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Examining the Limitations of Disability Policies in Bangladesh in the  
Income-generating Programs for ‘Disabled’ Bangladeshi People

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## **Examining the Limitations of Disability Policies in Bangladesh in the Income-generating Programs for ‘Disabled’ Bangladeshi People**

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**Abstract:** Following critical and postcolonial disability scholarship and based on the qualitative research on the income generating policies of Centre for the Rehabilitation of the Paralysed (CRP)’s for Bangladeshi people with disabilities and 10 ‘integrated’ Bangladeshi people with disabilities’ experiences, this paper argues that CRP’s integration policies and programs for the people with disabilities follow short term solution for people with disabilities. This is because they mostly focus on recovery of people with disabilities and reintegration to the society through their economic independence while ignoring the global political and economic aspects which contribute to increase the number of people with disabilities in the Global South. Further, this paper argues that CRP’s rehabilitation programs focus on the neo-liberal concepts of freedom, individualism, and economic independence while delimit to understand the politics of these concepts in the Global South. Lastly, this paper explores the people with disabilities’ voice to claim that people with disabilities are not getting the fully benefits of reintegration programs of CRP.

### **Introduction**

Disability policies and Programs in Bangladesh, a country of the Global South, are mostly informed by the United Nations’ conventions on the rights of people with disabilities. One of the main aims of disability policies of Bangladesh is inclusion of people with disabilities in income-generating programs. The argument behind the programs is that the inclusion of people with disabilities, in particular impoverished Bangladeshi people with disabilities in income-generating programs, not only establishes their human rights and agency, but also alleviates their poverty, which, in turn contributes to the broader socio-economic development of the country. According to post-colonial disability scholars, alleviation of poverty of people with disabilities contribute to the development of the country is misleading and this claim delimits to

understand the political economy of neoliberalism which contributing to poverty of the Global South as well as enhancing the disasters which contribute to increase the number of disabilities. In addition to that, critical disability scholars are critical about the emphasis of establishing independence and autonomy of people with disabilities within rehabilitation programs. They argue that within disability movement independence and autonomy are considered important for establishing the rights of people with disabilities, in particular materialist disability scholars focus on these concepts. However, critical disability scholars are critical about this emphasis, arguing that this approach has taken for granted that dependency is problematic and shameful, and does not explore the historical, socio-economic, or political contexts in which the notions of independence and autonomy have emerged, or how these notions affect people with disabilities (Fyson & Kitson, 2007; Barron, 2001; Ellis, 2001; Kittay, 1999; Reindal, 1999).

Further, disability scholars argue that although at a superficial level it seems that rehabilitation programs for people with disabilities are universally beneficial, they are not (Bunzel, 2007; Reaume, 2005; Anderson, 2004; Albrecht, 1993). Not all people with disabilities receive similar services from rehabilitation programs; rather, receiving certain types of services depends on financial status (Albrecht, 1993). Further, those who receive rehabilitation services as welfare benefits are generally encouraged only to participate in the work force at minimum wage, or without any wage, which is arguably an exploitation of people with disabilities and which is connected with neoliberalism's aim to maximize the labour power of individuals (Bunzel, 2007; Reaume, 2005; Anderson, 2004). In addition to this exploitation, people with disabilities often encounter violence within rehabilitation programs (Reaume, 2005).

While critical and post-colonial disability scholars are critical about these conceptions and policies and programs which solely focus on these conceptions and noncritical about the

processes which contributing to disability and poverty problems of the Global South, disabilities policies in Bangladesh do not focus on these global political issues and only guided by the UN convention and echo their claim that integrating people with disabilities in work is beneficial for their lives. Further, following the UN objectives they also focus on the independence of Bangladeshi people with disabilities without considering the local context. Thus, it is significant to examine Bangladeshi disability policies and its worth and limitation in order to contribute to the disability scholarship. In this spectrum, I aim to examine the policies of CRP as I have heard that CRP provides best service to Bangladeshi people with disabilities, in particular for the spinal cord paralyzed patients. For doing this, this paper is divided into three sections, the first part focuses on the methodology of the research while the second part draws some literature on disability issues. Finally, the paper examines CRP's policies through the lens of CRP staffs as well as people with disabilities who took medical services, integration training, and financial assistance from CRP.

It is important to note that from this point forward, when using the terms 'disabled people', I will not use quotation marks, but that does not indicate that I am noncritical or accepting of the terms. Following Malacrida's (2015) argument, my position is that using these concepts is a political statement and not an a priori category. By using these concepts, I am not placing any negative connotations on these people (Malacrida, 2015). Before discussing CRP's Rehabilitation Programs for people with disabilities I draw discussions on the methodology as well as literature on disability studies. In the literature part, I discuss three approaches within disability movement as well as the political economy of rehabilitation programs which eventually assist to formulate my arguments in this paper.

