although Mercy Corps estimates the figure to be between three and five million (Bartley 2008).

Nuclear testing and the export of pollution

Acquisition of new lands constituted a major *raison d'être* for colonialism. These lands were to prove very useful in the mid-twentieth century as testing grounds for nuclear weapons. Fallout from testing by the United States, the British and the French proved disastrous for indigenous peoples of the south in Australia, Western Africa and Oceania, as well as the USA itself (Goin 1991).

In Australia, uranium mining and radioactive dumps on traditional indigenous land have had deleterious effects on water supplies, which become contaminated, and land, which becomes unusable. Environmental and indigenous activists have joined forces campaigning against the expansion of uranium mining and the prac-

tices of dumping contaminated water on Aboriginal land. Nuclear testing did not just affect indigenous communities in remote Australia. In March 1954 the United States exploded a 15-megaton bomb on Bikini Atoll. People on nearby islands received a tragically high dose of radioactivity, with tragically clear results: thyroid disease and cancers, for which the United States belatedly paid compensation. In 1960 France tested a bomb in the Algerian Sahara desert, and between 1966 and 1974 exploded 41 atmospheric tests in French Polynesia (James 1995). More recently China tested in Lop Nur between 1964 and 1996, India tested in the Rajastan Desert up until 1998, and North Korea tested in P'unggye-yok in 2006 (Atomic Archive 2009).

The exporting of pollution from the metropole to the periphery constitutes yet another example of the North/South relationship. The receiving countries have been termed 'pollution havens'. In 2007 it was estimated that many million tons of electronic waste is dumped in China every year, with most of the rest going to India and poor African nations (Bodeen 2007). Children living amongst this e-waste earn a meagre living by setting fire to the computers in order to release the valuable copper fragments. This process releases toxic fumes; in particular, large amounts of lead.

Sweatshops

The plight of garment and shoe industry workers been well documented by global activists such as Naomi Klein, the activist magazine *Adbusters*, and non-governmental organisations such as Oxfam and War on Want. Currently Tesco and Primark are under scrutiny in the United Kingdom for their labour practices in India and Bangladesh. The average sweatshop worker lasts just five years in a garment factory before being forced to retire because of injuries. The factory managers consider these workers disposable – there is always a younger girl to take an injured worker's place. Hazardous working conditions where chemicals, dust, and unsafe machines are present lead to accidents and injuries. Research into the new sweatshops of South East Asia and Latin America have documented muscular-skeletal disorders, eyesight injuries, stress and fatigue, skin complaints and reproductive hazards. Sweatshops in Indonesia, Bangladesh, Thailand, China, Burma, Peru all offer cheaper wages, little or no trade union protection, and poor health protection. Disability scholars rarely venture into this territory, leaving these issues to scholars in feminism and international development.

Workers in the electronic sweatshops of India report digestive diseases, hair loss, back pain and stress. The rise of digitising projects being undertaken in sweatshops in countries such as Barbados, India and Mexico directly affects those of us who work in higher education. Metropolitan universities are increasingly using cheap southern labour to digitise their data, commercial archiving businesses such as ProQuest are following suit. In Cambodia, disabled people are being hired as data-entry workers by companies subcontracted by Harvard University (Farrell and Olsen 2001). Rebecca Dingo, in an analysis of the World Bank development projects and policies, argues that the Bank depends on representations of 'third-world "backwardness" and "the disabled" victimhood' (2007, 95). By bringing disabled people into economic mainstream life, the Bank makes them 'controllable, organized, comprehensible, and ultimately safe' (Dingo 2007, 96).

The global disability marketplace

Disabled people living in the periphery must purchase, if they can afford to, goods and services coming from industrialised Northern countries. The major multinational medical and pharmaceutical suppliers now operate in Australia, Asia, Latin America and Africa. But many millions of Africans cannot afford HIV/AIDS drugs. In Bosnia, Cambodia, Thailand, Rwanda, Guatemala, Iran and Iraq, those who have lost limbs due to landmines cannot afford the prosthetics being marketed by the multinational suppliers. It is not just pharmaceuticals and assistive devices that are being exported but also services and policies. Albrecht and Bury report that 'Cigna has entered the managed care market in Mexico, Brazil, Argentina and Chile' (2001, 597).

Towards new perspectives

The horrors of invasions, such as torture, rape and mutilations, maybe so great that scholars of disability avoid discussion of what happened to those who survived. Maybe it is too confronting to deal with the continuing disabling of people in the global South because in trying to claim the positives of a disability identity it becomes difficult to acknowledge the overwhelming suffering that results from colonisation, war, famine, and poverty. Thus there exists an intellectual and political tension between pride, celebration and prevention. Furthermore anti-colonialist politics of disabled people in the majority world have yet to be documented.

In Australia, the indigenous communities use concepts of reconciliation and healing to assist in dealing with the major traumatic experiences of invasion and colonisation. This may be useful way forward for working with the disabled peoples of the South. We have the tools to understand the collective experience of oppression in the North, so we need to develop frameworks to understand the collective sufferings of the majority world's disabled peoples.

