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Sport and Social Movements by and for Disability and Deaf Communities: Important Differences in Self-Determination, Politicisation, and Activism

Danielle Peers

On the face of it, the Paralympic Movement seems to share much with global disability movements[1] in relation to rights, inclusion, and social change. The guiding aspiration of the International Paralympic Committee (IPC), for example, reads: “Athletes and the Paralympic Games are at the heart of our Movement … The Paralympic Movement builds a bridge which links sport with social awareness thus contributing to the development of a more equitable society with respect and equal opportunities for all individuals” (IPC 2015a, “Aspiration”). This aspiration appears in line with three principles that have been central to global disability and Deaf movements, which are centring disabled people in decisions that most affect them (i.e., self-determination); reframing disability as a social or political, rather than a biological, problem (i.e., politicisation); and actively challenging social structures that perpetuate inequality and oppression (i.e., activism) (see Charlton 2000; Driedger 1989; Peters et al. 2009; Stroman 2003; Withers 2012). The IPC has not been shy about selling this seeming alliance, including celebrating its role in “athlete empowerment” (IPC 2015a, “about us”), and claiming that the Paralympic Movement began as “a disability movement” (IPC 2015b, 0:15).

D. Peers (✉)
University of Alberta, Edmonton, AB, Canada

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The IPC's claimed alliance with disability movements, however, has not been reciprocated. The Paralympics goes unmentioned in the vast majority of disability movement histories (e.g., Campbell and Oliver 1996; Charlton 2000; Davis 2006; Driedger 1989; Nielson 2012; Stroman 2003; Withers 2012). In those rare times when disability scholars do take up the Paralympics, or disability sport more broadly, it has tended to be through a critical lens, demonstrating how disability sport has contributed to ableist representations and structures (e.g., Hahn 1984; Howe 2008; McRuer 2014; Peers 2012; Withers 2012). In this chapter, I intend to flesh out this critique by offering a historical overview of the relationships amongst global disability and Deaf movements, disability sports movements, and the Paralympic Movement, from the late nineteenth century until contemporary times. Given that Paralympic histories will be covered elsewhere in this book, I will describe in greater detail the emergence of disability and Deaf movements, and then will link these to major milestones in Paralympic and disability sport movements more broadly.

5.1 Setting the Stage: Pre-war Sport and Social Movements *by* or *for* Disabled and Deaf Communities (1860–1914)

At the turn of the twentieth century, there were various kinds of organisations that differentially governed the lives of disabled people in Western countries and the territories they had colonised. Church-based charities offered some forms of poverty relief for the disabled-and-thus-deserving poor (Nielson 2012; Snyder and Mitchell 2006; Stiker 1999). Educators sought to normalise and render productive those experiencing blindness, hearing loss, and some other forms of impairment within live-in schools (Davis 1995; Gannon 2011). The bourgeoning medical professions sought to cure particular forms of acquired-and-thus-reversible conditions (Anderson 2011; Foucault 1999; Valentine and Vickers 1996). Some of these educators and medical experts sought eugenic solutions: increasingly institutionalising and sterilising those who were deemed to have inherent conditions (e.g., low IQ scores, congenital conditions), and thus whose reproduction was thought to "degenerate" the evolution of the human race, and in particular, to "taint" what Westerners thought of as superior White blood lines (Foucault 1997; McLaren 1990; McWhorter 2009; Snyder and Mitchell 2006). Of note, within all of the organisations described above, Deaf and disabled people very rarely had any say in their own lives: these were organisations by various "experts" *for* the treatment or government of disabled people (Campbell and Oliver 1996; Charlton 2000; Driedger 1989).

It is within this disability milieu, and out of networks developed through segregated schooling, that organisations *by and for* Deaf (and to a lesser extent) blind communities began to emerge in North America and Northern Europe. The American National Association of the Deaf, for example, was founded in 1880 with a rationale of self-determination: "we have interests peculiar to ourselves which can only be taken care of by ourselves" (Stroman 2003, 50). In Sweden, the Stockholm Association for the Deaf formed in 1868, followed by the National Association of the Blind in 1889, with various Danish organisations following shortly thereafter (Driedger 1989). All of these organisations were self-organised and self-led, seeking to collectively advocate for their own needs, as well as to create opportunities for mutual support and community-building (Gannon 2011; Stroman 2003). As such, they were the first recorded wave of global Deaf and disability movements.

Sport played an important role in the emerging Deaf movement, offering opportunities for community-building, linguistic and cultural dissemination, as well as politicisation and consciousness-raising (Gannon 2011; Stewart 1991). The first known Deaf sports club emerged in Berlin in 1888 (Legg et al. 2004). By 1924, two Deaf community leaders, Antoine Dresse and Eugène Reuben-Alcais, spearheaded the International Silent Games in Paris (Bailey 2008; Stewart 1991). They recruited the Games' participants by contacting nine National Associations for the Deaf from across Europe, demonstrating the early interweaving of Deaf self-advocacy and sport movements. Out of this event emerged the first international organisation *of* the Deaf, the Commité International des Sports Silencieux (CISS): an entirely Deaf-run sporting organisation that continues to run the Deaflympics to this day (International Committee for Sport for the Deaf 2015; Legg et al. 2004).

