



# 1922-2022

## A Memoir of Rehabilitation International's Centenary





**A Memoir of Rehabilitation International's Centenary 1922-2022**  
**康复国际百年纪念回忆录 ( 1922年至 2022年 ) :**  
**A hundred years of humanitarian empowerment,**  
**and a new century of rights and inclusion**

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Rehabilitation International's Centenary  
1922-2022**

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1922年至2022年**

**A hundred years of  
humanitarian empowerment,  
a new century of rights and inclusion**

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# Preface

The RI Centennial Memoir is a participatory publication, documenting in words, pictures and videos, members' contributions to the RI family, people networks, landmark events and policy statements, and global and regional impacts in witnessing a hundred years of humanitarian empowerment.

RI pioneers, advocates, volunteers, social activists, social practitioners, governmental and non-governmental opinion leaders, over the past century have left behind values, theories and practices that should be cherished by generations of the new century.

Readers will share the visions, hopes, optimisms, wisdom and volunteerism of the RI members who lived in the stories and audio visuals of this RI Centennial Memoir.

The RI Centennial Memoir 1922-2022 crystalizes our strengths when joining hands, and will show us lights in searching for inspiring strategies and action agenda in meeting the challenges of the new century of rights and inclusion.

Editor in Chief: **Ryo Matsui**



Co-Editor in Chief: **Joseph Kwok**



# Editorial Committee



Editor in Chief: **Ryo Matsui**

- Vice President, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)
- RI National Secretary for Japan; Chief Editor, Editorial Committee of RI Centennial E-Publication; Former Rehabilitation International (RI) Vice President for Asia and Pacific Region
- Former Secretary General, Asia Pacific Disability Forum (APDF)
- Chairperson, International Committee, Japan Disability Forum (JDF)
- Member of the Assembly for Disability System Reform Promotion, the Cabinet Office
- Member of the Advisory Committee on Disability & Development, International Cooperation Agency (JICA)
- Chairperson, Committee on Disability Plan Development, Hachioji City, Japan



Co-Editor in Chief: **Joseph Kin Fun Kwok**, PhD, RSW, BBS, JP

- Kazuo Itoga Memorial Award 2006, Shiga Prefecture, Government of Japan
- PROMOTER of Asia and Pacific Decade of Disabled Persons, awarded by UNESCAP
- Paul Harris Fellow, Awarded by The Rotary Foundation of Rotary International, 2020
- Judge, Final Judging Panel of THE ONE International Humanitarian Award 2020, Rotary District 3450
- Vice Chairman, Hong Kong Joint Council for Persons with Disabilities
- Vice Chairman, Hong Kong Society for Rehabilitation
- Former Chair, Rehabilitation Advisory Committee, HK SAR Government
- Former member, Hong Kong Equal Opportunities Commission
- Former Principal Advisor, Drafting of 10 Year Rehabilitation Program Plan, Macau SAR Government
- Former Chair, and current Vice Chair, Global Social Commission, Rehabilitation International
- Executive Committee member, International Abilympics Federation
- Vice Chair, Asia Pacific Disability Forum





Member: **Chikako Kohyama**

- 1988: During the 16th RI World Congress held in Tokyo she served as interpreter for Prince Hitachi at the welcome reception.
- 1990: She participated in the AP Regional Conference held in Beijing as coordinator/interpreter for the Japanese delegation. During the flight back to Japan, she was asked by President of JAED (now JEED), who had attended the Conference, to work as international coordinator for the Japanese delegation at the 3rd International Abilympics (IA), which Sir Harry Fang would organize in Hong Kong.
- 1991: After the Hong Kong IA, she was asked to work continuously for JAED, being in charge of the association's international affairs, including RI and IA.
- 1991-2018: She served as international coordinator for JAED/JEED and IAF (International Abilympics Federation), which was established during the Hong Kong IA largely due to the efforts of Sir Harry Fang.



Member: **Etsuko Ueno**

- Adviser, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)
- Former Director, International Relations Division, JSRPD
- Engaged in the promotional activities of the first and the second Decade of Asia Pacific Persons with Disabilities
- Engaged in the promotion of the concept of community-based rehabilitation/community-based inclusive development in Japan
- Vice chair of CBR Asia Pacific Network (2011-2015)
- Master of Development Studies in Nippon Fukushi (Welfare) University, Japan



**Member: SAN Yuen Wah**

In Malaysia, contributing in a pro bono capacity to work on the following:

- Civil society advocacy and substantive contributions concerning harmonization of domestic legislation with the Convention on the Rights of Persons with Disabilities.
- Advocacy and related policy research on key issues faced by persons with disabilities in Malaysia.
- Training, research and advocacy for digital accessibility in Malaysia.

With Social Development Division, United Nations Economic and Social Commission for Asia and Pacific (ESCAP):

- Production of ESCAP publications related to the rights of persons with disabilities.
  - 2010-2014: Senior Advisor on Disability Inclusion, Social Development Division, United Nations ESCAP, Bangkok, and member of the ESCAP core team that undertook the substantive and organizational preparations for launching the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.
- Prior to early retirement in 2009, served as a permanent staff member with the ESCAP secretariat. Held, among others, the following positions:
  - Chief, Health and Development Section;
  - Secretary to the Commission (Economic and Social Commission for Asia and Pacific)-cum-Special Assistant to the Under-Secretary-General of the United Nations and Executive Secretary of ESCAP;
  - Statistical Analyses and Publications Coordinator.
- Served as the ESCAP secretariat's disability focal point (1989–2000) and, in close partnership with the Asia-Pacific disability movement, promoted via the intergovernmental platform and process, the rights of persons with disabilities, particularly in ESCAP secretariat contributions to the Asian and Pacific Decade of Disabled Persons, 1993-2002.
- Also served as Officer-in-Charge (1989-1990) for ageing, disability and youth programmes; and in the ESCAP Youth Programme (1984-1989/1990), Social Development Division.



**Member: Hang Sau Ng, RSW, MH**

Hang Sau Ng, MH is a Registered Social Worker, former CEO of the Hong Kong Society for Rehabilitation and currently part-time Senior Consultant. Mr. Ng is a member of the Management Committee of the Hong Kong Joint Council for People with Disabilities, its Rehabilitation International Deputy National Secretary for Hong Kong SAR, China.



Member: **Chau Wai I, Jennifer**

- Director, Fuhong Society of Macau
- Member of Convention on the Rights of Persons with Disabilities Promotion Subcommittee, Macau SAR Government
- Member of Rehabilitation Affairs Committee, Macau SAR Government
- Member of Youth Development Commission, Macau SAR Government
- Master Degree in Public Administration, University of Macau



Member: **Leong Ka Wa, Roy**

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- Bachelor of Business Administration, Macau University of Science and Technology



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**Section 1**  
**RI Global's**  
**Centennial**  
**Journey**  
**Milestones of**  
**1922-2021**

# Section 1.1

## **RI Regional and Global Milestones**

## The RI Milestones: 1922-2018

“Rehabilitation International celebrates 100 Years of advancing the rights and inclusion of People with Disabilities: Proud of its past and moving forward into the Future”

### How It All Began

Rehabilitation International has been a major force in international rehabilitation and disability advocacy from the day of its founding. It is a unique global organization that provided and continuous to provide a common platform in a field that is cross-cut by numerous disciplinary, ideological and political divides. Members of RI have been in the center stage and are among the known champions who advocated tirelessly almost every issue related to disability and rehabilitation. From its small-town roots in the American mid-West, it has grown and distinguished itself as one of the pioneering forces in the field of disability rights and rehabilitation. As the organization marks the 90th anniversary of its founding in 2012, let's take a journey into the early years of its work, take stock of the challenges it faced and conquered in order to appreciate its successes and help chart its course into the future.

1. In 1922, Rehabilitation International was born in Elyria, Ohio out of the initiative of Edgar F. “Daddy” Allen, a local businessman and a visionary who was the epitome of a thinker, spokesperson and an organizer never been involved in disability and rehabilitation but who eventually championed these issues for over a decade.
2. Having lost a son in a tragic streetcar accident in 1907, Allen thought his son could have been saved had a hospital been located nearby. Distraught, Allen immediately retired from his own business to head the citizens’ fund raising committee which worked to establish a local modern hospital. For the next ten years after the hospital was established, he served as treasurer and manager of the institution.
3. A child with a disability was treated in the hospital. Seeing the challenges the child faced with the medical system, Allen realized he needed to do something for “crippled children”. But the attempt could potentially be undermined by the lack of data and statistics on children with disabilities. Working with local physicians, a survey on children with disabilities was conducted which quickly identified 200 children hidden away at home all over the country (Ohio).
4. In response to growing needs, Allen has decided to set up a series of consultative clinics, effectively covering the state of Ohio, which was a true innovation in the heyday of large residential institutions where parents usually left their children for months or years visiting them only on weekend or holiday afternoons.
5. The shift from hospital based services to community based services espoused by Allen was truly revolutionary that was eventually supported by the Rotary Club, a relatively new civic organization that originated in nearby Chicago in 1905 and had swept through the mid-West over the preceding decade.