Colonialism was not only an economic process, but also one of imposing Eurocentric knowledge on the colonised. So postcolonialism has resonance for disability studies and helps explain the dominance of perspectives from the metropole. Postcolonialism can lead us to understand how colonial projects were concerned with rearranging social relations – so that traditional ways of supporting impaired people would be undermined – the kinship, family and community systems.

Postcolonial perspectives demand that the historical specificity in the colonial situation involves recognising that an indigenous population existed and was brutally treated. Evidence presented in this paper is testimony to the fact that impairment in the global South is often the result of the *continued* dependency on the northern metropole. Exploitative and dangerous work conditions are closely tied to the political economies inherited from colonial rule.

Southern disability studies

> In achieving a satisfactorily 'critical' perspective that does justice to one's own position … it is necessary firstly to position one's self (and one's selves) in all discourse about one's self (and one's selves), as *subject(s*) in developing those understandings, not as alienated and marginalized *object(s*) of the discourse of others. (Fatnowna and Pickett 2003, 77)

The time is ripe for developing southern perspectives on disability that challenge the some of the implicit values and concepts of northern theory. The CRPD was adopted by the General Assembly of the United Nations in December 2006 and will inevitably open up the opportunities for greater debate about the lived experience of disabled people in the South and transnational activism and advocacy. Indeed, the process for the CRPD was initiated by Mexico, and many of the countries in the South were strongly involved in the campaign for the Convention. Nevertheless, critiques of the 'universalism' of human rights from southern scholars cannot be ignored (see, for example, Mutua 2002). Human rights are based on the western idea of rational individuals, which raises important issues for a southern theory of disability, given that the concepts and processes embedded in human rights discourse remain culturally Eurocentric. So we need to be vigilant about the silences embedded within the UN CRPD and the promises that the Convention seeks to deliver. A southern theory of disability and human rights must inevitably question international inequities, especially those between the global North and global South.

Southern theory also requires a politics of solidarity between Northern theorists and Southern theorists. As disability theorists, it is important to learn from feminist theorists from the global South who have argued for the centrality of decolonisation in feminist thought. We must also be engaged in 'building and constructing' otherwise we find ourselves isolated (Mohanty 2003, 17). It is evident that disability must be contextualised in geopolitical terms. Parekh's (2007) work on the India–Pakistan partition argues that a theoretical re-envisioning means 'analysing the specific historical and culture-specific meanings of disability, physical and mental differences' (Parekh 2007, 150).

The non-metropolitan experiences of disability and impairment can no longer to subordinated to rational western thinking. By looking at the inadequacy or irrelevance of northern concepts, we come to see the need for developing southern theories. For example, impairment/disease/disability cannot be so easily separated (Shuttleworth and Kasnitz 2005). Indigenous knowledge is recognised as another casualty of colonialism. Indigenous scholars and authors challenge 'expert' thought in many areas – particularly in humanities and anthropology (Hoppers 2003). We need to acknowledge that there are many ways of describing and understanding disability and impairment. Indigenous activists are struggling for control of traditional medicinal knowledge and healing practices – all of which relate to disability. Their explanations of disability cannot be simply dismissed as irrational or based on superstition. This is neither to reify traditional indigenous knowledge, nor to suggest that colonialism is the only defining force.

Conclusion

This paper has argued that we need to think very differently about disability studies. A process of intellectual decolonisation must take place if the millions of disabled people who reside in the global South are to be included in scholarly thinking, theoretical developments and our emancipatory projects. Recognition that some discourses are privileged and others are excluded in disability studies is long overdue. We need to recognise the cultural and political dominance of the global North. One immediate task is to be conscious about the lack of geopolitical specificity in disability studies and acknowledge the issues of access and exclusion inherent in the universalising tendencies of the discipline. Disability is not universally understood.

Different cultures maintain diverse interpretations and casual factors relating to impairment. Indigenous peoples still use indigenous knowledge to make sense of their world. We undervalue the legacy of indigenous knowledge, including the diverse understandings of impairment and disability. We cannot simply dismiss these as 'primitive', and an empathetic reading requires a conscious decision to recognise the impaired embodiment in the south in all its various meanings (see, for example, Fadiman 1997).

Given the massive production of impaired peoples in the global South, we need to take up the fight against war and all forms of violence. Impairment is endemic, but this does not mean we cannot make a stand against suffering. Making connections with peace movements and anti-arms-trade activists is one way forward. This will mean a major shift in our thinking about disability. Prevention of disability is a major lacuna in our scholarship, except in the troubling philosophical and moral areas of prenatal testing, neonatal care and genetic testing. These latter areas are complex, emotive and have potential to undo rights that have long been fought for. However, as Shakespeare argues, impairment prevention and disability rights are not incompatible (2006, 91) and impairment prevention has a major role in the social relations of disability.

The CRPD constitutes a major achievement for disability communities around the world. In the period leading up to the Convention, it became clear that communities could organise on a global scale using virtual communications and new technologies. This demonstrates that a base exists for Southern disability studies. There remain distinct challenges for activists and scholars in the global North and in the wealthier countries of the South to support the fight for rights in the global South. An underlying principle of the CRPD concerned international cooperation. While self-determination is a fundamental right of disabled peoples, we must work in the spaces of solidarity in order to prevent the increase of impairment and to bring about improved conditions for disabled people in the global South.

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