Sport and physical activity at the turn of the century also began playing an increasing role in many of the above-described educational, medical, and eugenic institutions *for* disabled people. Prominent Western educators, such as R. Tait McKenzie (1900, 1909), began to argue that competitive sport and physical activity in schools was necessary in order to improve the vitality and productivity of the nation's future citizens, as well as to normalise ailments that were acquired by children through malnutrition, injuries, and the unnaturally sedentary lifestyle of the city. McKenzie's arguments gained significant traction within the growing public schooling movement in North America and beyond, leading to mandatory physical education classes (Legg et al. 2004). McKenzie's arguments were also echoed by educators in American segregated schools, such as Pennsylvania's Overbrook School for the Blind, where students engaged in competitive baseball, football, gymnastics, and track and field in the early 1900s (Bailey 2008; McKenzie 1909). McKenzie's arguments also gained traction within the growing medical professions, in particular the nascent fields of physiotherapy and occupational therapy, where sport, physical activity, and movement-based leisure came to be increasingly used as a therapeutic modality on people understood as having acquired disabilities (Couturier 2005; Legg et al. 2004; Sedgwick et al. 2007).

The use of sport and physical activity at this time, however, was motivated not only by the logic of rehabilitation but also of eugenics (Couturier 2005; Peers 2015). Early education reformers celebrated public schools not only as places of learning, but also as "a place of observation, a kind of 'Sorting House'" for identifying and removing "degenerates" from society and the gene pool (MacMurchy 1907). Sport and physical education played a pivotal role in this sorting. Mckenzie (1909) argued that those who were fundamentally affected by "mental dullness, backwardness, arrested development or feeble-mindedness" (1909, 210) would be immune to the curative benefits of sport, and thus should be identified through physical education, and shipped off to lifelong, sex-segregated, institutions so "that they may not have an opportunity to yield to the physical temptations to which they are so peculiarly susceptible, and so propagate their own kind" (1900, 213). This eugenic notion that those with inherent "degeneracy" were immune to sports' benefits helps to explain why sport for those with intellectual impairments, cerebral palsy, muscular dystrophy, and other such conditions lagged so far behind those for people with sensory impairments and acquired mobility impairments (see Bailey 2008; Gregson 1999).

5.2 Medicalisation, Sport, and Self-Advocacy in the Wake of the World Wars (1914–1960s) Medicalised Movements for Disabled People

Two World Wars and a global polio epidemic had significantly increased both the number of disabled people, and state-supported programmes for such people, between 1914 and 1960 (Anderson 2011; Nielson 2012; Tremblay 1995). Such state-support increasingly came in the form of medical interventions, which helped doctors to become *the* experts in, and gatekeepers of, disability-related issues across the Western world and its colonies (Davis 1995; Valentine and Vickers 1996; Withers 2012). This increased medicalisation helped to save many lives, but also increased medical surveillance, intervention, and control over nearly all aspects of disabled people's lives (Albrecht 1992; Withers 2012). This included a steep rise in dangerous medical experimentations and eugenic institutionalisation, sterilisation, and deprivation of those deemed "degenerate," immune to rehabilitation, and thus a threat to "the Race" and a drain on society (Bjorkman and Widmalm 2010; McLaren 1990; Snyder and Mitchell 2006). The United States, for example, was an early leader in both rehabilitation and eugenics (McWhorter 2009; Snyder and Mitchell 2006), while Sweden and Canada's strong medical welfare programmes coincided with two of the longest running eugenic sterilisation programmes in the world (Bjorkman and Widmalm 2010; McLaren 1990). The best example of medicine's double-edged sword, however, was in Germany in 1939, where doctors had developed both the most extensive rehabilitation programme and the most lethal eugenic programme in the world: including the mass murders of approximately 240,000 people with congenital and psychiatric impairments (McWhorter 2009; Snyder and Mitchell 2006).

It is in this context that Western governments began fostering the development of national single-impairment, medically oriented, charitable organisations devoted largely to curing or genetically (eugenically) eradicating conditions such as blindness and intellectual disability (Anderson 2011; Driedger 1989; Valentine and Vickers 1996). These organisations were almost exclusively run by medical professionals and parents of disabled people, with disabled people rarely included in the leadership or even membership (Charlton 2000; Valentine and Vickers 1996; Withers 2012). These national charities eventually came together to create international organisations for influencing, among other things, United Nations policy (Driedger 1989). Some of these were impairment-specific organisations, such as the World Council for the Welfare of the Blind (1954). Others were multi-impairment groups, such as Rehabilitation International (1922), and the Council of World Organisations Interested in the Handicapped (1953).

5.3 Self-Advocacy Movements *of* Disabled People

In contrast to this increased medical control over their lives, several communities of disabled people (largely with acquired impairments) began to self-organise, demanding a greater say in the social opportunities and rehabilitative programmes available to them (Charlton 2000; Driedger 1989). In 1918, a handful of blind veterans worked with non-blind allies to found and lead the Canadian National Institute for the Blind (Pearson 1919; Withers 2012). Uni-impairment groups emerged across Sweden, Denmark, and France throughout the 1920s and 1930s, including les Paralysés de France in 1933 (Driedger 1989). Multi-impairment self-advocacy coalitions emerged in Denmark in 1934 and around the same time in the United States, where the League of the Physically Handicapped fought for the right to work during the Great Depression. In 1945, the Canadian Paraplegic Association was incorporated and run by injured war veterans and their allies (Tremblay 1995). Meanwhile, the 1940s and 1950s witnessed the emergence of much more local "'Christian Fraternities' of disabled people" in France, and their widespread proliferation across South and Central America (Driedger 1989, 17). These fraternities were multi-impairment communities, governed by boards of mostly disabled people, whose goal was to "promote the abilities and integration of disabled people" (17). Despite this swelling of self-advocacy movements, the majority of organisations and resources at both the national and international levels continued to be controlled by non-disabled medical experts and parents (Driedger 1989; Withers 2012). By 1960, only two international self-advocacy organisations existed: the World Federation of the Deaf (1951) and the Fédération Internationale des Mutilés, des Invalides du Travail, et des Invalides Civils: a European, multi-disability coalition created in 1953 (Driedger 1989).