6. The idea of helping local disabled children through service delivery and community fundraising efforts had strong appeal to Rotarians. Rotary members did not only raise funds locally to support the medical needs of children with disabilities. They also volunteered to venture out into the countryside in their new and still scarce automobiles to pick up children and their parents, getting them to the clinic and back. The Rotarians contributed 50 cents each to the Society, spreading the burden of fundraising very broadly throughout the community.
  7. On May 8, 1919, Allen and fellow Rotarians from around the state met to form the Ohio Society for Crippled Children. Interestingly, in its very early stage of founding, RI's work was envisioned of not being simply providing service but to influence disability-related policy. One of the first successes of the Society in this arena was its having persuaded the Ohio State legislature to abandon pending legislation that would have allocated \$90,000 to build a single state hospital for crippled children.
  8. Then Ohio Governor Cox agreed to put the money towards Allen's eight regional clinics instead. Two years later, the Society convinced Governor Davis to sign an additional bill, setting the system of decentralized clinics on a more permanent footing, with what was titled "The Ohio Plan" which later became a model throughout the United States for the next two decades. Over the next year, the "Ohio Plan" began to attract nationwide attention and "Daddy" Allen spent increasing amount of time speaking to groups of Rotarians about the success of the Plan. Even Paul Harris, then head of Rotary, came down from Chicago to see "Daddy" Allen and then became actively involved.
  9. On October 13, 1921, a meeting was convened in Toledo, Ohio to consider the possibility of extending the Plan into other states: the National Society for Crippled Children was born. After two meetings, the fledgling National Society decided to reorganize itself to accommodate its Canadian colleagues. On February 18, 1922, 16 delegates from 6 states met in Elyria and officially changed the name from the "National" to the "International Society for Crippled Children" (ISCC) setting a new direction in rehabilitation.
- ## RI, a Trailblazer in the Disability Movement
10. The scope of influence that "Daddy" Allen and the society wielded, particularly in the United States, grew by leaps and bounds. Allen, who travelled thousands of miles by car to speak anywhere he was invited (local Rotary Societies, civic organizations, political conventions, physicians' associations) often said that "a day was lost if he was not able to persuade someone to donate at least 10 dollars to the cause." He used the press, the pulpit and even the new medium of radio to reach an increasingly interested public. He recruited hundreds and then thousands of volunteers to help him.
  11. In his Annual Report to the Society in 1926, Allen estimated that between one-half and three-quarters of Americans were now familiar with the International Society and that firm contacts has been established with individuals or societies in New Zealand, Australia, England, Holland and Germany.
  12. The Society's Annual Conference in Memphis, Tennessee in 1928 featured two keynote speakers: Arthur Sapp, President of Rotary International and the Governor of New York State, "the Honorable" Franklin Delano Roosevelt, who spoke on "Why Bother with the Cripples?" (The Crippled Child:1928). Roosevelt remained in close touch with Allen afterwards.
  13. On February 18, 1931, Roosevelt gave a national radio address entitled: "Radio Address on a Program of Assistance for the Crippled," in which he argued for better prevention, better employment and better medical services for individuals with disability.



## The Crippled Child's Bill of Rights

By the late 1920s, "Daddy" Allen's ideas coalesced into the idea of a "Bill of Rights" that summarized the central demands of the Crippled Children's Movement. Drafted by Paul H. King, the bill was unanimously approved and adopted by the International Society at its 10th Annual Convention in April 1931 and by the 2nd World Congress at The Hague that same year. The Bill contained ten rights beginning with the right to good pre-natal and post-natal care to prevent or minimize disability. Acknowledging that disability is not always preventable, however, the Bill then goes on to advocate for the best medical care, the best educational and the best vocational training. It also calls for the right to self-determination and to considerate treatment (what we would call today social inclusion) as well as the right to spiritual, physical, and intellectual development.

"In brief, not only for its own sake, but for the benefit of Society as a whole, every crippled child has the right to the best body which modern science can help it to secure; the best mind which modern education can provide; the best training which modern vocational guidance can give; the best position in life which his physical condition, perfected as best it might be, will permit and the best opportunity for spiritual development which its environment affords."

(International Society for Crippled Children: 1931)

## The First World Congress, Geneva 1929

In August 1929, the International Society has grown large enough to hold its First World Congress in Geneva, Switzerland. Fifty people from 12 countries attended the congress. Overall, the First World Congress was considered a success. For many, it was the first time that consideration has been given to the social construction of disability. While in Geneva, the Society also broke new ground by formally presenting a Resolution to the League of Nations with the request that the League establishes a Bureau that could compile international statistics and information on child disability issues. A delegation from the Congress, with representatives from France, Germany, Great Britain, Italy, and Uruguay submitted a petition, requesting the "establishment of a Central Bureau on the collection of all valuable information,

literature, reprints and records of accomplishments of different countries on the care, education and training of handicapped children." The League of Nations accepted the proposal "in principle" and placed it on the agenda of the League for consideration the following autumn.

"Time after time it happened that a speaker would describe some form of organization, point to its successful working and conclude that it satisfied the requirements of sound orthopedic theory, only to find that equally good results were chronicled and the opposite conclusion drawn from another country. Few of those present can have noticed beforehand how far the conditions under which they worked were determined not by the actual evils to be remedied, but by the general social conditions of their respective communities."

(ISCC:1929)

## End of an Era and the Emergence of a New Leadership

In 1937, "Daddy" Allen died after having been ailing for sometime. His early work was amplified by his successor, Paul H. King, an active Rotarian and Federal Judge from Detroit, Michigan. His familiarity with legal issues apparently prompted King to increase the legal and policy approach of the organization.

## Moving into the Center of Action

1949 witnessed the International Society for the Welfare of Cripples moved to New York City with the loan of a small office from the Near East Foundation on 64th Street in New York City through the efforts of Bell Greve, from Cleveland who was also on the board of the NEF. With legacy funds, Bell Greve hired Donald Wilson as the 2nd RI Secretary General. Donald Wilson, who by training was a lawyer and a Social Welfare Officer in the U.S. Army during the war and staff member of Ms. Greve's association in Cleveland, as executive director. As Wilson noted later, "the Society had 12 member organizations, \$18,000 in the bank account, no paid staff and no assured future income".

## Early United Nations Affiliations

The revival of the International Society for Cripples was paralleled by the birth and growth of the activity within the United Nations. The Society was involved in UN's early activities from the outset. In July 1950, in consultation with the International Society, the UN Economic and Social Council (ECOSOC) passed a resolution formally adopting the principle of rehabilitation services for all and establishing a coordinated program for social rehabilitation of physically disabled persons, offering advice and technical assistance to numerous nations within the United Nations system. The response was immediate and almost overwhelming. Yugoslavia, the first nation to apply, hosted Henry Kessler, then President of the Society, in the winter of 1950. In 1951, the Rehabilitation Unit for the Disabled was established in New York within the United Nations Social Development Division, with the Society serving as a key consulting agency.

## The 1950s

### First International Meeting After the War

The 1951 Stockholm World Congress was the first truly international rehabilitation meeting held anywhere in the world since 1939. This Congress was specifically intended to reconstitute methodologies of international assistance and cooperation in the disabilities field that had been in place prior to the War. With 650 participants from 29 countries, it marked the re-establishment of organized international meetings as platforms for discussion, debate and networking. Konrad Persson, a Swedish expert on social welfare, who would later become President of Rehabilitation International, was Chairperson of the organizing committee. It is interesting that as early as 1951, the 7th World Congress of RI discussed subjects that would become major issues in international rehabilitation work that would dominate global thinking in the next sixty years.