### **Methodology of the Research**

In my research, I explore disability policies of CRP, situated at Savar, Dhaka, capital of Bangladesh. This research has been conducted within 22 March to 25 May, 2017. As I was in Canada until 15 May 2017 for my Ph.D. program, one of my colleagues of Comilla University and one of his graduate student of Anthropology assist me to contact with CRP as well as respondents of the research. While the graduate students helped me to conduct interviews with eight Bangladeshi people with disabilities, I interviewed three female physiotherapists and research officers of CRP and two people with disabilities who could be addressed as key informants of the research. I interviewed physiotherapists to learn their perceptions about their policies and programs for people with disabilities as well as their perceptions about their patients. We used unstructured interview method to collect the findings. I also used my observation method to learn the environment of CRP. The respondents' age ranging from 30 to 40, and among them, two were females and 8 were males. According to CRP physiotherapists, 80% of the patients of CRP is male. According to them, this is because male's accident is higher than female in Bangladeshi society as females remain at home and do not do work outside home. Further, females do not do the risky jobs, such as, building construction work, electrical work, climbing trees, and driving which are the main reasons of causing the disabilities in Bangladesh. However, when I talked with one garment worker who lost her two legs by the Rana Plaza building collapse, I felt that women are also sufferers, but they often do not have abilities to bear the cost of the treatments - thus, might not come to CRP to take their facilities - as most of the Bangladeshi women still in Bangladesh are economically and socially dependent on men. Respondents' education ranging from Class four to ten; most of the respondents of the research are poor. Five of them are impoverished and five of them have comparatively better financial

status. It is important to note that in this paper I will use the pseudo names of the research informants.

### **Literature on People with Disabilities**

Within disability studies, three approaches are prominent; the most authoritative approach is the medical model, which considers disability a biological and individual problem that needs medical remedy (Hughes, 2009; Titchkosky, 2003; Erevelles, 1996). In the United Kingdom, during the 1970s this approach was transformed by the historical materialism approach and it became the dominant approach in disability studies (Hughes, 2005). This model also transformed medical science's conception of disability as a biological impairment by addressing disability as a form of oppression of society (Watts Belser, 2016; Hughes, 2009; Garland-Thomson, 2011; Erevelles, 1996).

The Social Model of Disability argues that disability is not a biological impairment, which disables individuals, but rather a result of material conditions and oppressive social and political structures, which emphasize 'able-bodies'. Therefore, they argue that there is a need to change the material condition in order to integrate people with disabilities. This often manifests as the suggestion of shaping or changing the bodies of people with disabilities to be fit for the public sphere (Garland-Thomson, 2011). Nonetheless, Materialist disability scholars argue that rather than focusing on the need to shape 'disabled' people bodies, it is necessary to change the environment, structures, and settings of society, which can result in integration (Garland-Thomson, 2011).

Although the social model of disability is valued in disability studies, it has also been criticized by many post-structural disability scholars (Hughes, 2005). The post-structural

epistemology, particularly Michel Foucault's notion of body and power, suggests the body does not have corporeality, but rather the social construction and subject of modern power contribute notions of 'able' and 'disabled' bodies (Malacrida, 2015; Shildrick, 2015). Thus, post-structuralists focus mostly on explaining how disability has been constituted by social, political, and cultural practices, and how disabled bodies are a site of the fabrication of power (Malacrida, 2015; Shildrick, 2015; Hughes, 2005).

While materialist disability scholars argue for inclusive education and other facilities, post-structuralist disability scholars dissect how inclusive education and other structures – for instance, social rehabilitation programs - strengthened the social control over disabled people (Titchkosky, 2003). Further, post-structural scholars are skeptical of identity politics and the right-based approach of the social model of disability (Shildrick, 2015). Instead, post-structural disability scholars focus on the genealogy of identity construction, and do not find material assistance as solutions for disabled people (Shildrick, 2015). This is because they posit such assistance emphasizes 'normal' human's performativity and identity as standards, which reiterate the opposition between 'able' and 'disable' bodies (Shildrick, 2015). In addition, material assistances encourage enormous performativity (Shildrick, 2015).

