**AFF**

**2AC --- Liberalism**

**Even if political liberalism currently excludes the disabled, discussing questions of implementation can revise it**

**Badano 13** (Gabriele – PhD candidate at the Centre for Philosophy, Justice and Health at University College London – “Political liberalism and the justice claims of the disabled: a reconciliation,” Critical Review of International Social and Political Philosophy, April 2013, http://www.tandfonline.com/eprint/tHKkbrxhGYIWAxTcJrAW/full#.UxyV-PldX-4)

I argue that any proposal abandoning the language of political justice would not seem to do enough for those individuals with disabilities who fall outside the basic idea of persons as depicted by Rawls. In fact, the intuitions supporting the idea that concepts like rights and opportunities are indispensable are very strong.11 Let us go back to the examples of individuals falling outside Rawls’s idea of persons because their disabilities prevent them from being a net beneﬁt to social cooperation. They are individuals who need multiple carers to work, or whose disabilities prevent them from providing a beneﬁt to social cooperation that is large enough. To put the point more sharply, it is worth noticing that the disabilities in question are compatible with being in full possession of one’s logical and moral powers. Now, **should we accept that those individuals ought to be given no rights or opportunities?** An afﬁrmative answer would strike us as implausible, and for a good reason. In a liberal society, having one’s rights, opportunities and basic distributive entitlements acknowledged is one and the same as being recognized as an equal. And what is missing from Rawls’s political liberalism is precisely the idea that falling below a threshold of full cooperation should not be enough to prevent the disabled from being regarded as persons on an equal footing with anyone else. In sum, Rawls’s political liberalism is not amenable to any extension that, keeping the basic ideas of society and persons intact, is able to include a concern with the status of individuals with disabilities. In addition, the proposal that the interests of the disabled are not for public reason to protect is not satisfactory. Consequently, a substantial **revision is the only way to reconcile political liberalism with** our intuitions concerning **what is due to the disabled.** 5. Revising political liberalism I: beyond Hartley’s contractualism The aim of this section and the next is to propose a substantial revision of Rawls’s theory that accommodates the justice claims of the disabled while upholding the project of political liberalism. A question that needs to be answered at this point is: **why should we uphold** the project of **political liberalism, rather than endorsing a different model** that more neatly ﬁts with our intuitions concerning what is due to the disabled**?** First, the general project of political liberalism is compelling. Rawls’s political liberalism aims to identify a common ground of political ideas that can work as the basis on which the most important political decisions should be made. This project is of the greatest importance because, if successful, it creates legitimacy by building institutions on the basis of concepts that are acceptable to each reasonable individual. Moreover, it promotes stability in societies that are characterized by deep pluralism. Second, despite Rawls’s failure to take the interests of the disabled into consideration, **political liberalism is well suited to support the justice claims of individuals with disabilities.** This is because the idea that the disabled are citizens who deserve our respect is part of the common culture of our societies. In other words, there is an overlapping consensus on the idea that rights, opportunities and distributive shares must be granted to individuals who are not fully cooperating members of society, including those who fall below full moral powers. It is widely believed that those with physical disabilities should have the same rights as their fellow citizens, live in a social environment that does not excessively limit their opportunities and receive beneﬁts that help meet their special needs. Besides, although the state or third parties are given exceptional rights to interfere with the autonomy of individuals with severe cognitive disabilities, it is widely recognized that the mentally disabled are citizens whose basic interests must be protected by the law.12 In the public space, any proposal that individuals who are not fully cooperating members of society should have their basic interests neglected would be widely received with outrage. Such proposal would be said to ﬁt a fascist society, not a decent one. Among other legal documents, the United Nations Convention on the Rights of Persons with Disabilities (UN General Assembly, A/61/611) can be taken as the epitome of this widespread attitude. Adopted in 2006, the Convention requires that all individuals with disabilities should share in the enjoyment of equal fundamental rights.