### Sowing the Seeds for the Paralympic Games

At the same landmark RI 5th World Congress held in Sweden in 1951, Dr. Ludwig Guttman of the Spinal Injuries Center in England, proposed a special "paraplegic Olympics" out of his belief that sports should be an essential component of rehabilitation. It was one of the earliest public presentations of what would eventually become the International Paralympics Games, and was described by Dr. Howard Rusk (1951) as "among the most heartening reports" in the conference. A

major exhibit of new technological innovations by the Swedes captured the imagination of many delegates, particularly with the eloquent discussion of the new technologies by a young Swedish delegate named Karl Montan. Torra Sibbe, also of Sweden, gave a major address that emphasized the importance of including individuals with a disability as decision makers within the rehabilitation process.

Dr. Rusk later said: "We will never be the same people after the Stockholm Congress." (*Montan: 1993*). The meeting has been a watershed, with many who felt isolated in their rehabilitation work realizing that they were part of an international movement. Dr. Rusk was so fired up that immediately after returning to New York from the Congress in Sweden, he wrote the editorial titled: "Statesmanship in the Conquest of Disability", published in the New York Times. The editorial brought knowledge about disability issues and the International Society to the attention of millions of readers. (*Rusk: 1951*)

## Era of Medical Rehabilitation, Post World War II International Development

New York became a well-known stop on international rehabilitation circuits because of two prominent training centers for clinical rehabilitation which were established in the years right after WWII.

Soon a who's who of physicians from around the world were making their way through New York to spend several weeks or months or occasionally even a year or two training at the Rusk Institute. Dr. Satoshi Ueda of Japan, Dr. Harry Fang of Hong Kong, Dr. Herman "Jake" flax of Puerto Rico, Dr. Alicia Amate of Argentina, Dr. Gudmund Harlem of Norway were among the many who would go on to make major contributions to international rehabilitation efforts and to Rehabilitation International and all spent time with Rusk. These young physicians established strong links with colleagues also going through the training and went on to create a new set of networks among dynamic young clinicians who in the following three decades would rise to senior positions in rehabilitation services and ministries of health around the world. In his autobiography, "A World to Care For," (1972), Rusk took particular pride in relating that, "we have trained more than a thousand doctors from 85 countries, 95% of whom returned home to practice. "

## Getting on Board Hong Kong’s “Rising Star”

In 1958, Society President Kenneth Coles of Australia began to identify participants to the regional conference in Sydney. The Ministry of Health in Hong Kong referred Coles to a well-trained but shy young orthopedic surgeon, Dr. Harry Fang, who would later serve as President of RI. Fang came to Hong Kong as a refugee from mainland China who was one of only 9 out of 100 in his batch, to pass the medical entrance exam. Well trained and well aware of the growing rehabilitation field in other countries, Fang helped found the Hong Kong Society and was the first physician in Hong Kong to specialize in orthopedic surgery. At the meeting in Sydney, Fang met Howard Rusk, Henry Kessler and other leaders in the rehabilitation field. Already well established, Fang did not need extensive training, but instead used the Sydney conference of RI to develop important international links that would serve him well while he was establishing a regional system of rehabilitation.

“In 1961, a fortuitous meeting occurred in Hong Kong. A young man named M.B. Lee, who has just received his Certified Public Accounting Degree, walked into Dr. Fang’s clinic as a patient, talked with him for over an hour and was enlisted to Fang’s cause. Hong Kong’s leadership in RI quickly began to make significant inroads both locally and regionally. Fund raising schemes, including a regular fundraising deal with the Hong Kong Jockey Club, subsidized innovative programs. Creative approaches to disability and rehabilitation made Hong Kong one of the centers of regional activities. Truly committed to RI’s global work in disability, Dr. Fang and his colleagues were instrumental in acquiring and donating a well-appointed condominium unit in Manhattan, New York to serve as RI’s headquarters Office – located a few blocks from the United Nations.”

## The 1970s

### The Symbol of Access

By the late 1960s, the need for a symbol to designate accessible facilities became an important subject of discussion in a number of countries. Several symbols began to appear causing confusion thus the urgent need to come up with a single symbol for accessibility. Karl Montan, first director of the Swedish Handicap Institute and Chair of the RI International Commission for Technical Aids (ICTA) was asked to design a symbol of access to be presented to the 11th World Congress in Dublin, Ireland in 1969. The symbol needed to be readily identifiable from a reasonable distance, must be self-descriptive, simple yet esthetically designed with no secondary meaning, and must be practical. Montan agreed to take on the project and arranged for the Scandinavian Design Students Organization to tackle the assignment. Susanne Koefoed, a Danish graphic design student, submitted the winning design – a simple motif of a stick figure using a wheelchair to indicate barrier-free access. The symbol was generally approved by an expert panel, especially after it was modified by Karl Montan himself who “humanized” it further by adding a circle to the top of the seated figure, thus giving it a “head.” With the addition of the “head”, the panel gave the symbol its enthusiastic endorsement. The RI Assembly adopted the access symbol designed by Ms. Koefoed as modified by Mr. Montan, and was officially introduced to the world at the RI World Congress in Dublin in 1969.

“The Symbol of Access quickly gained wide acceptance and within the decade became a universally used way of designating an accessible facility. The single largest boost to the universal adoption of the Symbol and the fledgling barrier free design movement took place in 1974, when a United Nations Experts meeting was organized by Rehabilitation International at the UN’s request, on the topic. The imprimatur of the UN provided a technical backing for the Symbol that gave it a universal stature comparable to that granted several years earlier by the International Organization for Standards (ISO).”

### **CBR - Community Based Rehabilitation**

CBR represented a distinct break from the increasingly high tech, costly and largely urban-based approaches that had been popular among rehabilitation professionals since the 1940's. RI's 1969 Dublin World Congress and its subsequent expert meetings carved out two pressing questions: What are the really essential basic services and how can they most simply and economically be provided? The answer was to train persons with disabilities, family members and local health personnel in simple rehabilitation techniques that can make significant differences in an individual's ability to perform daily tasks. CBR was centered on grassroots approaches already proven effective in a number of international maternal/child health programs. It received further support from the recognition that many poorer countries cannot afford the cost of building up the professional infrastructure and its accompanying buildings and organizations. RI continued from the 1970's forward to today to promote and develop the practice of CBR, publishing in 1998, *CBR: Worldwide Applications, Visions, and Resources plus an accompanying video*.

### **One in Ten - Numbers of People with Disabilities in the World**

Disability made a significant leap forward into the international health and international development context by giving some estimates of numbers of people with disabilities both regionally and globally. RI member organizations were constantly being asked by governments to quantify needs for existing and proposed services and the members were turning to the New York Secretariat for such information. As early as 1968 the then Secretary General, Norman Action, conceptualized and conducted the first worldwide analysis of the number of disabled people. A few years later the RI polled world members, finding that one in ten persons or some 500 million persons worldwide lived with a significant disability. Using a worldwide number to describe disability gave new attention to disability issues and allowed disability groups over the next two decades to move further onto the international development stage. The United Nations and UNICEF accepted the RI estimate and began to promote the idea of "1 in 10." A collaborative practical publication between RI and UNICEF named **One in Ten**, published in English, French and Spanish for nearly 25 years beginning 1979, the content continued to reflected the technical assistance origins of the RI-UNICEF joint projects to bring much needed focus on the disabled child and the family or caregivers. In 2002 RI was again active in the new joint statement on CBR issued by ILO, UNESCO,

WHO, and UNICEF. Many RI national members and networks, such as the South Asia CBR Network, that are closely affiliated with RI, continue to be major participants in the development of CBR efforts.

### **Establishment of A Decade of Rehabilitation - A First**

RI in the 1970's attempted to define global objectives for a campaign on disability in an attempt to coalesce global public opinion and political resolve to support rehabilitation. Presentations of the Decades declaration to heads of state and governments, the Pope, and director of agencies in the United Nations system generated public information. RI had developed a model that was to become significant in following decades, including the **Charter for the 80's** (influencing the development of the **UN World Programme of Action**) and the **RI Charter for the Third Millennium (1999)**, precursor to the **UN Convention on The Rights of Persons with Disabilities**.

## The 1980s

These are years when people with disabilities divided on the basis of their specific disabilities into distinct constituencies, came to realize that their shared concerns far outweighed their historic differences. With that realization, they started to cooperate among themselves like never before. Their new and united front gave them unprecedented strength.