According to post-structuralist disability scholars, while the equality rights movement has provided some remedies to disabled people, materialists do not challenge the negative discourse regarding disabled people (Campbell, 2005). They do not see how agency, rights discourse, and disabled people's achievements confirm the notion of the "modernist' unitary [ableist] subject" (Campbell, 2005, 109). They do not criticize how the notion of freedom and autonomy is a neo-liberal trap, which fuel the drive to maximize the human potentiality (Campbell, 2005). Further, they do not consider how the notions of freedom, self-consciousness, and autonomy have been

moulded into neoliberal economy, in which autonomy is reduced to “the performance of choosing, desiring and consuming” (Campbell, 2005, 109). In addition, Foucault’s notion of power provides the basis from which to examine how the illusion of choice encourages disabled individuals to become active in order to be like ‘abled’ bodies (Campbell, 2005).

Furthermore, Foucault’s notions of subject and power are informative to analysis how individuals are regulated through their active engagement in neo-liberal economy; how power is, not repressive or coercive, but rather, the technologies of power are hidden behind the screen of individualism and people, are governed through a perceived sense of freedom (Peterson, 2003). Post-structural epistemology provides means to analyze how neo-liberal economy supports the emergence of rationalities and techniques that seek to govern through regulated choices made by discrete and autonomous actors (Peterson, 2003; Campbell, 2005). Foucault’s notion of power provides tools to analyse how the individuals are bearers of rights and processors of desire and agency, but individuals do not control and create the system of thinking that informs their desires and actions (Peterson, 2003).

Considering the aforementioned points, it could be said that at the superficial level, the materialist disability approach has added a great value to disability scholarship in understanding the disabled subject; however, I argue that this is not the case because their perception of agency focuses on the notion of productivity. It could be argued that because the Marxist approach focuses on men’s creativity, freedom, and agency, or in other words takes a humanist and progressive approach, materialist disability scholars view any type of activity engaged by disabled people as their agency, missing the trope of agency and freedom of neo-liberal economy. I find the post-structural approach provides means to question these issues.



Therefore, I will follow the post-structural epistemology in my paper to examine the policies of CRP. It prompts me to look at the genealogy of the conception of agency, independence from the context of Bangladesh. Further, it informs me in my examination of how the conceptions of agency, capabilities, freedom, and autonomy encourage human productivity and mostly fulfil the interest of neo-liberal economy. The following section will discuss how the notion of dependence became a problem in the society.

According to Reindal (1999) and Fraser and Gordon (1994) The focus on disabled people's independence is connected with socio-structural and economic shifts in Western society (Reindal, 1999; Fraser & Gordon, 1994). The meaning of dependency in the past was different from today's post-industrial Western society; in the pre-industrial society, the notion of dependency was not seen as problematic (Reindal, 1999; Fraser & Gordon, 1994). During this period, people were dependent upon each other, even though some individuals possessed more power, and there were hierarchal positions within society (Fraser & Gordon, 1994). For instance, the head of the household possessed power over the other members of the household, but he was nonetheless dependent on the labour of women and children (Fraser & Gordon, 1994). Further, in a martial relationship, husband and wife were dependent on each other (Fraser & Gordon, 1994; Kittay, 1999). In pre-industrial western society, religion also played a key role in sustaining society, as the communal bond was important. Due to the invention of science and technology, reason began to replace religion, and refocus the goal of mastering the world (Reindal, 1999).

Modernist views see independence as an essential criterion of humans; in this era, independence means self-control, self-reliance, and self-supporting (Reindal, 1999). In industrial Western societies, three types of people become icons of the dependent, which contributed to

constructing the notion that dependency is a problem (Fraser & Gordon, 1994). The first icon was paupers, who were also a disadvantaged group of people in the pre-industrial society, but as Fraser and Gordon argue, their dependence on poor relief became shameful in the industrial society. They were labeled as lacking motivation to work, but political and other subjugations that caused their poverty were not considered. Another icon of dependency were black people, who were considered dependent on white people because of their indenturing as slaves but also because they were characterized as simple and lacking the capacity to live well on their own. However, the colonization process was not considered a factor in their perceived dependency (Fraser & Gordon, 1994).

The third icon of dependency was housewives; in pre-industrial Western society, women were economically dependent in the sense that the men of their class were as well; however, in the newly established industrial economic process, men were employed in industry and women remained dependent on their husbands' wage (Fraser & Gordon, 1994). Women began to be expected to do house work while men worked for a wage outside the home, and women's work began to be seen as inferior to men's (Kittay, 1999; Fraser & Gordon, 1994). Within this marital relationship, women received limited freedom to define their needs and aspirations, and their needs began to depend on providing the dependency work to husbands and the family (Kittay, 1999; Fraser & Gordon, 1994). Husbands were expected to protect their wives from other men, and also to provide economic resources (Kittay, 1999). As such men were measured as humanity, and received their citizenship rights by becoming independent and doing paid work in the public sphere, whereas women's rights remained dependent on men both legally and politically (Fraser & Gordon, 1994, p. 318).