**2AC --- Reform**

**Abstract critique keeps us from forefronting political reform**

**Ruckelshaus 17** (Jay, Rhodes Scholar and graduate student in political theory at the University of Oxford, and the founder and president of Ramp Less Traveled, a nonprofit organization that helps students with spinal cord injuries pursue higher education, "The Non-Politics of Disability”, 1/18/17, https://www.nytimes.com/2017/01/18/opinion/denouncing-trump-wont-help-disability-rights.html)

Disability rights enjoy a seemingly ironclad moral consensus, an ostensible unanimity that is striking given America’s entrenched polarization and the antagonism surrounding other identity movements. Many are wary of L.G.B.T. rights or the Black Lives Matter movement, but it seems beyond the pale — almost cruel — to oppose disability rights. Nobody wants to be anti-disability. Initially, this harmony would seem helpful. Free from partisan discord, advancements for the approximately 57 million Americans with disabilities should be easier to achieve, borne aloft by the wings of certain progress. Why, then, do rampant unemployment and educational disparities endure, and why does success remain the exception? I think part of the reason is the insulation of our pro-disabled political consensus. Its logic is rooted not in any deep belief in the equal worth of citizens with disabilities, but rather in a general aversion to disability. This is related to the charity impulse that has always surrounded disability — and has constrained liberation efforts by assuming that inequities are unfortunate but natural realities to be mitigated through compassion, **rather than politically structured injustices**. There is also a profound lack of disabled people in the public sphere, meaning any substantive discussion that does occur is extremely rare. I suspect many people I talk to about disability maintain an implicit hope that, if they nod as vigorously as possible, the issue will simply go away. In this way, support for disability rights is similar to the act of expressing perfunctory thanks to military veterans. It temporarily absolves us of the responsibility to address the heart of the matter. Moreover, the apparent moral consensus may be mostly superficial. In trying to enact accessibility, disability advocates encounter increasing resistance as the effort and costs involved in proposals come closer to being realized. (Consider the neighborhood store that decides it’s just too costly to install a ramp, or the community lecture that excludes deaf attendees by refusing to hire a sign-language interpreter.) Instead of facilitating change, false unity actually restrains change. It stifles the more substantive conversations true progress requires. And our inability to speak honestly — and contentiously — about disability shows how the politics of disability is in this sense non-political. We are the worse for it. In addition to greater participation in the public sphere, true progress for citizens with disabilities will require a willingness to confront the issues head-on, even when — especially when — citizens disagree on competing solutions. **We must politicize disability** — not in the cable-news, grandstanding kind of way, but in the term’s more formal sense. The work of the Belgian political theorist Chantal Mouffe can help illuminate what’s at stake. Mouffe begins with the premise that human relations are inherently antagonistic: Political change always requires controversial transfers in power or prestige, and it is an illusion to imagine politics without confrontation. Per this “agonistic” conception of democracy, a healthy political order is one that prefers vigorous, good-faith argumentation to complacent consensus. Until we publicly recognize real disagreements surrounding disability and accessibility, Mouffe would insist, we are doomed to a vacuous, empty debate that is neither political nor productive. Recall the Kovaleski incident. I’m not suggesting that the abhorrence of Mr. Trump’s actions is open to legitimate questioning. But in their forcefully reassuring comments and messages, my friends prevented any serious discussion of disability at the level where reasonable disagreement does exist. Where will the money come from to fund disability employment schemes? **How do we even define “disability”?** Despite — and, I would argue, partly because of — the broad condemnation of Mr. Trump for his insensitivity, there was no substantive public discussion of such issues. You may be thinking, haven’t we had enough politics lately? Maybe it’s a blessing that disability isn’t as political as it might be; it avoids the drama and messiness that now seem to define our common life. Avoiding politics might be possible if disability were an exclusively private affair. But it is fundamentally a public concern, affecting everyone directly or indirectly and revealing our obligations to one another as members of a democratic society. Issues of accessibility can be fully addressed only through public institutions and collective effort. For the disability community, there is no answer but politics. But politics need not be repulsive. That’s the beauty of Mouffe’s agonism: By legitimating clashing arguments and welcoming them into the political fold, unproductive antagonism becomes constructive, and compromises emerge.