### The Winnipeg Conference – DPI, RI’s Charter of the 80s and the (1981) UN International Year of Disabled Persons

RI’s 14th World Congress in Winnipeg, Canada was among its most successful. It was in this congress that Rehabilitation International’s Charter of the 80s was approved. It was there that the planning meeting of the United Nations International Year of Disabled Persons helped solidify objectives for the coming year. And it was there that a new international disability organization – Disabled People’s International, was conceived and formed with strong backing from disability groups in Sweden and Canada. The election of Dr. Harry Fang as new President helped the Society survive the tumultuous period that was to follow. Fang was a great organizer and had a clear vision of what RI should be doing.

A most productive accomplishment of the Winnipeg World Congress was that it proved to be a global platform to raise fundamental questions about who should speak “for” individuals and populations with disability. In fact, RI lost the participation of a number of important leaders from the Disability Rights Movement - young, bright, energetic people who would be among the most engaged and effective leaders on disability policy issues for the coming decades. However, good collaborations among some of these leaders with RI began again first at the Regional and then the international levels in the late 1980’s and the 90’s.

RI’s **Charter of the 80s** espoused four key points: disability prevention, provision of rehabilitation services, equal participation and increase on public awareness. The Charter reflected the interest in having global rehabilitation concerns and the economic, social and political wellbeing of people with disability worldwide become active comparisons of public policy. Copies of the Charter were presented to **Indira Gandhi** of India; **Margaret Thatcher** of Great Britain; the **Crown Prince** of Jordan; the **Governor General** of New Zealand; the **Prime Ministers** of Japan, Australia and China; and **Pope John Paul**.

The **International Year of Disabled Persons (IYDP)** has also reflected strong influences from Rehabilitation International and is linked closely to the development of the Charter. Rehabilitation International was also to play a major role behind the scenes, in drafting the World Programme of Action Concerning Disabled Persons, the principal product of the IYDP, designed to be a blueprint for the coming decade.

RI was also deeply involved in preparations for and the running of the first International Abilympics in Tokyo in 1981. The idea of Mr. Hideo Hori of Japan, the Abilympics were designed to highlight the vocational abilities of individuals with disability in the workplace. The strong support of Dr. Harry Fang and Dr. Yutaka Nakamura, founder of Japan Sun Industries, were crucial to the implementation of the first Abilympics in Tokyo which became a major event of the International Year of Disabled Persons.

**Regional RI Development**, stimulated simultaneously by RI actions at the international level (such as, the **Charter for the ‘80’s** and the **UN IYDP**) as well as the transfer of new knowledge coming from education, psychology, employment training, accessibility, and new breakthroughs in medical rehabilitation resulted in the formation of new national level policies and programs. RI’s Vice Presidents, National Secretaries and professional commission members worked hard to bring new practices to countries so that people with disabilities might live life in the mainstream. Each region had in the 1970’s through the 90’s its leaders who became international figures. Mentioned above are leaders from the Asia-Pacific Region (Hong Kong, Japan, Australia).

The **Arab Region provides another example with early leadership coming from Kuwait**. The Kuwait Society for Handicapped Persons joined RI in 1976. Closer cooperation between the Society and RI started in 1984 when Dr. Munira Al-Qattami was elected as RI Vice President for the Arab Region and Mrs. Munira Al-Mutawa as the RI National Secretary for Kuwait. Mrs. Munira also joined the RI Education Commission and RI ICTA - Global Commission and later was elected to the the RI Arab Region ICTA Chair. Other key figures elected to terms as the RI Vice President, Arab Region, from the 1990’s to present day include Sheikh Abdulla Al-Ghanim, Saudi Arabia, Dr. Eissa Al-Saadi, Kuwait, Mr. Khaled El-Mohtar, Lebanon, and Mr. Hashem Taqi, Kuwait, Vice President now of the MENA Region.



The leadership involvement by these named individuals, much of it voluntary, resulted in significant donations of time and treasure within the region and to RI itself, just as has happened within the Asia-Pacific Region and others. For example, Mrs. Munira was awarded the “Sir Harry Fang Empowerment Award for Leadership in Promoting Disability Rights and Inclusion, 2009 and in 2012 she received the “RI President Award for Exemplary Service” at the celebration of the 90th anniversary of RI, 29 October, 2012, Incheon, Korea. Actions earning Mrs. Munira these distinctions included the making of significant financial donations for studies, publications ([IRR, Summer Edition, 2009](#)), projects (2009, Phase II RI Global Advocacy Campaign for CRPD, and in 2016, the 100th Birthday Celebration of RI.

Mr. Taqi, also involved with RI since 1976, through the Kuwait Society, has stood for leadership offices within RI, for example, the Education Commission, the RI Nominating Committee, deputy regional vice president and regional vice president. Further, he, too, has donated significant family funds to assist RI at the international level (RI Foundation, RI Centennial Committee, RI Operations).

RI’s regional leadership requires that activities be self-supporting. Some individuals meld their RI work with their paid work; others do not. Flexibility within each region through the years has been remarkable. The Arab Region’s titled [Detailed Report on RI Arab Region Activities and Contributions \(5 pages\)](#) can be read by clicking on the link here.

## The 1990s

Global issues continued to dominate RI as it moved into the 90s: disability as a development issue, employment, rights of the disabled child, and women with disabilities.

### Meeting in Nairobi

In 1992, RI held its World Congress in Nairobi, its first in Africa, drawing more than 2,000 delegates. This Congress attracted support from several development agencies, especially to improve accessibility in Nairobi and to build local knowledge in technology and self-sufficiency. Also in Nairobi, John William Stott of New Zealand, was elected President of Rehabilitation International. He was not only the youngest person ever elected President, he was also the first person with a disability to serve in that position.

President Stott brought with him to RI’s presidency the experience of having had a strong hand in the formation of New Zealand’s Disabled Persons Assembly (DPA- NZ) which successfully combined the interests of people with disabilities with people with those working on behalf of people with disabilities. President Stott’s organizing principle, “Nothing about Us Without Us, was reflected in his leadership and work with RI’s regions and in which he steadfastly maintained that RI was an organization “of and for people with disabilities,” a statement which proudly appeared on the RI letterhead.

President Stott came into office with the intention of ratifying quickly a strategic plan for RI which would provide organizational focus that had been conceived and developed by a small group headed by Arthur O’Reilly, Ireland, who succeeded John Stott as president.. Published in 1994 as [RI 2000: The Way Forward](#), the plan provided a set of principles and strategies intended to help the organization think through policy and goals. Intended to last a decade, it was thought that new strategic plans would be developed on a regular basis, reflecting current concerns and realities. Subsequent presidents formulated strategic plans as guides to the members and staff to follow the RI Board ratified game plans.

A new and fifth Secretary General, Susan Parker, whose appointment by President George H.W. Bush in 1989 as the U.S. Social Security Administration’s Disability Commissioner ended with the ending of the U.S. President’s term of office in early 1993, in late 1993 replaced RI’s SG Susan Hammerman who stayed in the post 10 years. Susan Hammerman, just returned from two years in the US Peace Corps working on

Nepal's first school for deaf children, was hired to work on the program of the 1969 RI World Congress in Dublin, focused on the needs in developing countries. John Stott, the Kiwi hands-on President and the new Secretary General made short work of streamlining management and positioning program priorities in accordance with RI Board decisions.

A key priority was to rejuvenate RI's working relationship with the UN system, including with UN New York. Over the years old colleagues with the UN system had changed positions or retired, the links disappearing and in need to rebuilding. Using its Category 2 Consultative Status (of longstanding with ECOSOC), the SG and RI Board and Members moved to position RI to fully participate in the 3 Preparatory Committees (PREPCOMS) precedent to the World Summit for Social Development in March 1995. "Fully participate" meant involving RI Members who could influence their respective governments' national positions on the inclusion of disability within the World Summit's priority populations. RI Member Organizations participated in the Summit's Preparatory Committee of the Whole to plan the agenda. RI reached out to collaborate with other international NGO's working with the UN using their own UN Consultative Status: World Blind Union, World Federation of the Deaf, Inclusion International, Disabled Peoples' International plus the UN Special Rapporteur on the Rights of People with Disabilities (Bengt Lindqvist). RI's base in New York allowed regular attendance at big and small meetings; RI kept her INGO colleagues and the RI Board Members informed between the formal meetings. The result was a first: inclusion of people with disabilities in the **WSSD's Platform for Action and Declaration** signed and ratified by 114 UN Member States. RI and UNICEF's joint technical support project joined to promote the visibility of children with disabilities affected by global conflicts by co-sponsoring a highly visible workshop (one of only seven) with a strong programmatic agenda.