In the industrial period, two types of notions of dependency emerged, one being bad dependency, and the other being good dependency; children and wives' dependency on men was seen as good, while dependency on charity and the state was considered shameful and bad (Fraser & Gordon, 1994). Nevertheless, the salary for working class men during this period was not sufficient; thus, many working class women needed to do work within and outside of the households (Fraser & Gordon, 1994).

In post-industrial Western society the notion of 'good dependency' began to disappear, as it generally became impossible for a single earner family to survive in the newly structured society (Fraser & Gordon, 1994). Laws also began to reform and abolish the notions of legal and political dependency of women. Further, new forms of relationships, such as lesbian and gay liberation movements, women's empowerment movements, and increased divorced rates impacted the previous notion of men as the bread-earners and women as homemakers. These socio-economic and political changes prompted all people to work and be independent. In this context, any kind of dependency became the individual's fault rather than a social phenomenon (Fraser & Gordon, 1994). This notion arises from the construction of the progressive, democratic, and universal category of humanity, and consideration that individuals need to be independent to get full citizenship rights (Riendal, 1999; Kittay, 1999).

According to disability scholars, this notion of an independent and universal category of humanity is problematic because it perceives all humans as equally situated and empowered, and excludes the situation of those who are dependent and need various assistance (Riendal, 1999; Kittay, 1999). It impacted disabled people, in particular, in accessing welfare benefits because the notion of dependency became shameful. It also affected mothers with disabled children, because the belief that women are care providers held, and thus it was viewed that women should

provide care to their dependent children without depending on welfare benefits and services (Kittay, 1999).

It is noteworthy that although enlightenment brought forth some changes on the status of women, and women participate in economic and political work more than before, still dependency is seen as an innately female characteristic (Kittay, 1999). Further, there is a discourse around women that suggests they provide better emotional support and care to people; thus, women are expected to provide care to dependent people and family members. This belief shapes women's working areas not only within the home, but also outside of the home. Women who have high status can hire impoverished women to take care of their children, and impoverished women need to depend on other female familial help; men rarely take responsibilities in providing care (Kittay, 1999).

Disability scholars suggest that in social justice discussions, the intersections of gender, class, and other minority statuses need to be taken into consideration when addressing the care of people with disabilities (Kittay, 1999; Barron, 2001). Additionally, autonomy generally means having the ability to do work, and having independence or autonomy over one's own body; however, autonomy is also dependent upon how bodies are perceived by others, and what kinds of structural set-ups they are in (Ellis, 2001; Reindel, 1999). Further, emphasis on physical autonomy and independence ignores "the notion of freedom of thought and action and the independence of people deemed mentally defective" (Reindal, 1999, p. 354). In sum, the idea of autonomy is discursively linked to the notion of productivity, the body and the independent subject, and fails to take into account alternative possibilities of autonomy that, if legitimated, might shift negative perceptions of disability.

Within the care system, people with disabilities should not be a subject of power relations and trustworthy, respectful relationships between service providers and service recipients are necessary (Fyson & Kitson, 2007; Barron, 2001). Unfortunately, this environment is often lacking within rehabilitation services (Ellis, 2001; Reindel, 1999, Kittay, 1999). The following section discusses the political economy of rehabilitation programs from historical and current contexts.

Bunzel (2007) is informative in understanding the political economy of rehabilitation programs. The author argues the concept of rehabilitation came from “the utilitarian ethos of work performance”, which solidified work as a duty to society and rendered work as sole component of life (pp. 377-378). Bunzel (2007) argues that the ethos and praxis of work performance was not invented by the German socialist state, but rather from welfarism and the Protestant work ethic. Here, rehabilitation was connected with the shortage of labour and economic demand. In this context, new policies and practices were developed, which Bunzel argues is a post-productivity paradigm, where social participation was required.

Bunzel (2007) notes that after the First World War, the increase in the number of people in rehabilitation programs benefited the state’s budget because rehabilitation programs included ill people, which helped the state increase the number of tax payers. In order to encourage people with disabilities to work, they were told that doing work was their responsibility to society; they were also told that work improved an individual’s mental and physical health (Bunzel, 2007). Bunzel goes on to address how vocational training and education were provided to people with disabilities to incorporate them into work. He suggests that Henry Ford played a significant role in integrating people with disabilities into work, because he opened special factories for people with disabilities.