**Disability must be politicized---this is the only way to secure collective rights---the retreat from politics reifies ableist tropes of charity politics and naively tries to wish problems away**

**Ruckelshaus 17**, (Jay Ruckelshaus is a Rhodes Scholar and graduate student in political theory at the University of Oxford, and the founder and president of Ramp Less Traveled, a nonprofit organization that helps students with spinal cord injuries pursue higher education, The Non-Politics of Disability, https://www.nytimes.com/2017/01/18/opinion/denouncing-trump-wont-help-disability-rights.html)

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**2AC --- Perm**

**Perm solves – challenging ableist assumptions must be coupled with evaluative judgement**

**Vehmas & Watson 13** (Simo Vehmas & Nick Watson, “Moral wrongs, disadvantages, and disability: a critique of critical disability studies”, p. 642-643)

\*CDS = Critical Disability Studies

CDS does not engage with ethical issues to do with the role of impairment and disability in people’s well-being and the pragmatic and mundane issues of day-today living. Imagine, for example, a pregnant woman who has agreed, possibly with very little thought, to the routine of prenatal diagnostics, and who has been informed that the fetus she is carrying has Tay-Sachs disease. She now has to make the decision over whether to terminate the pregnancy or carry it to term. The value judgements that surround Tay-Sachs include the fact that it will cause pain and suffering to the child and he or she will probably die before the age of four. These are morally relevant considerations to the mother. Whilst CDS would probably guide her to confront ableist assumptions and challenge her beliefs about the condition, **considerations having to do with pain and suffering are nevertheless morally significant.** The way people see things, and the language that is used to describe certain conditions, can affect how they react to them, but freeing oneself from ableist assumptions **may not in some cases be enough.** There may be insurmountable realities attached to some impairments where parents feel that their personal and social circumstances would not enable them to provide the child or themselves with a satisfactory life (Vehmas 2003). Impairment sometimes produces practical, difficult ethical choices and we need more concrete viewpoints than the ideas provided through ableism, which offers very little practical moral guidance. It is questionable whether the notion of ableism would help the parents in deciding whether to have a child who has a degenerative condition that results in early death. Campbell (2009a, 39, 149 and 159), for example, discusses arguments about impairments as harmful conditions, the ethics of external bodily transplants as well as wrongful birth and life court cases (whether life with an impairment is preferable to non-existence), and how ableism impacts on discourse around these issues. Whilst her analysis of such ableist discourses suggests ethical judgements, she provides no arguments or conclusions as to whether, for example, external bodily transplants are ethically wrong or whether impairment may or may not constitute a moral harm. Under the anti-dualistic stance adopted by CDS, even the well-being/ill-being dualism becomes an arbitrary and nonsensical construct. Under ableism it can be constructed as merely maintaining the dominance of those seemingly faring well (supposedly, ‘non-disabled’ people), and labels those faring less well as having lesser value. There may not be a clear answer to what constitutes human well-being or flourishing, but in general we can and we need to agree about some necessary elements required for well-being. Also, as moral agents we have an obligation to make judgements about people’s well-being and act in ways that their well-being is enhanced (Eshleman 2009). This is why we have, for example, coronary heart disease prevention programmes because the possible death or associated health problems are seen as harms. Possibly these policies are based on ableist perspective, but if that is the case then the normative use of ableism is null; eradicating supposedly ableist enterprises such as coronary heart disease prevention would be an example of reductio ad absurdum. Denying some aspects of well-being are so clear that their denial would be absurd, and simply morally wrong. CDS raises ethical issues and insinuates normative judgements but does not provide supporting ethical arguments. This is a way of shirking from intellectual and ethical responsibility to provide sound arguments and conceptual tools for ethical decision-making that would benefit disabled people. If we are to describe disability, disablism, and oppression properly, we have to explicate the moral and political wrong related to these phenomena. Whilst CDS has produced useful analyses, for example, of the cultural reproduction of disability, **it needs to engage more closely with the evaluative issues** inherently related to disability. As Sayer has argued (against Foucault): while one could hardly disagree that we should seek to uncover the hidden and unconsidered ideas on which practices are based, I would argue that critique is indeed exactly about identifying what things ‘are not right as they are’, and why. (Sayer 2011, 244)

**2AC --- State Good**

**State action can be good for people with disabilities – ADA proves**

**Mckeever 20** (Amy Mckeever, JULY 30, 2020, "How the Americans with Disabilities Act transformed a country," History, <https://www.nationalgeographic.com/history/article/americans-disabilities-act-transformed-united-states> ) //RB

More than 2,000 disability rights advocates gathered on the South Lawn of the White House in Washington, D.C., on a hot summer day. It was July 26, 1990, and they’d come together to witness one of the most momentous civil rights victories in decades: President George H.W. Bush signing the Americans with Disabilities Act (ADA) into law.