5.4 Sport *of* or *for* Disabled People?

Deaf and disability sport, during and after the Wars, emerged as the result of both medicalised and self-organised leadership. During the First World War, medical experts used sport to rehabilitate injured veterans (McKenzie 1918). During the same period, blind and amputee veterans were developing their own rowing and bicycling practices, purportedly motivated more by psychological well-being and socialising than by physical rehabilitation (Pearson 1919). As discussed above, Deaf communities organised their own (definitely not rehabilitation-based) international competitions in the interwar years (Stewart 1991). By 1945, two athletes from Germany and Austria invented goalball, which was used both for recreation and for the rehabilitation of blinded war veterans (Gregson 1999; Steadward and Peterson 1997). In 1947, a hospital organised Canada's first multi-sport competition for people with mobility impairments, although various disability-led teams and programs emerged in the decade thereafter (Gregson 1999). In the late 1940s, American veterans with spinal cord injuries worked alongside rehabilitation professionals to develop, grow, and lead the sport of wheelchair basketball, hosting the first national wheelchair basketball tournament in 1948 (NWBA 2015; Strohkendl 1996). There is some evidence that sport and leisure-based organisations also emerged in parts of South America around this time. Most notably, the Cororación Argentina de Discapacitados formed in 1956 as a recreation and sports club organised by and for people affected by the polio epidemic (Driedger 1989). Although its initial aims were socialisation and self-organisation, by the 1980s, this organisation would take a significant leadership role in Argentina's struggle for disability rights. Thus, early disability sport organisations emerged in various countries around the same time, yet with widely varied relationships to both the medicalisation of disability and the self-advocacy of the emerging disability movement.

One of the most medicalised forms of disability sport to emerge was the one that would most influence the Paralympic Movement. This was Dr. Guttmann's use of sport to rehabilitate veterans with spinal cord injury in 1944, followed by the first Stoke Mandeville Games (archery competition) in 1948 (Bailey 2008; Legg et al. 2004). Guttmann's approach epitomised medicalised organisations *for* disabled people. He had generous funding from the state to focus on curing a single kind of acquired impairment (Bailey 2008; Steadward and Peterson 1997). He developed sport around therapeutic goals, often forcing patients to participate (Scruton 1998). He adamantly refused athlete input into their own activities and organisations, paternalistically claiming ownership over the movement (Bailey 2008; Howe 2008; Peers 2009). Howe's (2008) athlete-informant, for example, claims: "his word was law. There were a number of occasions at major events when he [Guttmann] blew his top. This often occurred when athletes had suggested things might be organised differently for the next event. He did not like change unless he initiated it" (36). Guttmann took this approach not only to organising the Stoke Mandeville Games but also in creating and heading the International Stoke Mandeville Games Federation in 1952.

By 1957, various international organisations *for* people with disabilities became interested in sport, and helped to sponsor a meeting of medical disability sports experts at the World Veteran Federation (Bailey 2008). Guttmann was a vocal leader at these meetings, and by 1964, had spearheaded the creation of (and eventually led) the resulting International Sports Organisation for the Disabled (ISOD): an organisation that claimed control over amputee and blind sport (Bailey 2008; Steadward and Peterson 1997). Through his leadership in both of these international sports organisations *for* the disabled, Guttmann kept a tight rein on the Paralympic Movement for decades, including the first Paralympic Games in Rome, in 1960, which remained only for those with spinal cord injury. As Bailey (2008) argues, "the Paralympic movement, at this time, was certainly European, promoted by the patriarchal weight of Ludwig Guttmann" (21). Like other international, medically oriented organisations *for* disabled people at the time, it was largely euro-centric, expert-driven, male-dominated, and at times in direct conflict with the self-advocacy efforts of disability movements (Bailey 2008; Howe 2008; Peers 2012).

5.5 Disability Radicalisation, Globalisation, and Sports Institutionalisation (1960 to 1990)

The 1960s to 1980s were characterised by a radicalisation and globalisation of disability movements, that is, a steep rise in significant challenges to the status quo by disabled activists in countries across the globe, as well as on the international stage (Charlton 2000; Driedger 1989; Peters et al. 2009). Disability movements of this era continued to organise around the principles of self-determination and self-representation, but they increasingly did so in the form of more overtly politicised multi-impairment coalitions. Such coalitions were made possible by activists reframing disability as a shared political, rather than individual and biomedical, phenomenon: a social injustice rather than a personal misfortune (Campbell and Oliver 1996; Charlton 2000; Driedger 1989; Peters et al. 2009). This radicalisation and politicisation of disability took on different forms in different national contexts. In this section, I will introduce four such contexts: European leftist movements; American disability rights movements; anti-colonial freedom movements across Africa, South America, and the Caribbean; and international human rights movements.

European Leftist Movements

In parts of Europe, the radicalisation of disability movements grew out of leftist labour organising and socialist politics. Swedish activism in the 1960s to 1970s, for example, was bolstered by a long-time alliance with labour movements and the socialist government (Driedger 1989; Ratzka 1996). By 1964, Swedish activists had created a nationally funded, multi-impairment advocacy organisation Handikappförbundens Centralkommitté (HCK) by and for disabled people, which pushed for greater government-funded social supports and greater access to work and income (Driedger 1989; Ratzka 1996).