According to Bunzel (2007) laws and policies were also developed to integrate a particular number of people with disabilities in the employment sectors; for example, laws ensured that two percent of factory employees should be people with disabilities. Bunzel argues that although at the superficial level it seems that rehabilitation programs and the law facilitated people with disabilities' wellbeing and empowerment, it did not. Instead, it intensified the exploitation of labour power produced by people with disabilities. Further, it was necessary for Germany to integrate people with disabilities into the workforce, as Germany was facing a financial crisis during the first half of the twentieth century, which was also one of the key reasons to encourage people with disabilities to utilize their abilities and creativity, as well as justified their existences in society (p. 370).

Bunzel posits that this widespread inclusion of people with disabilities in the workforce further divided people who were able to work and people who are not (p. 369). Bunzel goes on to suggest that although they were encouraged to work, people with disabilities were not given rights like mainstream individuals. Though it seemed that rehabilitation programs provided opportunities for people to participate in working life, it ultimately triggered the segregation of people with disabilities; here Bunzel points out that disabled individuals had little contact with people labeled normal post rehabilitation.

Similar to Bunzel (2007), Julie Anderson (2003) addresses the political economy of rehabilitation programs by discussing how within such programs people with serious disabilities were encouraged to work. Based on research on a Spinal Unit of Stoke Mandeville's Hospital Aylesbury, United Kingdom, birthplace of the Paralympic movement, Anderson discusses how during the Second World War and post war period, a huge effort was taken within health services to incorporate war-injured people. During this period, there was an increased number of

people with disabilities, and the medical system in England faced challenges in providing services to all of them. Further, the state was facing difficulties in providing welfare benefits to all citizens. In this context, rehabilitation programs ran at the unit, including different kinds of methods like sports, physical therapy, and exercises to minimize the effects of disabilities and maximize peoples' potentiality to do work. Anderson argues this was necessary to the sense of rebuilding Britain after the Second World War and reducing the welfare bill for people with disabilities (p. 461).

Anderson (2003) highlights that within these rehabilitation programs, people with disabilities were required to do exercise on a daily basis, for fear that they might become idle and permanently inactive. Exercise sessions were carried out in front of the wards where patients were still bedridden in order to encourage them to become active. There was even a dressing competition, where people were provided four minutes to "get out of the bed, dress themselves and get into their wheel-chair" (p. 465). All activities were aimed at making people strong and eventually able to work. In the centre, employment opportunities were also opened, such as carpentry, and repairing and making shoes and clocks. Special policies were also developed to sanction a small amount of grants for small business and higher education.

Anderson (2003) goes on to explain that although the rehabilitation treatments initially only included sports and exercises as a portion of treatment, the sport competition program became the soul of rehabilitation programs during the fifties. The first sporting event for disabled people was extremely successful, and encouraged future events; the competitions continued to expand. In 1952, the first international competition, now officially the Paralympic Games, occurred.

In accordance with Bunzel (2007) and Anderson (2003), Gary Albrecht (1993) also discusses the political economy of rehabilitation programs for people with physical disabilities from the context of the United States. While Anderson and Bunzel discuss how rehabilitation programs were connected to prompting people with disabilities to work, and how these programs helped the state reduce the budget for people with disabilities, Albrecht explores how rehabilitations programs became the site of business. Albrecht posits that disability business connected with the construction of disability as a problem and illness requiring treatment; this establishes “a set of needs, stimulates a demand and also defines who is eligible for services, and dictates the types of good and services” on offer (p. 67).

Albrecht (1993) argues that the meaning of ‘impairment’ is different in different societies; although impairment and disability exist in one form or another from the beginning of human society, it was not always seen as a problem. Albrecht argues that the concepts of impairment and disability do not have negative meanings by themselves, but rather language, symbols, and values construct the meaning of disabilities. For example, disability is considered an economic and social problem within the context of capitalism, where making profit is most important.

Albrecht (1993) argues that in capitalist society, funding is considered a final solution of a particular problem, and generally ignores other issues that need fixing in order to solve the problem. For instance, some jobs are full of hazards and may even cause certain kinds of disabilities, such as coal miners who often suffer from lung disease. Here, the solution of the problem is not providing treatments, but rather searching for a way that people do not need to do this kind of hazardous jobs. Without stopping the hazardous job, the government provides



handsome money towards the treatments of illnesses caused by this hazardous job, which is still not a solution to the original problem.