Another priority: practical project work in the least developed countries. RI participated in 1995-96 with the UN Special Rapporteur on the Effects of Armed Conflict on Children led by Special Rapporteur Mme. Graca Machel (former First Lady and Education Minister of her country, Mozambique). New work began in the conflict countries using field visits to Sierra Leone and Liberia, teaming up with the West African UNICEF Director, Special Rapporteur Machel, and the RI SG who met with the then Sierra Leonean Dictator to persuade him to demobilize 500 child soldiers before 1995's end if he expected that the world was going to believe he really wanted peace. In December, 1995, those child soldiers were free from captivity.

The priority of fundraising: RI was then carving out a niche in international development in 1996, specifically, having just received valuable approval by the U.S Agency for International Development as an organization deemed to have the characteristics able to assist meaningfully with program implementation if it worked with other approved entities in the developing and least developed parts of the world. Invitations to speak and write about RI's work were coming in from the Foreign Affairs Council, development organizations, and the **International Journal on Development**.

**RI and DPI** were gradually moving closer together and many leading disability advocates chose to maintain ties to both organizations. There were those who helped RI define its approach to disability rights and who included: Justin Dart (who worked closely with Susan Hammerman), Fen Seton (the President preceding John Stott), John Stott, Tambo Camara (Mauritania), Deng Pufang, China, who arranged for the Chinese Disabled Persons Federation to join both RI and DPI, Bengt Lindqvist, Members of the new Zealand Disabled Persons Assembly, Japanese advocates involved in both DPI and RI, Peter Chan, Hong Kong and a rights organizer there, Bert Massie, RI Vice President Europe, Roseangela Berman Bieler, Vice President, South America, and Lex Frieden, USA, who went on to become RI's president in 2000. The growing ties between RI, DPI, and other disability-led advocacy organizations were reflected by the mid-1990's in a growing number of conferences and events that were co-organized and co-sponsored by RI and DPI, among them the Women's Leadership Forum in Washington, DC attracting in 1997 over 700 women with disabilities from around the world.

## End of the IDDP and Beginning of the Regional Decades

At the closing of the International Decade of Disabled Persons (1993-2002), it was decided by the UN-Economic and Social Commission for Asia-Pacific (UN-ESCAP), to implement the first Regional Decade for Persons with Disabilities. RI Regional organizations played a major role in implementing the goals set for the decade. Japan was particularly supportive of the Decade, providing not only a significant amount of funding but also supplying a significant number of key leaders. A similar decade was adopted in Africa (2000-2009) with focus on poverty alleviation raising public awareness, strengthening the voice of people with disability and putting disability in the social, economic and political agenda of African governments.

## The Quest for a Disability Rights Convention

### Charter for the 3rd Millennium

In 1999, RI was instrumental in re-introducing the idea of a UN Convention on the Human Rights of Persons with Disabilities helping to push again into the world stage, the need for a disability rights convention. The **Charter for the 3rd Millennium** was conceived as a vehicle for promoting both the concept of a Convention and a tool to compel development agencies to adopt accessibility standards for their infrastructure projects. The Charter was launched in London in 1999. Then RI President Arthur O'Reilly, presented copies of the Charter to **UN High Commissioner for Human Rights, Mary Robinson**, and **Chair of the UN Commission on Human Rights, Ambassador Anderson**, in rites held in Geneva. A high level group was formed to oversee the development of the Charter, which included **Lord Morris** who Chaired the Charter for the 80s, **Archbishop Desmond Tutu**, physicist **Stephen Hawking** and **Deng Pufang** of China. This document was specifically intended to help move forward the process for a UN Convention on the Rights of Persons with Disabilities.

In December 2001, the United Nations General Assembly adopted a Resolution establishing an Ad Hoc Committee to consider proposals for a comprehensive international convention to protect and promote the rights and dignity of persons with disabilities. After 4 years of work, the Convention was adopted in the UN and was universally ratified in May of 2008.

## Focus on Implementing the Convention & Other Initiatives

With the adoption of the CRPD in December 2006, RI has set its sight into rallying countries to sign and ratify, without reservation, the Convention on the Rights of Persons with Disabilities. Through funding from organizations actively involved in the promotion of human rights, RI implemented projects such as its Global Advocacy Campaign which provided a venue for both representatives of governments, Disabled People's Organizations (DPOs) and the Legal Community, to work together for reforms in domestic laws to realize the rights of persons with disabilities as envisioned by the UN-CRPD.

### RI's Charter for Rights Implementation

Adopted at the RI General Assembly held in Dubai in 2009, the Charter for Rights Implementation is specifically aimed to raise awareness and empower people with disabilities worldwide, by effective and consistent implementation of the CRPD – right into action.

### RI's Second Woman President Has a Disability, A Self-made Woman from a Developing Country

Haidi Zhang is RI's second woman president and the first to come from a developing country. She was elected at RI's 2014 Annual General Assembly in Warsaw, Poland and assumed the RI presidency following the 23rd RI World Congress held in Edinburg Scotland in late October 2016. Zhang became a paraplegic at age 5. Unable to attend school, she educated herself to university level, learning several foreign languages including English, Japanese, German and Esperanto. She started writing and translating in the 1980s, authoring her life story Beautiful English in both Chinese and English. She also authored a novel, A Dream in Wheelchair. Zhang holds a master in Philosophy from Jilin University.

### **A New Leader with a Vision to Make a Difference for Persons with Disabilities**

The new RI President has a clear vision on what she wants to do as head of the organization, has a road map towards realizing that vision and she has the backing of her organization in her country which is providing her with the needed resources. Haidi Zhang knows that the work of RI under her would be guided by the CRPD, the 2030 Agenda for Sustainable Development and RI's 2017-2021 RI Strategic Plan. On her first year in office, she was able to mobilize multi-year funding for a Global Disability Development Fund (GDDF) and Africa Fund (AF), both aimed at supporting initiatives on disability and rehabilitation. Her vision is clear: that anything supported by the funds should be disability-related. She wants to make sure that persons with disabilities especially women and children, are central to the global work of RI under her stewardship. In 2018, RI is positioned to be more active and visible at various levels: national, regional and global. It will launch an intensified drive to bring in more members particularly from Africa, a region that is very close to her heart. The organization is also looking forward to do more work on the ground in Latin America, the region with the most number of countries that ratified the UN-CRPD. The RI President and Executive Committee have assured their support in increasing RI's engagement in Latin America. The GDDF will help ensure that deserving initiatives of and for persons with disabilities will be supported to the extent possible.

### **RI Prepares for Its 100th Year Anniversary**

Rehabilitation International will be celebrating its 100th year anniversary in 2022, just four years away. A Centennial Committee has been created to work on the various activities to celebrate the many achievements of the organization. While we do that, we will continue to leverage the strength of our members, our ground troops who provide in-depth expertise on local and national needs. They help RI address a broad range of issues with their clear understanding of the local context. RI's Commissions or thematic working groups manned by experts in the areas of education; health and function; technology and accessibility; leisure, recreation and physical activities; policies and services; social; and work and employment, will continue to provide expertise and leadership to ensure that our members will be able to deliver high-quality programming in line with global standards. RI will also continue to play its central role in the development of the CRPD by sustaining its campaign for the convention's meaningful and effective implementation. We will create, provide and share information between and among our

members, partners and others who work in the global fields of disability, rehabilitation and development. Our efforts as an organization will be anchored on the shared goal of ensuring that the CRPD's provisions are enshrined in national laws and practices that create real and tangible change in the lives of persons with disabilities worldwide.

## Rehabilitation International Adopts International Symbol of Access for the Disabled



The ISRD Assembly at its meeting in Dublin (1969) adopted a design for an international symbol of access which would clearly identify buildings, facilities and services of all kinds without architectural barriers or otherwise easily accessible to handicapped persons.

### Expert Selection Panel

The symbol was selected and recommended for use in all countries by an international panel of experts set up by Rehabilitation International's International Committee on

Technical Aids. Members serving on the panel included: Dr. Alain Rossier, Hôpital Cantonal, Geneva, Switzerland; Mr. Bo Berndal, graphic designer, Stockholm, Sweden; Mr. William O. Cooper, World Veterans Federation; Mr. Manfred Fink, President, International Federation of Disabled Workers and Handicapped Civilians; Dr. Aleksander Hulek, Secretary General of the Polish Society for Rehabilitation of the Disabled; Mr. Peter Kneebone, International Council of Graphic Designers Association; Mr. Esko Kosunen, Chief, United Nations Rehabilitation Unit for the Disabled; Mr. William P. McCahill, Executive Secretary, United States President's Committee on Employment of the Handicapped; and Prof. Dr. Karl Schwanzer, Union Internationale des Architects.

