

Intellectual Disability and War: Issues for Consideration

Abstract

Highlighting the need for further research, this paper offers a preliminary review of the available information and data regarding the involvement of people with intellectual disabilities (IDs) in armed conflict. Literature searches reveal a paucity of information, with most statistics relating to disabilities which are caused by war, rather than the effects of war on people with pre-existing disabilities. The specific ways in which people with IDs may be vulnerable during war are outlined, as well as the ways in which they have been actively involved.

Introduction

The UN Convention on the Rights of Persons with Disabilities came into force in May 2008, and has so far been signed by 130 countries. It enshrines the human rights of persons with disabilities to life, liberty and security, and freedom from torture, violence, exploitation and abuse (Convention on the Rights of Persons with Disabilities, 2008). In that same year, there were 36 armed conflicts¹ (Uppsala Conflict Data Program, 2010). It stands to reason that a proportion of the populations affected by these conflicts will have intellectual disabilities (IDs). To date the topic has attracted little interest amongst researchers.

In this paper we consider some of the issues that arise when considering the situation of people with IDs who are involved in conflict, whether as victims, refugees, or as active participants. The territory we are exploring is complex and poorly mapped; reliable data are few and far between and it is easy to make assumptions based on a presumed intrinsic vulnerability of the population under discussion. Intellectual disability is defined (WHO: ICD-10) as a condition of significantly below average cognitive functioning combined with limitations in adaptive behaviour. Such a deficit model leads us inevitably to regard people with IDs as victims. However, if vulnerability is a product of a complex interaction of social structures rather than an essential constituent of intellectual disability, then our research must draw attention to the contingency of these forces and suggest ways of challenging them.

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¹ Armed conflict is defined as: "a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year." (Uppsala Conflict Data Program Database, 2008).

Lack of Data

Once war begins, it quickly spreads across the whole of a society (see, for example, Ehrenreich, 1997). However, simply stating that war impacts on society as a whole, masks the heterogeneous nature of society. An analysis which treats society as a homogeneous whole will invariably discriminate against differences within society, usually in favour of more dominant groups.

Database searches reveal that in general the literature is sensitive to different groups in the context of war. There is a large body of work that investigates the relationships between war and religion, ethnicity, age, gender and social class. Regarding disability, there is an almost exclusive focus on physical disabilities and mental health problems that have resulted from the conflict. There is very little information about the effects of armed conflict on populations who had disabilities, of any type, at the outset.

Even without considering the effects of armed conflict, the World Health Organization (WHO) points out that, in general, information and services for people with IDs are “scarce” and “fragmented” (World Health Organization [WHO], 2007). Information is even more “scarce” and “inaccurate” in middle and low income countries (WHO, 2007); that poorer countries are more often the sites and battlegrounds of war and conflict would certainly serve to compound the problem.

A report from the Women’s Commission for Refugee Women and Children (WCRWC) that examined data regarding people with physical disabilities found:

In many cases, data on the number of displaced persons with disabilities was simply not available from the government, UNHCR [United Nations Refugee Council], or its implementing partners. Where data did exist, it was often inconsistent or inaccurate...less information and fewer services were available for people with mental disabilities than those with physical and sensory disabilities. Refugees with mental disabilities tended to be more “invisible” and “hidden” from public view than those with physical disabilities. (WCRWC, 2008)

The Status of ID at Times of War and Conflict

The Holocaust

No other war time atrocities have been so thoroughly documented as those committed by the Nazis during World War II. The documentation began with the Nazis themselves. In their quest for racial purity and social order, they constructed a highly efficient bureaucracy that detailed their systematic torture and murder of the Jewish and Roma peoples. They also established systems to purify unwanted elements within their own genetic stock. The function of the “Reich Committee for the Scientific Registration of Severe Hereditary Ailments” was to conduct the process of “disinfection,” “special handling” and euthanasia (Rogow, 2001). By the end of the war, between 200,000 and 250,000 handicapped people had been murdered in the Nazi death camps (Ryan, 2002). It is not known how many of these were people with IDs.² Even before war began, there were plans to “implement the killing of the handicapped” (Mostert, 2002), and the first victims of the genocide were Jewish people with some form of disability (Friedlander, 1997). The obsession with “purity” fit perfectly with the demands of a war time economy:

It was no coincidence that the decision to kill all mentally and physically-disabled people was made in 1939, the year of the outbreak of World War II. The reason was the necessity to make space for wounded soldiers in hospitals, to free hospital personnel to tend wounded war victims, and to save medicine and food. Social expenses were reduced for the good of war time economy. There was no room in Nazi Germany for “unnecessary eaters” and “deadwood lives.” (Neugebauer, 1998)

This extract serves to reveal the horrifying consequences of following the principle of prioritisation within a war framework to its logical

2 * Changes in terminologies and definitions of disabilities prevent an examination of the data using today’s terms. Stainton and McDonagh (2001) have outlined this problem when writing about the history of people with intellectual and developmental disabilities. Thus, terms such as “handicapped” referred to people with physical disabilities as well as people with ID’s.

conclusion. Andre Pichot (2009) goes further. Agreeing with Neugebauer that “the extermination of mental patients, handicapped people, and others were a poor concealment for economic motivations” and that the handicapped were considered too “expensive to maintain... in wartime” (Pichot, 2009, p. 206–207), Pichot goes on to reflect on how the devaluing of life of people with IDs extends beyond a war context and has infiltrated the historical reflection and analysis of the Nazi crimes. He makes the point that to describe the campaign of extermination as euthanasia effectively sanitises the action.

The treatment of people with ID by the Nazis has been discussed by Rogow and others and need not be repeated here. Genocide, and in particular the targeting of people with ID, did not end with the Nazis nor did it begin with them. However, even a brief look at the Holocaust raises a question: if in a time of such total war systems have been established and resources found for the inhumane treatment of people with ID, why is the same not done for their protection and support?

Diversion of Services, Changing Concepts, and Hierarchy of Disabilities

As societies turn their efforts to the war economy, services for people with IDs are invariably viewed as expendable and are reduced or disappear altogether. In Afghanistan, Miles reports that:

conflicts have severely disrupted the few formal rehabilitation services for disabled Afghans... Realistically, Afghans with disabilities will have to manage their lives largely with traditional skills and community resources for many years to come. (Miles, 1990)

Once dismantled, the lack of service systems continues to plague societies long after conflict has ceased. In Kosovo, the burden of a war ravaged population has diverted attention from specialist services. Jones et al. report “significant difficulties” in implementing a “comprehensive service including a specialised capacity for learning disability” in the wake of the civil war (Jones, 2003). In Pakistan, intellectual disability has had low priority since the influx of

2 million Afghan refugees, many of them war disabled (Miles, 1998).

This diversion of services is the result of more than just a destabilized economy. War and social conflict can impact on the way in which disability is conceptualised and placed in the social order.

[In Lebanon] negative perceptions towards physical disability were changed during the civil war... and the continuing national resistance against the foreign [occupation]. The issue of disability became an important political agenda all of sudden. The conflicts increased the number of people with permanent physical disabilities. The disability was a mere stigma traditionally and it now became heroic, at least as a symbol of active resistance. Disability is now perceived as martyrdom where young men or teenagers sacrificed their lives to live in wheel chairs, or poor young children stepped on landmines to live with prosthetics. (Nagata, 2008)

Nagata also points to a hierarchy of disability produced by this hero-ization of war disabled:

...unfortunately, this new focus diverted attention away from Lebanese women with disabilities, who have been most discriminated against traditionally, and who suffered equally from the civil unrest. It also worked against women and men with congenital and non-physical disabilities, such as women with intellectual disabilities. We disabled women are sacrificed in favor of a small number of disabled war veterans. (Nagata, 2008)

A similar situation has been described by Sally Tomlinson and Osman Ahmed Abdi in Somaliland, where services are diverted away from people with IDs to the war disabled:

[There is a] hierarchy of recognition of disability—war and mine injuries being acknowledged, and some provision made, [while] children and adults with other disabilities (including blindness and deafness) and learning difficulties (still termed mental handicap) [are] often unacknowledged and stigmatised. (Tomlinson, 2003, p. 914)

In Afghanistan, the responsibility for disabilities of all types falls under the authority of the Ministry of Martyrs and Disabled (MMD).