During the signing ceremony—days after the Fourth of July—Bush admitted that the United States hadn’t always lived up to its founding principles of freedom and equality. “[T]ragically, for too many Americans, the blessings of liberty have been limited or even denied,” he said. “Today’s legislation brings us closer to that day when no Americans will ever again be deprived of their basic guarantee of life, liberty, and the pursuit of happiness.”

**The ADA not only provided comprehensive civil rights protections for people with disabilities for the first time in the nation’s history, but it also marked a sea change in the nation’s attitudes toward disability rights. Here’s how the landmark statute came to be, and how it transformed the country.**

The disability rights movement gains steam

Throughout history, people with disabilities were feared and ridiculed for their perceived defects and pushed to the margins of society. By the 1960s, that discrimination had been codified. People with disabilities were excluded from public schools, involuntarily sterilized, sent to live in state-run institutions, and even denied the right to vote. Some U.S. municipalities even had so-called “ugly laws” prohibiting people with “unsightly or disgusting” deformities in public places. It was a world designed not to include people with disabilities. Government buildings and private businesses alike lacked ramps and elevators, while public transportation rarely provided accommodations for people with mobility or visual impairments. Having a disability was considered a medical problem to be solved rather than an identity to be protected under non-discrimination laws. But things began to change in the 1970s. Inspired by the civil rights movement of the 1960s, disability rights advocates became more vocal in their demands that their rights ought to be guaranteed as well. Disability had also become more noticeable as wars in Vietnam and Korea returned thousands of soldiers with lasting injuries. In 1973, advocates won the passage of Section 504 of the Rehabilitation Act, which prohibited programs receiving federal funding from discriminating against people with disabilities. It was the first piece of legislation to use the term “discrimination” to describe the limitations that these Americans face.

For the law to go into effect, the government would have to issue regulations defining who qualifies as a person with a disability and what constitutes discrimination in the disability context. The Department of Health, Education, and Welfare put off issuing those regulations for four years as they wrestled over the terms. Impatient with the delay—and worried it meant the regulations would be weakened—advocates organized protests around the country. In April 1977 they launched a sit-in at a federal building in San Francisco that would last for 28 days—the longest peaceful occupation of a federal building in U.S. history—and **result in victory**.

The need for a comprehensive civil rights law

With Section 504, the American public began to understand that making accommodations for people with disabilities was a civil right rather than a welfare benefit. It also galvanized a growing disability rights movement that won several other important victories in the 1970s and 1980s—including legislation that guaranteed a free public education to children with impairments and prohibited housing discrimination on the basis of disabilities. Yet discrimination persisted. In 1979, the Supreme Court ruled that the nursing school at Southeastern Community College in Whiteville, North Carolina, was not required by Section 504 to accommodate a hearing-impaired applicant. In other circumstances, regulations were simply not well enforced. For example, transit authorities were left to decide for themselves how accessible they needed to be. (A skull discovered in Spain suggests that early humans cared for disabled children.) In the mid-1980s, advocates came to the conclusion that the critical next step was to push for comprehensive civil rights legislation for people with disabilities. The National Council on Disability commissioned a report on the need for such a law, while its vice chair Justin Dart—who would later become known as the “Godfather of the ADA”—embarked on a national tour to discuss disability policy with local officials and gather stories of the discrimination people with disabilities faced. These advocacy efforts made an impression on both sides of the political aisle. Disability rights had become a bipartisan issue thanks to years of changing public perceptions. In 1988, Senators Lowell Weicker, a Republican from Connecticut, and Tom Harkin, a Democrat from Iowa, introduced the Americans with Disabilities Act. After years of revisions, amendments, and negotiations, the bill was passed, and on that July day Bush—who had made civil rights legislation for people with disabilities a campaign promise in 1988—signed it into law with Dart by his side.

Why the ADA matters

The Americans with Disabilities Act was a sweeping piece of legislation that banned discrimination on the basis of disability in employment, public accommodations, public services, transportation, and telecommunication. It finally afforded people with disabilities the same protections that the Civil Rights Act of 1964 had provided on the basis of race, color, religion, sex, and national origin.