Albrecht (1993) argues that disability is often experienced by people who are already in disadvantaged positions in society; for example, disabled people are more likely to be female, black, elderly, lacking formal education, and who have overall poor health. These people face difficulties performing socially prescribed responsibilities and duties; thus, they are labeled as disabled, and the goods, services, and technologies of rehabilitation programs seek to assist them to improve their functions as social beings.

He further notes that many tests and services related to rehabilitation programs are problematic and unnecessary for people with disabilities, but they are not considered problematic to mainstream people because of a reliance on technologies and medical science's diagnoses (Albrecht, 1993). Albrecht argues that before inventing laboratory tests and observation methods, it was not possible or necessary to observe the organic process in addition to constructing knowledge about what is pathological and what is not. Therefore, the medical diagnostic systems that help rehabilitation programs to construct certain people as 'ill' and 'abnormal' and other people as 'fit' and 'normal' arguably contributes to expanding the business of rehabilitation. Prior to these programs, charitable organizations and the government provided health care and rehabilitation services in the United States; today, care is commodified and people buy the services of rehabilitation, thus, rehabilitation is an industry.

Reaume (2005) argues that doctors in Ontario, Quebec, and England provided a physiological basis for their claim that involving mad patients' in work was helpful for their recovery; agricultural labour and laundry were in particular seen as beneficial to the control of their "alienated mind[s]", because it helped patients in creating routines, and kept them away

from their mad thoughts (p. 70). Further, it was claimed that physical work was helpful to regulate the flow of blood, and also help to revitalize brain activities. Overall, the involvement of patients in work activities was considered their moral therapy.

According to Reaume (2005), many men and women did very well at their jobs in the Toronto Asylum; women were assigned to do work in the kitchen, laundry, and other tasks within wards, while men were assigned to digging, leveling, draining, and cultivating the onsite farm. The size of the farm was even increased in order to fully utilize the labour. There was no choice in tasks, authorities always assigned jobs. Patients generally worked hard proved to be industrious, but they were not provided any payments for their work in the facilities, beyond some basic treats for male patients. Although most patients were given physical work, some patients were appointed as unofficial attendants of other patients, which arguably gave certain patients power over others.

Reaume (2005) argues that the success of the patients in completing their tasks in the asylum proves they were fit to work within the general public, but because their labour was needed to keep the asylum running, and because paying outside workers was seen as a waste of money, many were not released. This system, established by hospital authorities, arguably suggests insane people were used as slave labour for the betterment of the institution, a form of violence and exploitation of their labour. Thus, the claims on behalf of hospital authorities and doctors that work was equal to therapy for patients is not the case; rather, exploitation of their labour power was the main concern.

In another article, Reaume (2000) argues that it is necessary to explore the history of the exploitation of people with mental disorders so that this kind of exploitation and violence does not happen again. Reaume focuses on incorporating the voices of people deemed mentally

defective, because, he argues, their voice is largely absent in history, as researchers portrayed insane people through descriptions provided by doctors, staff of the mental hospitals, and by their parents, as there was the perception that insane people were unable to represent themselves. Further, researchers generally represent mental patients anonymously and in passive ways. Individuality and personal identities have been ignored by many historians, which is necessary, according to Reaume, for establishing the identity and agency of insane people.

Reaume (2000) goes on to explain that researchers often claim that using insane people's names might cause more shame upon them, but he argues that the more these individuals enter the public sphere, the more stigma and shame attached with them may be reduced. He is also critical of the notion of public interest, because people are often labeled insane and sent to asylums by arguing that it is in the best interests of the. Overall, Reaume is critical about the notion of public interest; he raises questions as to what it is even meant by 'public interest', and why insane people are not considered as part of the public. Additionally, Reaume argues that one should be critical of negative myths around insane people, as well as the representations of mental disorders, because these construct certain prejudices about mental illness, and lead the public to harass affected individuals.

The aforementioned discussions prompted me to explore whether Bangladeshi people with disabilities have similar experiences within the rehabilitation programs. In the following section I will discuss the policies of CRP.