The emphasis on war related injuries meant the majority of provisions were for physically impaired people and a medical professional approach to disability. This has perpetuated the passivity of disabled people and their families and pushed them into the margins of poverty and social exclusion. (Afghanistan, Ministry of Martyrs and Disabled, 2003)

Referring to the report of the Afghanistan *Interim Health Strategy of Ministry of Public Health 2002–2003*, the MMD states:

Disability in this policy document has been included within wider discussion of vulnerable groups such as homeless, women and displaced people. The Ministry of Public Health [MoPH] after consultations with various stakeholders, concluded that mental health and disability issues do not constitute a priority for the Basic Package of Health Service in Afghanistan “at this stage.” Although MoPH recognizes the significant proportion of disabled people in the country, the availability of resources has unfortunately determined their priorities and influenced overall health planning. (p. 15)

People with severe intellectual disabilities are among the most excluded within Afghanistan communities. But the report also observes that:

... there are many people with learning disabilities, mental impairments and multiple disabilities that hardly receive any attention from the international community and disability organizations working in Afghanistan. (p. 12).

The decline in services is a not just the result of direct conflict and violence. De-stabilization strategies used in international politics to bring pressure upon ruling governments are not without effect upon the citizenry. In Iraq, international economic sanctions imposed in 1991 had direct consequences upon the “infrastructure, the public services and, above all, the health and human conditions of the population, particularly the children, the women, the elderly and the disabled” (Popal, 2000). Whether inadvertent, or by design, those who are most vulnerable pay the highest price.

Vulnerability

Vulnerable civilian groups often bear the brunt of war-time violence. This is something that human rights groups have been meticulously documenting for years. The proliferation of weaponry, the *de facto* legitimacy of the use of force, the absence of satisfactory redress and, indeed, all of the conditions that enable war to “propagate itself through time and across space with terrifying tenacity” (Ehrenreich, 1997), create a volatile and exceedingly dangerous environment for society’s most vulnerable.

That people with ID’s are generally more prone to abuse and maltreatment, whether psychological, physical, emotional or sexual, has also been documented (Ammerman, Van Hasselt & Herson, 1988). There are also integral difficulties in recognizing abuse of people with IDs as this usually relies on victim disclosure and it is frequently more difficult for people with IDs to report instances of maltreatment (Ammerman et al., 1988; Murphy & O’Callaghan 2007; Conway, 1994). Thus, it seems evident that problems of identifying abuse that occur within communities would be exacerbated in times of war given the breakdown in community services, communications, and systems of protection that occurs.

Amnesty International has reported murders of people with IDs in Nepal and Sudan (Amnesty International, 2002, 2004). In the Democratic Republic of Congo “mentally disabled” women have been victims of rape and sexual violence by armed forces (Amnesty International, 2004). In Kenya, it was reported that disabled children were unable to attend school after schools were destroyed and teachers fled during post election violence (Richler, 2008). In one population of traumatized refugee children, 20% were found to have learning or cognitive disabilities (Kinzi et al., 2006).

In Afghanistan, a country that has been wrecked by war since the invasion of the Soviet Union in 1979, the effects have been severe. Acclaimed human rights lawyer and United Nations war crimes expert, Cherif Bassiouni writes that a quarter century of wars has resulted in “a terrible human rights situation, particularly for weaker elements of society: women, children [and] the handicapped” (Bassiouni, 2005).

People with intellectual disabilities are also disproportionately at risk because of the nature of their impairments. Brutal regimes and occupying forces employ methods of enforcement designed to impose total obedience. People who are less aware of the rules of governorship, who have more difficulty understanding orders put to them, or who are susceptible to suggestive questioning, are at a particular risk (Lassiter, 2004). Thus they may unwittingly put themselves in danger.