"**It is the world’s first declaration of equality for people with disabilities,"** Dart wrote after the ADA was passed. "It will proclaim to America and to the world that people with disabilities are fully human; that paternalistic, discriminatory, segregationist attitudes are no longer acceptable; and that henceforth people with disabilities must be accorded the same personal respect and the same social and economic opportunities as other people."

The ADA launched the process of building a more accessible world by ensuring that buildings, schools, and public spaces were equipped with ramps, elevators, and curb cuts. It made travel easier by requiring operators to make accommodations, such as offering wheelchair lifts, airport shuttle service, and rental cars with hand controls. It also led to the rise of interpreters and closed captioning in public communications. (These five coastal areas have made accessibility a priority.)

After a tragic accident ended her dance career, Kitty Lunn taught herself how to dance again in her wheelchair. Today, Lunn empowers her students to "dance in the body you have" in this film by Qingzi Fan. The Short Film Showcase spotlights exceptional short videos create...Read More

Crucially, this legislation has also become a model for lawmakers and activists around the world seeking to end discrimination against people with disabilities in their countries. Since 2000, more than 180 countries have passed legislation inspired by the ADA. The law is limited, however. The ADA has been criticized for failing to increase employment among people with disabilities—only 19 percent are in the workforce today compared with 66 percent of those without disabilities. People with disabilities are still disenfranchised. Accommodations at polling places across the nation are inadequate; in 2016, a government report found that 60 percent of the polling places it examined had one or more potential impediments, such as ramps that were dangerously steep or paths in poor condition. Meanwhile, 39 states and Washington, D.C., have incompetence laws that allow judges to strip the vote from people they deem incapable of participating in the democratic process, such as people with mental impairments. Stigma and discrimination persist throughout society too. The ADA may not be perfect, but as Dart wrote in 1990, it “is only the beginning. It is not a solution. Rather, it is an essential foundation on which solutions will be constructed.”

**2AC --- War Turns alt**

**War turns—distinctly bad for people with disabilities**

Maria **Berghs** **and** Nawaf **Kabbara 16** (November 8, 2016, “Chapter 17 Disabled People in Conflicts and Wars” , Disability in the Global South by Disability in the Global South The Critical Handbook, Editors: Shaun Grech, Karen Soldatic , https://link.springer.com/book/10.1007/978-3-319-42488-0 )// RB

The long-term consequences of protracted confl ict on disabled people and the creation of impairment need more research. This calls for a longitudinal or life-course approach (Priestley 2007 ) to see how identities, single and multiple impairment(s), health and social care needs differ as the age of populations and their environments change. A life-course approach can also explore how the concept of disability is changing intergenerationally, whether passed on biologically (e.g. HIV/AIDS) and socially (e.g. stigma), or through ascription of a new kinship identity (e.g. amputee) (Berghs 2012 ). Yet, research, funding and planning to understand the long-term effects of confl ict on disability is rarely available (Wehbi 2011a ). Inhorn and Kobeissi ( 2006 ) usefully note how there are six long-term effects of confl ict on civilians: physical, mental, reproductive/demographic, social structural, infrastructural, and environmental. We briefl y discuss each of these in turn in an effort to illustrate what is missing from current debates in relation to disability.

Physical We know very little about civilian deaths and creation of impairment despite the fact that poorly resourced health systems contribute to death, illness and impairment (Banatvala and Zwi 2000 ; WHO 2011 ). With the focus on public health, the effects of malnutrition, communicable and non-communicable diseases, unsanitary conditions and lack of access to water are given substantial attention post-confl ict. For example, Miles and Medi ( 1994 ) found that while confl ict in Mozambique had resulted in impairment among children, most actually gained indirect impairments due to a mix of effects created by the long-term consequences of the confl ict, such as malnutrition. Insurance provision, necessary implementation of user fees for services and a lack of (paid) professionals, medication, assistive devices, prosthetics and rehabilitation programmes affect impairment, too. Growing privatisation under neo-liberalism is also a threat to access to health and social care services (Berghs 2013 ). Likewise, the impact of landmines, chemicals and circulation of (small) arms can last for generations and will need long-term planning of services. Long-term effects of confl ict and links to impairment need to be identifi ed so that services can be planned and implemented adequately .