The United Kingdom, although often credited as an engine of the disability movement, joined in much later than most of Northern Europe. According to Driedger (1989), this late development was because such movements were targeted by Britain's medical and charitable organisations *for* disabled people, who had much more at stake than other European countries because of how well they were funded and exalted by the Crown (20). Early Para-sport organisations, like the International Stoke Mandeville Games Federation, were among these well-funded medically run organisations, and Sir. Ludwig Guttmann was among those offered many accolades for "saving" disabled people (Bailey 2008; Scruton 1998). Despite the resistance of medical and charitable professionals, various smaller organisations emerged in the United Kingdom during this period, including the Disabled Incomes Group in 1965, which fought for guaranteed income (Campbell and Oliver 1996). The most influential of these organisations, however, was the Union for the Physically Impaired Against Segregation (UPIAS), which was created in 1972 by a group of disabled activists including Paul Hunt and Vic Finkelstein[2] (Campbell and Oliver 1996). The UPIAS followed the model of politically active, leftist worker's unions more than self-help groups, explicitly mobilising around the political, economic, and social structures that served to segregate and impoverish disabled people (Barnes 2012; Campbell and Oliver 1996; Finkelstein 2001). The UPIAS' principle tactic was consciousness-raising about a critical linguistic distinction: they defined *impairment* as "lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body," and disability as "something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society" (UPIAS 1976, 15). Thus UPIAS framed government and charitable programmes as actively creating *disabled* people by robbing them of opportunities for education, work, community participation, and self-determination (Barnes 2012; Campbell and Oliver 1996).

This consciousness-raising sparked politicised multi-disability coalitions in the United Kingdom, which undermined charitable control of disability, shifted popular disability understandings, and removed many structural barriers to full community participation (Withers 2012; Campbell and Oliver 1996). It is worth noting that the UPIAS definition of impairment, and the resulting movement, tended to marginalise those diagnosed with physical and mental illnesses, and intellectual and sensory impairments (Withers 2012). As a result, numerous other organisations developed in parallel to the UPIAS, including a strong self-advocacy movement for people with intellectual and learning disabilities, incorporated as People First London, in 1984 (Buchanan and Walmsley 2006).

American Rights Movements

North American disability movements from the 1960s to 1990s, like their European counterparts, demanded self-representation and fought against medical and charitable control of their lives (Nielson 2012; Stroman 2003). They differed, however, in the ways that many of their movements politicised disability, having been influenced more by the rights and anti-discrimination gains of the American civil rights movements, rather than the leftist tactics and demands of labour movements (Finkelstein 2001; Shapiro 1994; Withers 2012). Thus, rather than UPIAS' oppression-focused language of *disabled person*, many American activists used the discrimination-focused language *person with a disability*: where disability was largely conceptualised as an unchangeable trait of an individual, and thus deserving of legal protection against unwarranted exclusion and discrimination based on this trait (Shapiro 1994; Titchkosky 2001; U.S. Equal Employment Opportunity Commission 2001). In using this person-first language, further, activists sought to diminish discrimination by drawing focus to the humanity and whole personhood of those *with* disabilities (American Psychological Association 2013; Withers 2012).

The most significant American multi-impairment organisations of the 1960s were part of the consumer movement, where people with disabilities and their allies advocated for the right to have a say in the state and charity services that they used (Driedger 1989; Valentine and Vickers 1996). The independent living movement emerged out of the consumer movement, but fought for the more radical right to directly control the services that they used (Stroman 2003; Withers 2012). The independent living movement was sparked by the "Rolling Quads": a group of men with disabilities, including Ed Roberts, who sued for the right to attend university in Berkeley, and then in the wake of paternalistic and controlling "care-givers," fought for the right to directly manage (e.g., hire, fire, etc.) their own disability service providers (Peters et al. 2009, 549). Demand for this self-management model quickly grew outside of the university, leading Roberts to create the first Independent Living Centre in 1972 (Stroman 2003). In 1976, the independent living movement collaborated with other American disability activist groups—such as the direct-action organisation ADAPT, and various Vietnam veterans' groups—to successfully protest in favour of comprehensive rehabilitation and access legislation (Charlton 2000; Nielson 2012). Independent Living Centres have since multiplied across the United States and formed The National Council of Independent Living in 1982 (Driedger 1989). In contrast to the United States, the consumer movement enjoyed much more traction than the independent living movement in Canada, due partially to Canada's more significant social funding through the welfare state, as well as some de-radicalising interference on the part of the Canadian government (Jongbloed 2003; Valentine and Vickers 1996).

De-colonisation and the Globalisation of Disability Movements

Throughout the 1960s, "self-help" groups, particularly in relation to blindness, began to form across multiple continents, including organisations in Pakistan, India, Hong Kong, Guatemala, Australia, and the United States, sometimes with the support of American organisations (Driedger 1989). Throughout the late 1970s and 1980s, however, multi-impairment organisations emerged in places like Argentina, Costa Rica Cuba, El Salvador, Israel, and Bahrain, many of which were more overtly politicised and often more left-leaning than their predecessors (Charlton 2000; Driedger 1989; Peters et al. 2009).