B'Tselem, an Israeli rights group, has reported a number of such cases involving people with IDs. In February 2006, for example, a youth with a "mental disability" was shot dead in Jenin when he was "carrying a toy rifle near persons who were throwing stones at soldiers" (B'T, 2007). In another instance in May 2003:

Taher 'Abdu, 28... and his sister and sister-in-law were grazing the families' sheep in fields near the Burqa-Imran road. At about 5:00 P.M., an IDF armored personnel carrier approached from the direction of Burqa. Three soldiers got out of the carrier and ordered 'Abdu and two of the farmers working their fields to come over to them. The farmers obeyed the soldiers, but 'Abdu did not. The two farmers explained to the soldiers that 'Abdu was severely mentally disabled and did not speak. 'Abdu continued to walk toward Imrin. The soldiers ordered him to stop, but he continued to move away from them. The soldiers started to chase him, while another of the farmers told the soldiers that 'Abdu was mentally disabled, and that was the reason that he did not obey them. Despite this, the soldiers continued to chase 'Abdu. They shot him, hitting him in the chest. He died a short time later (B'Tselem [B'T] 2005).

Weapons of War

News reports have appeared recently of individuals with ID being recruited for suicide bombing missions. In Baghdad, 2005, Amar Ahmed Mohammed, a young man of 19 with Down's Syndrome, was killed when a bomb strapped to his body exploded. It was reported that Amar, the only victim of the explosion, had been set up as a suicide bomber, with testimony from his mother documenting a sophisticated grooming process (McGeough, 2005). In Exeter, England, a man arrested attempting to carry out such a mission was reported to have been a

recent Islamic convert who had Asperger's syndrome and a history of mental health problems (Dodd, Pidd, & Norton-Taylor, 2008). Writing in the *Guardian*, the authors went on to report fears among intelligence officials that the failed Exeter bombing was part of a new tactic among "radical Islamic terrorists" to recruit "vulnerable white men." In *The Times*, an MI5 counter terrorism official was quoted as saying:

"It is a grotesque concept but they are using people who are clearly mentally subnormal," the official said. "We know they have clever radicalisers who will take advantage of anyone they think they can manipulate, whether they have an IQ of 60 or 140," he said (Leppard & Taher, 2008).

This story has striking similarities with a case a few months earlier when two coordinated suicide bombings in a Baghdad market killed 73 people. Initial reports by U.S. and British media claimed the action was carried out by two women with Down's syndrome. Although the identification later proved to have been mistaken, the reporting of the incident illustrates the use to which such information may be put. At the liberal end of the political spectrum in Britain the *Guardian* reported:

Remote-controlled explosives were strapped to two women with Down's syndrome and detonated in coordinated attacks on two Friday morning markets in central Baghdad yesterday. The chief Iraqi military spokesman in Baghdad, Brigadier General Qassim al-Moussawi, claimed the female bombers had Down's syndrome and that the explosives were detonated by remote control, indicating they may not have been willing attackers in what could be a new method by suspected Sunni insurgents to subvert stepped-up security measures. The U.S. ambassador to Iraq, Ryan Crocker, said the bombings showed that al-Qaida has "found a different, deadly way" to try to destabilise Iraq. U.S. secretary of state Condoleezza Rice said the bombings in Iraq proved al-Qaida is "the most brutal and bankrupt of movements" and would strengthen Iraqi resolve to reject terrorism (Howard, 2008).

The increased social isolation of individuals with ID that can result from the decreased levels of services and support networks in times of conflict contributes to a vulnerability to emotional and psychological exploitation.

Concerns for the safety of vulnerable groups led the Iraqi Interior Ministry to take action. They “ordered police to begin rounding up beggars, homeless and mentally disabled people from the streets of Baghdad and other cities to prevent insurgents from using them as bombers” (“Iraq,” 2008).

We should not necessarily take this “concerned statement” as anything more than a bureaucratic exercise in public relations. Even if such an initiative was pursued, it is not reassuring. At one time, the “feeble-minded” were herded into gas chambers for the benefit of a “purer race”; now people with ID’s are “rounded up” for their own protection. The question is left answered as to into what institution the street people of Baghdad were put—it seems reasonable to assume it was an institution of some kind—or what conditions could be afforded them, given it has already been seen that services and supports for the population are so often of such low priority during war and conflict.

What we may discern in these reports is another insidious consequence of war; the potential for exploitation of vulnerability in the dissemination of propaganda.