Mental In post-confl ict situations, there are increases in mental health needs such as for counselling, social care and specialised psychiatric services. Inhorn and Kobeissi ( 2006 ) cite lack of infrastructural development and trained professionals, as well as not prioritising mental health as detrimental to well-being. The evidence base for many interventions affecting disabled people does not exist, especially in the fi eld of gender-based violence and mental health (Blanchet et al. 2013 ). Likewise, while there is a lot of data on western veterans, there is very little information on culturally sensitive, indigenous or communal interventions for disabled people. Institutionalisation, stigma, western diagnoses (following the Diagnostic and Statistical Manual of Mental Disorders 5) and links to pharmaceutical companies also infl uence how mental health care is accessed and why. Thus, coping strategies involving cheap and freely available pharmaceuticals, alcohol and/or drugs develop in society (Inhorn and Kobeissi 2006 ). More research is needed to explore the longterm mental health impact of conflict.

Reproductive/Demographic Lives are disrupted during a confl ict, as families, gender relations and patterns of reproduction undergo profound changes. Marriage is a means of societal integration for disabled people but when most men are fi ghting or community ties are disrupted, there may be earlier, delayed or no marriages taking place. Periods of confl ict also have reproductive consequences for disabled women and men with lack of access to reproductive services, antenatal, postnatal and emergency care. There may also be an increase in perceived need for certain services or technologies to prevent impairment, such as antenatal screening in Vietnam (Gammeltoft 2013 ). Correlations exist between lack of access to reproductive services (e.g. screening and contraception) and war-time sexual violence, increases in Sexually transmitted infections (STIs) , infertility, infant deaths and children born with impairments. Disabled people often face discrimination in services and institutions ensuring neglect, segregation, sterilisation or institutionalisation. For example, Human Rights Watch ( 2010 ) documented high rates of physical and sexual abuse of disabled women post-confl ict, but a lack of access to reproductive services, health education and STI testing continues. Lack of access to reproductive services pre- and post-confl ict is important to understand demographically.

Social Structural The social structure of society changes during a confl ict and the informal CBR systems that families and communities are supplied with may collapse. Programmes implemented by NGOs that superfi cially mainstream disability may also **increase poverty and marginalisation of disabled people** (see Wehbi 2011a ). There could be rising violence on account of (small) arms and the circulation of drugs, often with links to criminal networks and gangs, which leads to rises in specifi c types of impairment (e.g. spinal cord injuries caused by bullet wounds) (Buchanan 2011 ; Handicap International [HI] 2012 ). Confl ict and post-confl ict societal upheaval may last for decades with the threat of bombs, drones and violence profoundly affecting communities. Hill and Hansen ( 2011 ) describe how in Northern Ireland, a state of terror with bombs going off meant that those with mobility problems were forced to stay at home, leading to greater social isolation. Social isolation has also been identifi ed as a risk factor when it comes to exploitation of disabled people (Grove et al. 2010 ). The consequences of societal breakdown, lack of evaluation of disability programming during a confl ict and post-confl ict, and the programmes that empower disabled people to survive must be urgently addressed.

Infrastructural Confl ict destroys most of the limited infrastructure that exists for disabled people. Vocational workshops, institutions such as day centres, and schools need to be rebuilt. Post-confl ict rebuilding can offer an opportunity for inclusive design and mainstreaming of disability in all infrastructural development. For instance, while education is disrupted, new opportunities present themselves to rebuild educational and vocational systems through inclusive practices (Miles 2013 ). Such interventions will have little impact, however, if issues in the current educational system, notably that teachers lack training and know-how and are often unpaid, are neglected. Likewise, ensuring suitable skills training, micro-credit programmes, and employment in the formal and informal economy are particular concerns post-confl ict, but there will be gross diffi - culties in improving disabled people’s situation if societal attitudes remain negative, barriers persist in transportation systems, or there is no economy to contribute to. Therefore, we need to understand more about what enables the entire social and physical infrastructure to become inclusive and robust post-confl ict.