### Three-Year Program

The adoption of the symbol was the culmination of a three-year program undertaken by the ICTA, under the direction of Mr. Karl Montan of Sweden, Chairman of the Committee. Many designs which had been used for specific purposes in different countries were also examined by the panel. It was decided, however, that a number of basic desirable criteria had to be met in all the designs finally submitted. The design had to be unambiguous, its meaning easily recognized, simple yet esthetic in form, identifiable from a reasonable distance and able to be reproduced without difficulty on all sizes and types of material.

The winning symbol which met all the criteria, with a slight modification, was the outcome of a special project undertaken at a seminar of the Scandinavian Design Students Organization



held in July 1968. The final symbol which was submitted to the ICTA was designed by Miss Susanne Koefoed of Denmark and made available as a contribution to the handicapped people of the world by the Scandinavian Design Students Organization.

## **Positive Step Forward**

The adoption of such a symbol is a positive step forward in the world-wide effort to open all doors to the handicapped. Rehabilitation International will utilize all its available resources toward promoting the symbol and National Secretaries will be requested to use their influence in persuading their governments to adopt its use. Appropriate international organizations will also be approached to elicit their interest and support.

## **Some Uses for the Symbol**

Some of the places where the sign could well be used when architectural barriers do not exist, have been removed or where facilities are easily accessible to the handicapped, are transportation facilities such as airlines and air terminals, railroad stations, parking lots, public buildings, historical sites, shops, restaurants, schools, theaters, hotels, motels and all ancillary services including washrooms and toilets.

Copies of the symbol will be made available by Rehabilitation International to the press, and television and to its National Secretaries throughout the world who will provide it on request to architects, town planners and others who may be interested in its use and display.

**Source:** RI International Rehabilitation Review, Vol. Xxi No. 1 1st Quarter 1970. (p.8)

# Susan Parker's RI Milestones Collections: RI Published and Photography Materials

Susan Parker

## RI Planning Documents

2000 The Way Forward, Strategic Plan 1993 - 2000, April, 1994.

RI Affiliate Activity: World Summit on Social Development, Summary June - August, 1994 (includes activity descriptions from 13 RI member countries and organizations).

RI Annual Report, June 1994 - June 1995, John W. Stott, RI President and Susan B. Parker, Sec. General, June 30, 1995 (includes reports from each region and commission), 32 pages.

"Opportunities for an Established Organization In a Rapidly Changing World," Discussion Paper on the Future of RI (October 5, 1998), Arthur O'Reilly, RI President.

RI Charter for Rights Implementation (Approved by the Governing Assembly, Copenhagen, November 8, 2010)

## UN Policy Documents

Standard Rules for Equalization of Opportunities for People with Disabilities

## RI Publications

Nora Ellen Groce, PhD., From Charity to Disability Rights Global Initiatives of Rehabilitation International 1922-2002, New York 2002, 114 pages.

## Secretariat HEADLINES

This publication was conceived and written quarterly by the then Fifth Secretary General of Rehabilitation International, Susan Parker at the beginning of her tenure and the new year, January, 1994. The newsletter, distributed to the RI Members, then consisting of 165 organizations in 90 countries, was created using desktop publishing mastered by staff person, Kathy Marchael, distributed to members by mail and fax. In the Collection are:

1994. Volume 1, Issues 1 - 4 (March 15, May 15, July 25, and November 22, 1994);

1995. Volume 2, Issues 1 - 3 (March 15, June 30, October 17, 1995);

1996.

1997. Volume 4, Issues 1 and 3 (March 31 "Special Issue," November 3, 1997);

1998. Volume 5 Issues 1 and 2 (January 15, June 30, 1998)

2002. Volume 9, Issue 4 (December 2002)

## International Rehabilitation Review (IRR)

1994. IRR featuring reports on: employment, community-based rehabilitation, integrated education, Eastern/Central Europe, development assistance, anti-landmine campaign
1995. IRR Volume 46, Issues 1&2 (January - June) - reports on disability on the internet, CBR reports from Mexico, Ghana, Oman, India, study on poverty and disability, war-traumatized children dreaming of peace, UN Social Development Results.
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1996. Portfolio '96 IDEAS 2000 International disability exchanges and studies (IDEAS) Project 2000, First annual report on the collaboration of: (a) Independent Living Research Utilization (ILRU); Mobility International USA (MIUSA); Rehabilitation International (RI); Wheeled Mobility Center (WMC); World Institute on Disability (WID) and the project funding agency, the U.S. National Institute on Disability & Rehabilitation Research (NIDRR).
1997. IRR '97 Volume 48, Issue 1, January - June Special Issue on Women & Girls.
1997. Portfolio '97 IDEAS 2000 Second Annual Report on the Collaboration (among the agencies listed above).
2000. IRR Volume 50, Issue 1 (August 2000) contents: disability history; world bank projects, a UN convention on the Rights of People with Disabilities
2000. IRR Volumes 51 #2, & Volume 52, #1 Content in this issue: Progress towards a UN Convention on the Rights of People with Disabilities; Selected Papers from the RI Regional Conference in Lebanon; Disability Arts, Media & Culture.
- IRR Volume 56, #1 (December 2007), "Special Edition: The Convention on the Rights of Persons with Disabilities."

## RI Projects

- World Summit for Social Development, Copenhagen, March 1995
1. Briefing Papers, Jacques Baudot, Coordinator, Secretariat of the World Summit for Social Development, Division of Social Policy and Development, The United Nations by Mme. Susan Parker, MSW, Secretary General, Rehabilitation International, New York City.
  2. Prepcom II Summary of Disability Statement,
  3. Statement by RI Mr. John Stott, President to Member States of the Preparatory Committee for the World Summit on social Development, UN New York, February 4, 1994.
  4. Statement by Ambassador Shunji Maruyama, Deputy Permanent Representative of Japan to the United Nations on Agenda item 95: Social Development,, Third Committee, 49th Session of the General Assembly, 20 October 1994, New York.
- The Rehabilitation International/UNICEF TECHNICAL SUPPORT PROGRAMME, 1980 - 1995:** Rebuttal of Rehabilitation to: 18 December 1995 Draft Report of Evaluation of RI/UNICEF TSP, 18 PAGES
- ONE IN TEN**, a joint publication of RI and UNICEF under the RI/UNICEF TSP published in English, French and Spanish
1995. Special Issue in French and Spanish Volume 14 The Rights of Children with Disabilities: Children First followed by Disability.
1996. Special Issue, Volume 15 Protection of the Child, Youth and Family: Critical issues in Developing Countries.
1997. Volume 16 Innovative Approaches and Programs in Childhood Disability. English, French and Spanish on hand.
1997. Volume 17 Girls & Women with Disability: Issues & Initiatives. English, French & Spanish
1998. Volume 18 Community Based Services Increasing in Asia

1998. International catalogue of selected videos & films concerning children with disabilities, a 1998 publication of the Rehabilitation International/ UNICEF collaboration on Childhood Disabilities
2002. Volume 23 UN Treaties: Special Session on children & First Meeting of AD Hoc Committee Discuss Disability & Human Rights

**1996 IDEAS 2000 Project:** Prospectus on the Project supported by the U.S. National Institute on Disability and Rehabilitation Research Grant #133D40028 from the U.S. Dept. of Education. Published under this project was Portfolio. See listings under IRR.

**Women & Girls with Disabilities:** 1997 The International Leadership Forum for Women with Disabilities:, Conference Program, June 15-20, 1997, Bethesda, MD, USA

Also for the above Conference Program, Preliminary Program and Conference Registration.