In parts of the Caribbean, Africa, and South America, this politicisation emerged within de-colonisation and anti-imperialist struggles. Blind Jamaican students, for example, used the liberation discourses and political tactics of anti-imperialist movements to advocate, protest, raise consciousness, and bring together other disabled activists to form the Combined Disabilities Association in 1981: an organisation that had significant policy impact (Driedger 1989). In Nicaragua, the Organisation of the Revolutionary Disabled was deeply integrated with, and emerged as part of, the socialist Sandinista victory over American Imperialism in 1979 (Charlton 2000). Zimbabwe disability organisations emerged in the 1970s, in the midst of a 20-year national liberation movement (Charlton 2000; Chimedza and Peters 1999; Peters et al. 2009). Against the wishes of medical and colonial administrators, institutionalised disabled people recruited members from inside and outside the nation's institutions, forming the National Council of Disabled People in Zimbabwe, in 1982 (Peters and Chimedza 2000). As Peters et al. (2009) describe:

> the founders of the NCDPZ appropriated the 'conscientization' strategy that had been so effective in achieving national independence. From its outset the

> NCDPZ began holding educational meetings to build individual self-awareness of positive social identities within Zimbabwean culture and to build awareness of the forms of oppression as a social problem, rather than as an individual one. (550)

In Zimbabwe, as in all of the above-mentioned post-colonial contexts, demands for self-determination coexisted with a more politicised understanding that the mistreatment of disabled people was a legacy of, and deeply interwoven with, imperial, colonial, and racial oppression (Charlton 2000; Peters et al. 2009). Thus, the liberation of disabled people in such contexts was deeply linked to freedom from Western rule and interference (Erevelles 2014).

"Nothing About Us Without Us" on the International Stage

At the same time as national disability movements were emerging across the globe, leaders from these various countries were jockeying for representation in the largely non-disabled-run international organisations *for* disabled people. As Driedger (1989) recounts, by 1960, there were only two international organisations *of* disabled and Deaf people—the World Federation of the Deaf and the European-based Fédération Internationale des Mutilés, des Invalides du Travail, et des Invalides Civils. In 1964, blind delegates were determined to make the World Council for the Welfare of the Blind (WCWB) the third. Blind-led organisations from around the world tabled a resolution at the WCWB meeting arguing that at least half of the delegates should be people who were blind. The resolution was voted down, leading all of the organisations *of* the blind to leave the WCWB and create their own International Federation of the Blind (IFB). A similar motion for equal representation was put forward by a small and marginalised group of disabled delegates at the 1980 World Congress of Rehabilitation International. Two-thirds of the (almost entirely non-disabled) delegates voted against the motion, leading disabled delegates to create their own organisation, Disabled Peoples' International (DPI). The new DPI charter was based on the principles of justice, self-representation, and capacity building, rather than charity and medicalisation (Driedger 1989; Valentine and Vickers 1996).

In 1974, People First International built their own international organisation *of* people with intellectual, developmental, and learning impairments, as well as their allies. The People First movement emerged in Sweden, Canada, and the United States in the 1970s and quickly grew, overlapping significantly with various de-institutionalisation and the self-advocacy movements (Driedger 1989). The emergence of People First is extremely significant given that those with intellectual impairments were not only primary targets of eugenics, but also often marginalised in, or outright excluded from, many of the disability movements described herein (Buchanan and Walmsley 2006; McLaren 1990; Valentine and Vickers 1996; Withers 2012).

By 1975, *disability rights* had become such a well-known concept internationally that the United Nations (1975) was able to pass the Declaration on the Rights of the Disabled (see also Rioux and Valentine 2006). Six years later, the United Nations declared the International Year of Disabled Persons (1981), followed by the Decade of Disabled Persons (1983–1992) (UN 2003a, b). According to Charlton (2000), this international legislation had relatively little impact in the United States, but was felt much more strongly in post-colonial and developing contexts. In India and parts of South America, for example, such declarations were successfully leveraged in demands for education and de-institutionalisation. In Canada, this legislation was leveraged by de-institutionalisation and disability rights movements, bolstering, for example, successful activist efforts to get disability included in the Canadian Charter of Rights and Freedoms (Constitution Act 1982; Rioux and Valentine 2006).

5.6 The Globalisation of Disability Sport

The developing Paralympic Movement, from the 1960s to 1990s, engaged with many of the same issues as disability movements did, though often in very differing ways. I will cover, herein, a number of such issues, including the move towards multi-impairment organisations, the engagement of those with intellectual impairments (covered in detail in Chap. 19 of the Handbook), self-determination, demedicalisation, and engagement with post-colonial nations.

Like disability movements, numerous disability sport movements shifted in this period from uni-impairment to multi-impairment foci. In the 1980s, for example, wheelchair basketball increasingly began to include people with a range of mobility-related impairments, and local, national, and regional multi-impairment competitions began to emerge (Bailey 2008; Gregson 1999). Similarly, after over 20 years of Stoke and Paralympic competitions only including those with traumatic spinal cord injuries, the International Olympic Committee convinced Guttmann to collaborate with other (largely) impairment-specific sports organisations—including those leading sport for athletes with cerebral palsy, amputations, and vision impairment—to create the International Coordinating Committee (ICC) in 1983 (Bailey 2008). As will be discussed below, organisations for Deaf athletes and those with intellectual impairments were invited to the table over the next few years, but were strongly marginalised within the movement. Although negotiations amongst these above organisations were often strained, this move did eventually lead to the Paralympic Games including a wider range of athletes, including athletes with visual impairments and amputations (1976); athletes with cerebral palsy (1980); and athletes with intellectual impairments (1996) (Steadward and Peterson 1997). For reasons that will be partially outlined below, Deaf athletes have never competed in the Games.