Environmental The exploitation of resources and environmental impact of confl icts will be felt for generations. Yet, the impact of new forms of impairment on indigenous communities and women is rarely investigated (Ngo et al. 2012 ). Likewise, disability rights and intergenerational rights in terms of creation of differing forms of impairment are rarely advocated (Soldatic 2013 ). North–South hierarchies in bodies and body parts are thus still correlated with inequalities, especially in countries with histories of violence or confl ict that are undergoing political transitions (see Scheper-Hughes 1996 ). This is exemplifi ed in biopolitical claims for genetic reproductive harm, such as the use of Agent Orange in Vietnam, nuclear testing in the southern hemisphere and the use of depleted uranium in Iraq, which are rarely upheld. Refl ections on newer forms of biosociality, or social identities based on biological, genetic or medical conditions (such as HIV/AIDs), chemical and environmental harm, and the links between confl ict, violence and activism remain unexplored.

**2AC --- Alt fails activism**

**Alt fails – doesn’t account for neoliberal exploitation and categorization is key to activism**

**Vehmas & Watson 13** (Simo Vehmas & Nick Watson, “Moral wrongs, disadvantages, and disability: a critique of critical disability studies”, p. 646-648)

Critical disability studies and justice

The influence of CDS and its challenge to the assumption that disability is a uniform condition have enabled the emergence of new ideas on disability. In particular, this has enabled the development of a theory that can take account of not only impairment effects but also can include class, ethnicity, sexual orientation or cultural identities. It has also argued for the re-emergence of a new political identity, one where a solidarity that was previously built on a common single identity is replaced by one that incorporates multiple voices including representatives from across the range of constituencies. The politics that it seeks to develop will be the ending of the single interest group identity of the disability movement to be replaced by single-issue groups campaigning for different social issues. To paraphrase Lister (1998, 74), if disability and impairment are simply to be ‘deconstructed into a kaleidoscope of shifting identities’ and ableist discourses, **there will be no disabled people left to either fight for the right to be, or to be a citizen.** If the principles of CDS are evaluated critically in the light of disadvantage, its analytical and political value becomes questionable. Its relativism and its suggestions that impairments are ethically and politically merely neutral differences are false. Impairments often have very tangible effects on people’s well-being, many of which cannot be explained away by deconstruction (for example, Shakespeare 2006; Thomas 1999). Recognizing impairment effects is necessary in order to secure proper treatment and social arrangements that enhance disabled people’s well-being and social participation. CDS runs the risk of dismissing not only the personal experiences of living with impairment, but also the significance of the differences between socially created disadvantages. These disadvantages that often result from oppressive social arrangements, are very much real and take place in different ways for different disadvantaged groups. Disabled people typically experience disadvantage in relation to the market and capitalism, and they have to a large extent been excluded from employment and from equal social participation, respect and wealth (Wolff and De-Shalit 2007, 26). On top of these materialist disadvantages, disabled people are stigmatized as deviant and undesirable, and also subordinated to various oppressive hierarchical relations. For disabled people to achieve participatory parity, they require more than recognition; **they need material help, targeted resource enhancement, and personal enhancement** (Wolff and De-Shalit 2007). Disability is rooted in the economic structures of society and demands redistribution of goods and wealth. In contrast to some other oppressed groups, disabled people require more than the removal of barriers if they are to achieve social justice. This extra help might be small – for example, allowing a student with dyslexia extra time in an examination – through to complex interventions such as facilitated communication, a job support worker or 24-hour personal assistance. Whatever the size, it is an extra cost both to employers and to the state. These are real needs and represent real differences. Without an acceptance of these differences it is hard to see how we could move forward. Whilst these ‘real differences’ can be presented as the result of dominant ableist discourses where disabled people’s needs are regarded as extra cost, this does not solve the problem. The problems disabled people face require **more than ideological change**, and ideological change is of little use if it does not result in material change. CDS **fails to account for the economic basis of disability** and offers only the tools of deconstruction and the abolishment of cultural hierarchies to eradicate economic injustice. This, as Fraser (2000) has argued, would be possible in a society where there were no relatively autonomous markets and the distribution of goods were regulated through cultural values. In such a society, oppression based on identity would translate perfectly into economic injustice and maldistribution. This is far from the current reality where ‘marketization has pervaded all societies to some degree, at least partially decoupling economic mechanisms of distribution from cultural patterns of value and prestige’ (Fraser 2000, 111). Markets are not controlled by nor are they subsidiary to culture; ‘as a result they generate economic inequalities that are not mere expressions of identity hierarchies’ (Fraser 2000, 111–112). The disadvantage related to disability is to a great extent a matter of economic injustice, and before this injustice can be corrected we have to be able to identify those individuals and social groups that have been disadvantaged by social arrangements. Whilst this does create and foster categories and binaries between groups of people, it also requires some sort of categories to start with; namely, the various categories of disadvantage. Both the social and physical mechanisms that produce human diversity are real, and they produce tangible differences that cannot be challenged, let alone abolished, merely by pointing out the wanton nature of difference, and deconstructing the meanings attached to disability. Changing the social conditions that disadvantage and disable some people demands that the diverse, sometimes dualistic, reality of social advantage and disadvantage between different groups of people is recognized. This is exactly why group identities based on, for example, impairment, gender, or sexuality have been invaluable tools in the resistance against discrimination and oppression – in the fight against socially produced disadvantage. Confident, positive disability identity has enabled many disabled people to actively challenge the status quo that disadvantages them and to claim rights and power and participation in dominant institutions. Being different from the so-called normal majority is no longer considered to conflict with a good life, equality and respect. Quite the opposite, positive realization of one’s difference has been liberating and empowering to many disabled people (Shakespeare 2006; Morris 1991). For a radical and active disability movement to emerge and for disabled people to take action on their own account, they have to see themselves as an unfairly marginalized or disadvantaged constituency and a minority group (Shakespeare and Watson 2001). The category disabled/ non-disabled is a good abstraction that can **enable the development of communities of resistance**, and without it is hard to see how these could develop. CDS is premised on the idea that difference acts as a precursor to the normalizing of behaviour and a requirement to treat people differently and, importantly, less favourably. There is, however, no evidence to suggest that the categories that are applied to disabled people create an unnecessary divide between disabled and nondisabled people. You could equally make the point that without these categories we would not know what it is we have to do, what actions we have to take or what services we have to put in place to include disabled people. Indeed, for many disabled people the disadvantages they are subjected to arise not as the result of domination but through neglect and the denial of services and through society failing to take responsibility for those in need. As Wolff (2009, 114) points out: ‘anti-discrimination policy needs to identify a group to be protected.’ In other words, it is impossible to fight the oppression of a group of people that does not exist. Recognition of impairment is also crucial regarding legislation and policy that aim to protect disabled people against discrimination. The point of anti-discrimination legislation is to protect people from discrimination on the basis of their physical and mental properties, not on their opportunity to achieve equal participation and respect. Thus, ‘the parallel to race and gender is not disability but impairment’ (Wolff 2009, 135).