“Information Dominance”

Propaganda, or “information dominance” (Curtis 2004), is a major component of U.S. and British intelligence operations. Strategies include embedding journalists sympathetic to their efforts and carrying out direct attacks on journalists who report “unfriendly information” (Curtis, 2004). Of specific relevance to our discussion are “information operations” including “planting stories in the domestic and foreign press” (Curtis, 2004). The overarching agenda of “information operations” is to fit coverage of the war into a paradigm that distinguishes between the “humanitarian” intentions of U.S. and British forces, with their enemies that operate by the “rules of the jungle” (Cooper, 2002).

In the case of the two women in Baghdad, once it was discovered that, in fact, they did not have Down’s syndrome, intelligence officials maintained in correction articles, nonetheless, that the women were still vulnerable and possibly unwitting victims.

Investigators say they believe that they established the identities of the women — using pictures of their heads — and then interviewed officials at Baghdad psychiatric hospitals, who said the women had been patients and had such illnesses as depression and schizophrenia, said Rear Adm. Gregory J. Smith, a top American spokesman in Baghdad (Oppel, 2008).

The message being communicated through the news stories is clear. The enemy will stop at nothing in their fight against “freedom.” It is also apparent that exploiting the vulnerability of the mentally ill and disabled is included in the arsenal of “information dominance” as a strategy of war.

Beyond a Discourse of Victimhood

War and conflict hold dangers for people with ID that are specific to their social status and to their level of need and abilities. In this paper we have outlined the ways, both historically and currently, in which people with ID are victimized by the machines, systems, and strategies of warfare; we have outlined the potential for people with IDs to be abused and exploited, how the services they depend upon are neglected and abandoned, and how there is often a hierarchical stratifying of disability at their expense.

However, an emphasis upon vulnerability and victimhood, overlooks other aspects of the experiences of people with ID during war. In Britain during the second world war, there is some documented evidence that people with IDs responded to the emergency by joining the army (Waitman, Conboy, Waitman, 1992), and then returned from the war to help rebuild a nation and welfare state (French, 1994). In Botleys Park Mental Deficiency Colony in Surrey, inmates made an invaluable contribution as auxiliary staff when the building was requisitioned as a clearing hospital (Paddle, 1946). In Nicaragua, during the US sponsored war on the Sandanistas, there is a suggestion that people with ID’s were involved in the struggle for disability rights (Bruun, 1995).

In the United States, war has consistently led to the redefining of boundaries, and the recruitment of people who in peacetime are given a label of mentally retarded (Smith & Lazaroff, 2006; Smith & Pollaway, 2008). Several contem-

porary accounts stress the achievements and successes of these previously stigmatized individuals (Bassett, 1944; McKeon, 1944; Weaver, 1946; Whitney & Macintyre, 1944). Hegge (1944) reported that of a group of people with IQs between 50 and 75, 89% were contributing effectively to the war effort, either as members of the armed forces, or as workers in war plants

Contained in the history of war and intellectual disability are many stories of heroism, courage and survival, as well as many others that span the full spectrum of human feeling and experience. At present these stories are hidden by meta-histories that seek to use disability for its own purposes. As Catherine J. Kudlick in her essay, "Disability History: Why We Need Another 'Other'" points out:

Anyone interested in subjects as diverse as war, the body, the senses ... will find ways of making the familiar refreshingly unfamiliar again. Just as gender and race have had an impact well beyond women and people of color, disability is so vast in its economic, social, political, cultural, religious, legal, philosophical, artistic, moral, and medical import that it can force historians to reconsider virtually every concept, every event, every "given" we have taken for granted (Kudlick, 2003).

Conclusion

It is clear that war poses distinctive risks and endangerment for people with IDs. Yet there has been little research or action taken to address the specifics of what those risks might be, the numbers of people being affected, and exactly how they are being affected.

In this short paper, we have drawn an outline of the abuse, maltreatment, and neglect of people with IDs during war and pointed to specific ways in which they may be exploited. We have also discussed the contributions of people with IDs to defence efforts and the rebuilding of social structures and networks after war's destruction.

We have not addressed what protective or supportive measures might be implemented, or who might take on the task and responsibility of implementing them. Certainly, international agencies already providing emergency relief and protection would be involved.

More questions need to be asked; further exploration is required. In doing so, it is essential to acknowledge the complexity of intellectual disability, to recognize the potential for contribution, as well as the need for support and protection, and to ensure that in times of crises, the particular needs, indeed, the particular abilities of people with IDs are not forgotten.

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