Like disability movements, disability sport movements arrived significantly later for those with intellectual impairments. This was partially because of their continued marginalisation within both society and existing movements, and partially because of eugenic notions that they were incapable of physical fitness and sport-related benefits (Gregson 1999; McKenzie 1900, 1909; Peers 2015). The first known competition for those with intellectual impairments was in 1962, supported by American philanthropist Eunice Kennedy and Canadian researcher Frank Hayden (Legg et al. 2004). By 1968, Kennedy and Hayden organised the first International Special Olympic Games (Gregson 1999). By the time Paralympic organisers were looking to bring together the various Olympic-style sporting events for disabled people, the Special Olympics was already a large, successful, and powerful organisation with its own relationship to the International Olympic Committee (Discussed in detail in Chap. 19 of the Handbook). It is partially for these reasons, Bailey (2008) argues, that Guttmann ensured that the much smaller and controllable International Association for Persons with Mental Handicap (INAS-FMH) would represent those with intellectual disabilities in the Paralympic Movement. According to Bailey (2008), this move enabled Paralympic organisers to keep intellectual disability out of the Games until 1996. Due to a cheating scandal in 2000, the involvement of athletes with intellectual disability was once again suspended in all subsequent Games up until 2012.

In 1989, the ICC officially gave way to the IPC, which came along with new leadership, a new voting structure, and an official shift in focus from rehabilitation to elite sport (Bailey 2008; Howe 2008). Prior to this shift, the ICC was largely ruled by the four founding disability sport organisations, which, according to Miller (1984 in Bailey 2008, 43), made it both "patriarchal and European dominated." The IPC introduced a more "democratising" structure in which every participating nation and sporting body had an equal vote, leading to non-European countries eventually being able to out-vote

European ones (Brittain 2010; Howe 2008). This, however, did not suddenly shift the colonial mentality of prominent Paralympic leaders. Bailey (2008) recounts, for example, how at the 1994 Paralympic Congress, Carl Wang "went on to decry the situation in developing countries, where millions of persons with a disability were being denied even the simplest trimmings of a civilized society" (158). Such neo-imperialist "civilising" sentiments by Western leaders arguably underlie many sport-for-development programmes including the IPC's (Darnell 2007; Peers 2009). They also, however, run entirely counter to the claims of disability movements within many such post-colonial countries: claims that the institutionalisation, mistreatment, poverty, and exclusion of disabled people are actually a remnant of Western colonialism and imperialism and its "civilizing" projects (Charlton 2000; Peters et al. 2009).

The IPC, like many disability movement organisations, claimed to reject the guiding logic of rehabilitation. Rather than embrace a more politicised model of disability, however, it sought out the model of commercialised elite sport (Bailey 2008; Brittain 2010; Peers 2012). This led to the IPC increasingly cutting events that, in the words of the IPC's chief medical officer, could "reduce the competitive or aesthetic impact of the Paralympic Games" (Riding, in Bailey 2008, 106). In this way, the IPC sought to make the Games more appealing to global television audiences and multi-national corporate sponsors, most often by cutting events for those most marginalised within the disability sport community: women and people with more significant impairments (Bailey 2008; Depauw and Gavron 2005). As Howe (2008) argues, this commercialised vision of high performance was just one more reason that the IPC used to overrule the desires (and opportunities) of disabled athletes.

Self-determination of disabled athletes was not a part of the IPC's *democratisation* process. In fact, the Commité International des Sports Silencieux (CCIS) voted to leave the IPC precisely because its mandate of self-determination was being constantly undermined: first by a refusal to provide sign language interpreters, and finally by the IPC enabling non-Deaf delegates to vote on behalf of Deaf organisations in their home country (Bailey 2008). Although some national sporting organisations (such as the National Wheelchair Basketball Association (2013) in the United States) have always mandated athlete self-determination, none of the IPC international founding member organisations mandated even the 50% disabled representation fought for by disability movements at the international level (Bailey 2008; Howe 2008). In fact, some such organisations were partnering with international organisations *for* the disabled, rather than equivalent organisations *of* disabled people (Bailey 2008). In 1990, the IPC finally sought to increase self-determination by supporting the creation of an athlete's council. Unfortunately, this council was only given a consultancy role: they were the "liaison between IPC decision-makers and Paralympic athletes" not decision-makers themselves (IPC 2015c, para. 1). The committee had no capacity to vote on or veto IPC motions, and further, has often had its consultations entirely ignored, or even contradicted, by the IPC voting delegations (Bailey 2008; Howe 2008). Given the IPC's ongoing decision to remain an organisation *for* not *of* disabled people, "it is not surprising that the Paralympic Games was seen as detrimental for the broader Disabled Persons Movement" (Howe 2008, 36).

5.7 Multi-nationals, Anti-austerity, and Paralympic Sponsorships (1990s to 2010s)

By the 1990s, disability-led and Deaf-led organisations were consulting on national policies on every inhabited continent, and forming international coalitions that consulted directly with the United Nations (Charlton 2000; Driedger 1989; World Federation of the Deaf 2007). In dozens of countries worldwide, this capacity to consult on behalf of one's own community translated into major political gains, including de-institutionalisation, accessibility legislation, sign language recognition, anti-discrimination rights, and education access (Charlton 2000; Driedger 1989; Stroman 2003). Disability and Deaf movements, however, still have a lot of work to do.

First, creating equality and access-focused policies does not always translate to equality and access on the ground, as evidenced by recent research on global disability poverty, exclusion, and violence (Briant et al. 2011; Charlton 2000; Prince 2009; World Health Organisation 2011). Second, organisations *of* disabled people are still massively outnumbered and out-resourced by charitable organisations *for* disabled people who, according to disability scholars, often continue to advocate for, enact, and profit from patronising, pity-driven, and medically oriented programmes (Albrecht 1992; Snyder and Mitchell 2006; Withers 2012). Third, Charlton (2000) argues that many organisations *of* disabled and Deaf people have been de-radicalised for fear that overt activism will lead to the revoking of charitable status, and the alienation of State and philanthropic funders (see also Spade 2011). Fourth, in an era of economic globalisation, many of the decisions that most affect disabled people are no longer being made (only) by the United Nations or the State, but rather by profit-driven multi-national corporations and international funding agencies (Erevelles 2014; McRuer 2006; Spade 2011).