**2AC --- Alt Fails Mindset**

**Alt can’t change society’s worldview and only marginalizes material experiences**

**Vehmas & Watson 13** (Simo Vehmas & Nick Watson, “Moral wrongs, disadvantages, and disability: a critique of critical disability studies”, p. 648-649)

Further, deconstructing differences will not in and of itself produce respect and equality between all people with various characteristics. Neither will it result in a social order free from a sense of difference. It is simply unrealistic to assume that a society could exist were people would not see some other people as different, and their lives or characteristics as representing a deviation from some norm considered important regarding good human life. This is because some of the individual characteristics that define disabled people are, sometimes with good reason, undesirable, even in a utopia where all differences would have been queered. **Disability is not the same** as many other group identities and we need to explore both morally and socially disability and difference rather than simply use difference as a concept through which to critique the disability identity. There are no rational reasons to consider homosexuality or gender undesirable characteristics whatever the social context, but there are many impairments that can reasonably be seen as undesirable (Shakespeare 2006). Motor neuron disease, depression or spinal cord injury are the kinds of conditions that we would prefer not to have, and this is not merely because of the cultural representations attached to them but because **these conditions are the kinds of predicaments that cause suffering irrespective of one’s cultural environment.** In acknowledging that impairments can include an undesirable dimension **does not imply devaluing people with impairments** nor their positive group identity (Shakespeare and Watson 2010). As long as people are genuinely free to decide for themselves and feel about themselves however they wish to feel, we are pretty close to relational justice, free from hierarchical evils. Imposing on people ableist or disablist assumptions is certainly wrong, but so would be the denial of the personal experiences of fearing the loss of one’s physical and mental capacities, or the fear of dying (Carel 2008). To explain the psychological anguish related to conditions such as motor neurone disease or depression merely in terms of internalized oppression and ableism would be insensitive, disrespectful and simply nonsensical.