## Conferences & Programs

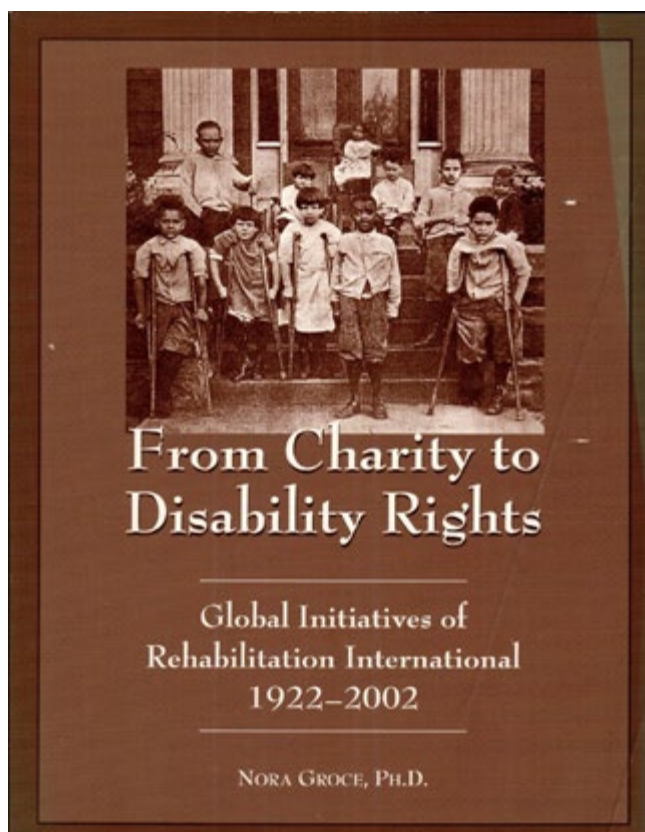
**1993 ATLANTA '93,** Conference Program, The First North American Regional Conference of Rehabilitation International. Co-hosted by the Canadian Rehabilitation Council for the Disabled and the U.S. Council for International Rehabilitation, October 27-29, 1993.



Author: **Hon. Susan B. Parker**, MSW/MSP, RI Member, Office Of The RI National Secretary, U.S. Social Security Administration (1989-1993); RI USICD President (1993); Former RI Secretary General (1993-1998); RI Individual Member 1998+; Member, RI Honour Council (1999+); Vice Chairman, Policy & Services Commission (2004 - 2012); RI And RI Foundation Treasurer, 2012 - 2018+

# From Charity to Disability Rights: Global Initiatives of RI, 1922-2002

Nora Groce



**Title:** From Charity to Disability Rights: Global Initiatives of Rehabilitation International, 1922-2002

**Author:** Nora Ellen Groce

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**Length:** 114 pages

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## Abstract

From Charity to Disability Rights traces Rehabilitation International (RI) from its inception as a small grassroots organization in the mid-west, that was created to serve the needs of children with disabilities locally, through its growth under a series of visionary leaders to become a major force in international disability advocacy work. RI is the only global disability non-governmental organization that is both cross-disciplinary and cross-disability, and as such it has been among the first to champion every major idea in the field of rehabilitation. In 1922, long before the idea gained currency, RI championed the idea of community-based services. Additionally, in 1929, RI petitioned the League of Nations to establish an office to oversee the collection of disability-related statistics and, more recently, it has been in the forefront of the effort for a UN Convention on Human Rights for People with Disabilities. RI has been the parent organization for dozens of other major disability-related groups including Easter Seals, World Rehabilitation Fund and Disabled People's International. The history of RI and the disability rights movement presented in the book provides valuable insight into the global impact of NGOs.



## RI 75th Anniversary in Seoul: 1922-1997

One of the highlights of the global disability conferences taking place in Seoul this September is the celebration of Rehabilitation International's 75th anniversary. Founded in 1912 in the USA as the first international effort to stimulate services for "crippled children," RI has grown into a worldwide organization influencing policies and providing services for disabled children and adults in more than 90 countries.

Entities and organizations, unlike individuals, are not encouraged to celebrate longevity itself as an achievement. In 1987 when the former Soviet Union plastered Eastern Europe with self-celebratory posters proclaiming its 70 year history, graffiti artists scrawled on them prophetically, "Time to Retire." A few years ago the World Bank learned the same lesson when its gilded 50 year anniversary materials prompted its critics to clamor that, "Half a century is enough," precipitating a basic redesign of the organization. So, in the spirit of celebration, but with a focus on renewal of purpose, a brief overview of RI accomplishments and some analysis of trends in the disability field over the past 75 years follows.

### Why 1922 and Why International?

Just following World War I, there was a strong movement to internationalize social progress on many fronts, among governmental, political and civic groups alike. As examples, the International Labor Organization, the League of Nations and Rotary International had just been established. In 1922 a group of Rotarians, doctors and other civic leaders in the U.S. and Canada founded an international society of volunteers to advocate and establish services for **children with disabilities**.

At that time there was no significant governmental responsibility to provide in any way for disabled children, and this early effort was the first to draw international attention to their situation.

### Early RI Focuses & Achievements

From the beginning, the leadership focused on international **policy** campaigns that could be implemented on the national level. One of its first achievements was the presentation of a 10 point Bill of **Rights** for "crippled Children" to the League of Nations. In 1929 in Geneva, the organization launched its series of world **congresses** held every 4 years to stimulate and review progress on an interdisciplinary level. In this first era, the organization was dominated by doctors and social workers and volunteers who were founding **grassroots** services in their countries--in clinics, in hospitals, in churches, in small private schools, in orphanages. RI conferences in the 1930's were mostly held in Europe-Switzerland, England, Hungary--as that is where the largest concentration of services was developing. By the end of the decade, RI had expanded to include the needs of **disabled adults** within its growing umbrella of services.

The effects of the worldwide depression, bringing about severe cutbacks in services in the 1930's and the restricted international travel in the pre-War and WWII era essentially reduced RI to a correspondence club among approximately 30 nations from 1937-1945. However, similar to its beginnings, the rebirth of international organizations, such as the United Nations, stimulated the rejuvenation of RI.

## The Post WWII Era

In 1948 RI set up its first office in New York to benefit from proximity to the new UN family of agencies and by the early 1950's had established official linkages to ensure that the UN include disabled people in its development plans, that UNICEF extend its services to disabled children, that the ILO support labor initiatives for disabled people, that UNESCO add special education to its mandate, and that WHO focus on disability and rehabilitation. not just diseases.

Post-war medical and political developments were clearly visible in RI: the return. home of high numbers of disabled soldiers forced **governments** around the world to establish rehabilitation services, while medical and technical advances forged during the war brought **rehabilitation doctors** to the foreground of both governmental and voluntary disability services. Beginning in the 1950's (and continuing through the mid 1970's) RI Presidents were primarily world-renowned rehabilitation physicians from the U.S. and Europe. Frequent international meetings were held to keep up with the need to exchange medical and technical knowledge, and to spread the science and art of rehabilitation into **Asia and the Pacific, Latin America and the Middle East**. A rapid build-up of RI membership resulted. It is also worth noting that politically, as the Cold War grew colder, RI was one of the few international associations based in a Western country that managed to also maintain significant fully participating membership in the countries "behind the Iron Curtain" and the dominant countries of "the non-aligned group" as they were then called.

In the 1950's RI founded the first international rehabilitation **journal** (now the *International Rehabilitation Review*), the first international rehabilitation **equipment** and device center (now the International Commission on Technology and Accessibility - ICTA) and supported the birth of international disabled **sports** competitions (now the Paralympics).

## International Human and Civil Rights Movements

In the late 1960's and early 1970's the socio-political turmoil that resulted in the birth of many new nations and in the emergence of a variety of identity and independence movements among minority groups also had its impact on the disability & rehabilitation field, including RI. As examples,

- As social movements began to demand the end to segregation of any group on any basis, calls for the end of **institutionalization** and the beginning of **normalization** and **integration** were voiced at RI Congresses & Conferences;
- Groups of **younger people** disabled by war, civil strife, vehicle accidents, and the last of the industrialized countries' polio epidemics began to demand more **access** to the **mainstream** services of their societies and a stronger **participation** in decision making about their own rehabilitation, choice of technical devices, educational opportunities and related **legislation**. RI organized the first international conferences to advocate comprehensive disability legislation.
- An early international awareness of architectural and environmental **accessibility** within RI led to the adoption in 1969 of the International **Symbol of Access**. In retrospect, the Symbol was a graphic indicator of a turning point in the disability/rehabilitation movement---the beginning of the adaptation of the physical environment to the needs of people with disabilities---in essence, a revolt against the previous concentration on teaching and counseling the disabled person how to adapt to society.
- Also in 1969 RI authored a report on the needs of developing countries that was the first outline of what became known as **community based rehabilitation**, an acknowledgement that the approach of the industrialized countries was not applicable to the Third World.