In response to these challenges, there has been a recent surge of (often grassroots) disabled and non-disabled coalitions aimed at the impoverishing and disabling effects of neoliberal globalisation, including austerity-style cuts to social programmes, and the multi-national corporations' disregard for human rights and workers' safety (Charlton 2000; McRuer 2006, 2014; Tyler 2013). One of the earliest examples—and a notable exception to the de-radicalisation discussed above—was Sweden's national disability organisation, the HCK, which collaborated with trade unions and pensioners' organisations to campaign vehemently against austerity cuts in the 1980s (Lindqvist 2004). Another example was in Mumbai in 2004, when disabled activists—mostly from non-Western countries—fought against ableist structures in order to try to join the World Social Forum: a gathering for collaboratively resisting global capital (McRuer 2006).

While various disability movements have coalesced around the harms of globalised capital, the Paralympic movement has largely swung in the opposite direction: increasingly moulding the Paralympic Games to attract large multi-national sponsors. This ideological conflict between the Paralympic movement and contemporary disability movements is best epitomised by two disability protests that targeted the London 2012 Paralympic Games.

Inspiring Austerity

The symbols and phrases of the British disability rights movement were choreographed into the opening ceremonies of the 2012 Paralympic Games in London, while outside of the stadium hundreds of disabled activists and their UK Uncut allies were protesting with "ATOS Kills" placards (Tyler 2013; Disabled People Against Cuts 2012). ATOS is a French multi-national information technology company and a flagship sponsor of the IPC and the London Games (McRuer 2014; IPC 2015a). ATOS was awarded a £100-million-a-year contract from the British government to conduct "fit for work" assessments for those receiving disability benefits, and were given generous bonuses for identifying and cutting off "fraudulent" cases (Tyler 2013). Raising the ire of disability groups and medical practitioners, ATOS cut funding to more than half of disability claimants in the United Kingdom, including numerous people who have died within months of being declared fit for work (Disabled People Against Cuts 2012; Goodley et al. 2014; McRuer 2014). These cuts, along with their justifying discourses of reducing social burdens and cheaters, have served to significantly increase the poverty and suicide rates of disabled people in the United Kingdom, as well as increasing hate crimes against disabled people by 60% (Briant et al. 2011; Marsh 2012; Tyler 2013). Thus, activists charge, the IPC is using the language of disability movements to sell sponsorship to (and thus white-wash) a company that is in the business of systemically creating greater poverty, violence, and death for disabled people (Disabled People Against Cuts 2012).

Inspiring Disablement

Meanwhile, worldwide petitions, government and Amnesty International press releases, and popular demonstrations were used to protest Dow Chemical's sponsorship of the London Olympic and Paralympic Games. Protests were based partially on Dow's environmental record, having been recently deemed the second worst polluter in the world (Ahmad 2012; Fawthrop 2012). They were also based on Dow's atrocious human rights record. Dow was a primary producer of Agent Orange: a chemical Americans sprayed over Vietnam, leading to impairment or death of over a million Vietnamese civilians (King 2012; International Federation of Red Cross and Red Crescent Societies 2002). Further, major protests of the Paralympic Games by disabled people (including Paralympians) and their allies in India focused on Dow's refusal to let its subsidiary face criminal charges for the Bhopal disaster of 1984: a chemical spill that killed up to 20,000 people and impaired many hundreds of thousands more (Amnesty International 2010; Gibson 2012; Tyler 2013). In response to such protests, the Olympic and Paralympic organisers have simply echoed Dow's denial of responsibility in both incidences: a move that led to the conscientious resignation of a ministerial-appointed commissioner assigned to audit the ethics and sustainability of the London 2012 Games (BBC 2012). Such protests by disabled and non-disabled people were essentially protests against exploitative features of global neoliberal capitalism (which the IPC endorses through sponsorships): a form of capitalism that not only serves to diminish hard-earned disability supports, but also serves to "produce, propagate, and proliferate disability" through chemical spills, unsafe working conditions, and disabling labour practices (Erevelles 2014, Sect. 1). In this way, I argue, the IPC participates in a system that trades corporate profits for not only increased levels of social disablement, but also increased incidents of bodily impairment.

5.8 Summation and Reconciliations

As I have demonstrated throughout this chapter, disability and Deaf movements have at times overlapped with aspects of disability sports movements, but have largely not had much in common with the Paralympic movement. In particular, I argue that the contemporary Paralympic Movement still has significant work to do if it desires to align itself with the central principles of disability and Deaf movements, including the three principles that I began this chapter with: centring disabled people (self-determination), reframing disability as a social rather than a biological problem (politicisation), and challenging social structures that perpetuate inequality and oppression (activism) (see Charlton 2000; Driedger 1989; Peters et al. 2009; Withers 2012). In what remains of this chapter, I offer a brief overview of the first steps that the IPC could take to try to align itself with disability movements in each of these three areas.