### **Programs and Policies of CRP and Experiences of Bangladesh People with Disabilities**

Valerie Taylor is the founder of CRP who is a physiotherapist and came from United Kingdom before 1971 in Bangladesh. In 1979, she established CRP with the donors' help in Dhaka, Bangladesh. Later she moved to Savar and built the Savar CRP building to provide services to people with disabilities in 1990, which is now the head office of CRP. CRP has 10 branches throughout Bangladesh. CRP's services have been divided into two parts one includes treatment services while other includes rehabilitation programs. CRP claims that it is the largest medical services for people with disabilities and it has also been providing rehabilitation services to people with disabilities from 1994. When I was examining their policies and interviewing physiotherapists, I realized that the institute follows the social model of disability as its approach. For example, physiotherapist Lubna explains that within integration programs, they train and provide material support for people with disabilities following their structural and social set up so that they can be integrated to the society easily. CRP has physiotherapy and occupational therapy. According to CRP's policies outlines, it provides different occupational therapy in order help "people with different impairments and disabilities to maximize their independence in daily life" (Pervin, 2016, p. 13).

CRP provides group services for people with disabilities. Health professionals of CRP argue that "Group therapy is an important part of Occupational Therapy Practice for enhancing patients' participation, motivation, socialization, sharing with each other and coping with disability. Group[s include] monthly activities of Daily Living (ADL) group and caregiver education group" (p. 13). While CRP explains that the group activities are helpful for people with disabilities to encourage them to be active, patients have different perceptions. Patients really face trouble to be active to in the group activity; however, they tried their best to be active not of seeing others, but rather they are scared that the labeling as lazy. This labeling contributes

to their double stigmas, disability itself is a stigma and people usually often show negative attitudes towards them. For example, Litu explains that “People often address me as lame and criticize me that I am lame because I did sin in my life” (2015). Further, he states that “I need to be more conscious than normal grocery shop owners when asking the price of goods of my grocery shops because if normal people take much money, they are not addressed as bad persons, but in case of me, people gossip that I am lame because of dishonesty”. The above narrative explains social pressure people with disabilities encounter in the society. Following critical disability scholarship, I read the policies of CRP have been informed by the neoliberal economy which emphasizes people’s active position in the society and involvement in work as the modern state no longer wants to bear the cost and does not take responsibilities for some people.

CRP provides different kinds of assistive devices for people with disabilities so that they can do their work by themselves and do not need to depend on anybody including, artificial legs, hands, crutches, wheelchairs. It also provides different kinds of vocational training to people with disabilities to integrate them in the society, such as, sewing training, mushrooms cultivation, training on computer operating system and how to run a shop. According to CRP, people who become disabled accidentally “are unable to return to their previous occupation. The position of woman with disabilities is even worse as they are often deserted by their husbands or rejected by their families” (Pervin, 2016, p.31). I also found that women are in more vulnerable position, such as Malika who worked in Rana Plaza and lost her two legs by the collapse lives by herself in Savar; her husband and a son live at her hometown. Through CRP rehabilitation program she got two cows as she is not able to work in sewing sections.

Litu and Malika both are victims of Rana plaza collapse in 2013, which according to many activists is a manmade disaster as the garment factories of Bangladesh seldom provide the

safe working environments. This is because the garments owners aim to minimize the cost of the garment productions. Consequently, building collapses, fires, and the killing of garment workers and disabling of garment workers have become regular occurrences in Bangladesh's garment industry in the last two decades (M. Taplin, 2014). Approximately 4 million garment workers, 80% of which are women, work from dawn to dusk, sometimes 14 -20 hours, producing clothes to meet the desire of the "fast fashion" market in Europe and North America (M. Taplin, 2014; Motlagh & Saha, 2014). Despite these hours, however, Bangladeshi garment workers were paid a minimum wage of approximately \$50 CAD monthly up until 2013. The pressure to "meet strict delivery deadlines" and a "strong cost mandate" are the primary reasons for overworking factory employees at increasingly dangerous speeds, which has resulted in many disasters and deaths in Bangladesh (M. Taplin, 2014, p. 73). The tendency reflects that imperialism, and slavery still exists in Bangladesh. Thus, according to disability scholars these issues are needed to be addressed within disability movement, but unfortunately, CRP does not take initiatives to protest these. According to post-colonial disability scholars, disability scholars instead talk about prevention of birthing people with disability through medical science's screening systems which eventually contribute to the notion that disability is a problem. Critical disability scholars thus argue that negative connotations around disabilities are needed to be erased. Without doing this it is not possible for bringing truly emancipation of people with disabilities. CRP's emancipation also follow Western notion of emancipation which focus on economic productivity, which is problematic as this notion divided people who are productive and who are not.