First, disability scholars and activists have long argued that *the* central and consistent aspect of disability and Deaf movements, since the nineteenth century, has been self-determination, that is, disabled and Deaf people making decisions about the policies and programmes that most affect them (Campbell and Oliver 1996; Driedger 1989; Gannon 2011). In Charlton's (2000) words, the central tenet has been "nothing about us without us" (3). This self-advocacy approach is in direct contrast to medical and charitable approaches to disability and Deafness, which have almost exclusively had non-disabled and non-Deaf people making decisions on behalf of disabled and Deaf people (Withers 2012). Numerous disability and Deaf sport movements have embraced the self-advocacy approach, most notably the entirely Deaf-led CISS (2015) and the National Wheelchair Basketball Association (2013), but the IPC still has not. Despite its more democratised structure, its athlete's council (whose representative now has voting rights on the board), and the impairment of its immediate past president (Phil Craven), the IPC has yet to mandate even the basic 50% disability representation quotient demanded by disability activists as early as the 1960s (Driedger 1989; IPC 2013). I contend that it is only in actively working towards more meaningful athlete representation, and a minimum 50% disability representation in all decision-making bodies, that the IPC can begin living up to its promise of being athlete-centred, and of becoming an organisation *of* rather than *for* disabled people.

Second, by the end of the 1970s, the vast majority of disability movements worldwide were spreading a politicised understanding of disability: articulating it as a problem of oppression, discrimination, and exclusion rather than a medical problem in pitiful individual bodies (Barnes 2012; Charlton 2000; Peters et al. 2009; Stroman 2003). Although the Paralympic Movement began with an entirely medicalised notion of disability, it has notably shifted its language to recognise issues of exclusion and inequality (see IPC 2015a). The IPC's messaging, in this regard, is oftentimes mixed if not entirely contradictory. For example, as discussed in Chap. 2, disability scholars have long argued that the cliché of inspirationally overcoming one's adverse bodily circumstances is deeply rooted in both medical and pitiful notions of disability, and further, reproduces the notion that individuals should overcome rather than change disabling social barriers (Clare 2009; Longmore 2003; Withers 2012). As Clare (2009) argues, "supercrip stories never focus on the conditions that make it so difficult … I don't mean medical conditions, I mean material, social, legal conditions …. The dominant story about disability should be ableism, not the inspirational supercrip crap" (2). And yet, the IPC website is littered with "the supercrip crap." Most notably, the IPC's (2015a) four "Paralympic Values" are Courage (to overcome), Determination (described as "overcoming obstacles and conquering adversity"), Inspiration, and Equality. The reproduction of medical and pitiful disability images is even clearer in the IPC's (2015b) recent five-minute promotional video "All about ability." For an organisation that claims to centre its athletes, it includes the first athlete voice at 1:51. The athlete says, "every time I go to sleep I dream that I can still see, you know, and then I wake up to the dark and that's tough. It's a crucial part of rehab to find something to motivate you and experience relevance and sport is a great way to make that happen." Of the thousands of athlete perspectives the IPC could have shared, why share a story that speaks to disability as an unwanted bodily tragedy in need of rehabilitation, and further, a story through which a disabled person's relevance can only be achieved through rehabilitation? If the IPC wishes to align itself with disability movements, I argue, it may wish to reconsider its consistent use of the very medicalised, pitiful, and overly inspirational imagery and language that disability activists and scholars have been fighting vehemently against for decades.

Third, based on these politicised understandings, disability and Deaf movements have actively advocated or activated for changes to laws, policies, and programs that systemically oppress, discriminate against, impoverish, marginalise, segregate, or harm disable people (Charlton 2000; Driedger 1989; Withers 2012). Over the last few decades, the IPC has articulated, and at times demonstrated, a commitment to global disability rights, particularly as it pertains to the right to access sport (United Nations 2015; IPC 2015d). The two disability protests of the London 2012 Games, as well as IPC's continuing relationship with ATOS, demonstrates, however, that the IPC is willing to put corporate sponsorship income ahead of the rights, support, and safety of thousands of disabled and non-disabled people. If the IPC truly wishes to align with contemporary disability movements, I argue, it should have a much more stringent vetting process for the (disability) ethics of its sponsors, and should engage *with* disability movements in working towards increased safety and opportunity for all disabled people, not just competitive athletes.

I do not intend to argue, here, that the Paralympic Movement has been entirely negative for Deaf and disabled people. There are many successes of the movement that will be rightfully celebrated throughout this handbook. What I argue here, however, is that the Paralympic Movement has contradicted, in fundamental ways, global disability and Deaf movements throughout its history. In continuing to claim an alliance between these movements, Paralympic scholars and organisers are not only misrepresenting both histories, but also effacing the very real contemporary issues at which they remain diametrically opposed. My hope, in unveiling such contradictions, is to hold the Paralympic Movement and all of its decision-makers accountable for the disabling structures they (perhaps unknowingly) reproduce. I wish to invite them to join, instead, with global disability and Deaf movements worldwide in trying to create a more liveable and less disabling future for disabled and Deaf people across the globe.

Notes

1. In order to acknowledge important variations between activism across the globe, I use the pluralistic term disability and Deaf movements. I include Deaf activism and sport, herein, because it has overlapped in important ways with those of disability communities. Throughout, I attempt to use the preferred terminology of the communities I am talking about, including the terms Deaf, person with a disability and disabled person. When in doubt, I use the more overtly politicised term disabled person.
2. Finkelstein, interestingly, had been hospitalised at Stoke Mandeville, and even won a swimming medal in Guttmann's Stoke Mandeville Games in the 1950s (Sutherland 2011). He remained explicitly critical of Stoke Mandeville because of its fundamentally medicalising and normalising ways of engaging with disabled people (Finkelstein 1990; Oliver 1990).

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Danielle Peers, PhD, is a community organiser, an artist, and an assistant professor in the Faculty of Kinesiology, Sport, and Recreation at the University of Alberta, Canada. Danielle uses sociocultural theories to study disability movement communities, drawing on her experiences as a Paralympic athlete, a coach, and sport and recreation administrator.