I found that the respondents internalized the notion that non-productive persons are problem in the society. Such as, Akash states that "my life does not have any value as I could not work properly, one of my legs is plastic leg, I could not work hard, and my family has been

starving, it was better if I die by my road accident, and I am not a good father and husband” (2017). Akash internalizes the society’s perception that he is a burden of the society, and still now he has been trying his best to be economically productive. This could be read Foucault’s notions of subject and power as Akash is regulated here through his active engagement in neo-liberal economy; here society’s and neoliberal power is, not repressive or coercive, but rather, the technologies of power are hidden behind the screen of individualism and people, are governed through a perceived sense of economically productivity (Peterson, 2003). Through this mechanism the state becomes able to ignore its responsibilities for people with disabilities and other disposable people in the society and label this problem as an individual problem. Thus, it is necessary to be critical about this issue.

### **Concluding Remarks**

This paper argues that CRP’s integration policies and programs for the people with disabilities follow short term solution for people with disabilities. This is because they mostly focus on recovery of people with disabilities and reintegration to the society through their economic independence while ignoring the global political and economic aspects which contribute to increase the number of people with disabilities in the Global South. Further, this paper argues that CRP’s rehabilitation programs focus on the neo-liberal concepts of freedom, individualism, and economic independence while delimit to understand the politics of these concepts in the Global South. Lastly, this paper explores the people with disabilities’ voice to claim that people with disabilities are not getting the fully benefits of reintegration programs of CRP.





## References

- Albrecht, G. L. (1993). *The Disability Business: Rehabilitation in America* (SAGE Library of Social Research). Thousand Oaks, California: Sage.
- Anderson, J. (2003). 'Turned Into Taxpayers': Paraplegia, Rehabilitation and Sport at Stoke Mandeville, 1944-56. *Journal of Contemporary History*, 38(3), 461-475.
- Barron, K. (2001). Autonomy in everyday life, for whom? *Disability & Society*, 16(3), 431-447.
- Bunzel, D. (2007). Rehabilitation Through Work? Disability and the Productivist Road to Participation in the East of Germany *Journal of Historical Sociology*, 20(3), 362-383.
- Campbell, F. K. (2005). Legislating disability: Negative ontologies and the government of legal identities In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 108-130). Ann Arbor: University of Michigan Press.
- Erevelles, N. (1996). Disability and the dialectics of difference. *Disability & Society*, 11 (4), 519-538
- Ellis, C. (2001). Lessons About Autonomy from the Experience of Disability. *Social Theory and Practice*, 27(4), 599-615.
- Fraser, N., & Gordon, L. (1994). A genealogy of dependency: Tracing a keyword of the US welfare state. *Signs: Journal of Women in Culture and Society*, 19(2), 309-336.
- Fyson, R., & Kitson, D. (2007). Independence or protection - does it have to be a choice? Reflections on the abuse of people with learning disabilities in Cornwall. *Critical Social Policy*, 27(3), 426-436.
- Garland-Thomson, R. (2011). Misfits: A feminist materialist disability concept. *Hypatia*, 26(3), 591-609.
- Hughes, B. (2009). Disability activism: Social model stalwarts and biological citizens. *Disability & Society*, 24(6), 677-688.
- Hughes, B. (2005). What can a Foucauldian analysis contribute to disability theory? In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 78-92). Ann Arbor: University of Michigan Press.
- Kittay, E. F. (1999). *Love's Labor: Essays on Women, Equality and Dependency*. New York: Routledge.
- M. Taplin, I. (2014). Who is to blame? A re-examination of fast fashion after the 2013 factory disaster in Bangladesh. *critical perspectives on international business*, 10(1/2), 72-83.
- Malacrida, C. (2015). *A special hell: Institutional life in Alberta's eugenic years*. Toronto: University of Toronto Press.
- Motlagh, J., & Saha, A. (2014). The Ghosts of Rana Plaza: In Bangladesh, one year after the worst accident in the history of the garment industry, recovery remains a fragile process,

justice seems elusive, and reform has a long way to go. *Virginia quarterly review*, 90(2), 44-89

Petersen, A. (2003). Governmentality, Critical Scholarship, and the Medical Humanities. *Journal of Medical Humanities*, 24 (¾), 187-201

Reaume, G. (2000). Portraits of People with Mental Disorders in English Canadian History. *Canadian Bulletin of Medical History*, 17(1-2), 93-125.

Reaume, G. (2005). Patients at work: insane asylum inmates' labour in Ontario, 1841–1900. In J. E. Moran & D. Wright (Eds.), *Mental Health and Canadian Society: Historical Perspectives* (pp. 271-287.). Montral, Quebec: McGill-Queen's University Press.

Shildrick, M. (2015). “Why Should Our Bodies End at the Skin?”: Embodiment, Boundaries, and Somatechnics. *Hypatia*, 30 (1),13-29.