## The Contemporary Era

On the world level, most rehabilitation specialists agree that the contemporary era was launched by the **United Nations** proclaiming 1981 as The International Year of Disabled Persons, which more or less ‘‘credentialed’’ this population as a recognized minority group in relation to development assistance and international aid agencies.

Among highlights of this era:

- RI created the **Charter for the 80’s** comprised of 4 main aims still relevant today: disability prevention, provision of rehabilitation services, equal participation and increasing public awareness; and contributed substantially to the main United Nations initiatives, the **Decade of Disabled Persons** and the **Standard Rules** for Equalization of Opportunities for People with Disabilities;
- Global statistics on the incidence and prevalence of disability were developed by RI, resulted in the widely known estimates that one in ten persons is born with or acquires a disability; and that there are more than 500,000,000 disabled children, men and women around the world, two-thirds of whom live in developing countries;
- Collaboration with UNICEF for 15 years in the area of **childhood disability** has resulted in seminal field studies on the lack of rehabilitation services for children and women in war-torn areas, as well as the need for international action against the **landmines** and **organized violence** which are causing intolerable levels of disability and trauma;
- Reflecting developments globally, RI has become increasingly regionalized, with regional offices, conferences, organizations and publications;
- Reflecting the growing trend of self-representation among groups which experience discrimination and disadvantage, RI has in the modern era become more **inclusive** of disabled people within its leadership, member organizations and network, as well as increasingly **collaborative** with international organizations with similar goals in the disability field; and
- as the 20th century concludes, RI has rededicated itself to concentrate on: **global networking, leadership in rehabilitation, equalization of opportunities and disability prevention policy**.

# Susan Parker's Journey with Rehabilitation International 1989: Breaking New Heights in Global Disability Movement

Susan Parker

I was surprised and honored to be asked to write about my now thirty-two year (32) experience with Rehabilitation International. I have now been an individual member of RI for twenty-three (23) years, 1999 to present. It is time to write the story. I will do so with facts and humility. People are engaged with RI today whose length of affiliation is longer than mine. They, too, have important perspectives and need to be heard. I place high value on those who consistently make the choice to contribute time and treasure to raise high the benefits of rehabilitation and habilitation.

RI's upcoming 2022 Centenary is a fine time to discuss and commit to a second century of making a global positive difference in the quality of life of people with disabilities, their families and caregivers.

## The Story's Overview

I will name my many roles with RI. Some invite further commentary. Others do not. My US affiliate story can be found in the history of USICD, RI's current US affiliate, written and submitted by me for the RI Centenary E-Book project August, 2020. The fact that I have been able to take on such role diversity is due to timing beyond my control. My career trajectory if viewed from a mountain top looks like stepping stones running lengthwise in a flowing stream of water. One post led to another and to another and so on. Timing continues to be a key determinant in the ability to take on multiple assignments.

Thirty-two (32) years is more than 66% of my professional life to date. With one exception, the engagements with various RI roles happened simultaneously with other professional activities. I brought RI with me into various posts, for example, as the ILO's Senior Disability Advisor and as the US Department of Labor's Disability Policy Director.

## Before the Journey Began

This journey was rooted in my childhood when my parents read to my brother and me stories with pictures from faraway lands. Dad added his stories as a US Navy Chief. His visits to ports of call in the Caribbean, Mediterranean, North Sea, Atlantic and the Pacific, assigned to ships on memorable missions, stimulated one's imagination. I spent eleven (11) years growing up in a small northern Maine town near Canada. French was the language of the majority.

Despite our family's direct line back to founders of two US states, Massachusetts and New Hampshire before 1632, life choices took me beyond state and national borders before graduation from the University of Vermont - Montreal was a two hour drive away and my roommate was Canadian. My academic preparation in sciences and languages and then graduate work at the Boston College School of Social Work and MIT gave me the skills to develop new social and economic policies and tools to help vulnerable populations. I loved working with people with mental illness, especially the returning veterans from Viet-Nam with a disability we now call "Post Traumatic Stress Disorder." I was a strong advocate for these veterans and former residents of the state hospital who needed community services. I took my advocacy to

graduate school and developed the planning and case building skills to convince decision makers to move funds from the hospitals to the community. My fellow students were from developing countries; our planning projects were in developing countries, as well as in Boston.

I went on to use what I had learned to at least six (6) leadership positions working directly with three (3) governors and three (3) US presidents to build and implement new policies and programs in social insurance and employment and employment supports. Internationally I was accountable to the RI President and at the International Labour Organization, to a Director for Skills Training.

My stepping stone career can be seen this way: (1) grassroots advocacy, including clinical mental health work; (2) building and development of regional and state plans to create statewide service delivery systems with the governors of Maine and New Hampshire; (3) development of new social insurance disability and employment and labor policies as a Senior Executive leader (President G.H.W. Bush and career appointment in the Dept. of Labor, Washington, DC); (4) international: two posts: Secretary General of a global membership non-governmental organization, Rehabilitation International, with consultative status to the United Nations; and senior advisor, disability, in the International Labour Organization (ILO). Ten - twelve years is the average time spent in each of the four (4) work clusters. My experience began with local-regional projects and moved progressively to more complicated structures.

My present activities include projects where my skills can make a positive difference. Historical preservation of a 1795-1800 Yankee Barn is a work in progress. I live on New Hampshire's Seacoast. My two sons each have now two sons of their own. They operate the family's hotel business as the third and fourth generations. The grandsons, predictably, are each individualistic and independent.

### **My Journey with RI Began from 1990**

One early RI experience in 1990 ignited my interest in RI, building enough brand loyalty to stimulate future contributions of personal time and funds.

Today's collaborations with various colleagues to benefit RI's work continue to be personally and professionally rewarding. An RI strength is its world network of like-minded people and its use of democratic decision-making to carry out its work.

### **Exceptions and Outstanding Experience**

I devoted full time work for RI only once and that was as its 5th Secretary General (1993-98). I will list some achievements during that tenure later in the story. Although several outstanding events sponsored by RI have occurred during the 30+ years, the first significant experience in 1990 is the one that "hooked" me for life: participation in the 9th Asia-Pacific RI Regional Conference, Beijing, October 1990. My picture of the 9th Regional Conference depicts an RI whose leadership was shifting from the post World War II model based on implementation of medical rehabilitation to a model of service built on the abilities of the person with disabilities. Rehabilitation's reach was expanding, becoming more, not less, important.

The RI strength to change itself in accordance with new scientific findings, applied research results and human rights values is important to the organization's longevity.

### **My Roles with RI**

1. Head of the National Member Organization in the U.S. to RI responsible for: staffing the RI National Secretary, the Commissioner of the Social Security Administration; raising of funds and payment of RI annual dues (1989-1993).
2. Grant-maker for USD multi-millions for project initiatives: Return to Work, domestic and overseas, RI was one project lead (1990 - 1992).
3. President of the US RI Affiliate (1993), US Council for International Rehabilitation (USCIR), precursor to the US's current affiliate.
4. Member of Board of Directors, US RI Affiliate, US Council for International Disabilities (USICD); fundraiser for government members (2003-2009); Finance Committee, 2016+.
5. US Delegate to RI Governing Assembly, 1990 - 1993.
6. RI Secretary General, 1993 - 1998.
7. Vice Chairman, RI Policy Commission, 2008-12.

8. Treasurer, Rehabilitation International and RI Foundation, 2012 +
9. Member of Rehabilitation International (Individual) as an elected (by the GA) member of the RI Honor Council: 1999+
10. Chairman, RI Centennial Committee. 2015+

## President George H.W. Bush Appointment

The RI journey began at almost the same time as my 1989 acceptance of President George H.W. Bush's offer to assume the position of Disability Commissioner in the U.S. Social Security Administration (SSA). The post carried a political rank of deputy assistant secretary - or, using international language, deputy minister. My scope of work was the fifty (50) states and five (5) territories, each with an administrative entity named the Disability Determination Program responsible for all disability evaluations for two income programs. All administrative funds at the state level were managed from my office: Supplemental Security Income (SSI) was an annual appropriation/authorization and Social Security Disability Insurance (SSDI) from one of the SSA trust funds. An entire legal sub-specialty in the US has been built around helping prospective clients receive disability benefits and law firms to increase their fees. This was high profile work.

Doing the job required a core of professionals who understood the policies in play and who included physicians, attorneys, auditors, accountants, researchers, grants managers, executive level program directors in the States, labor unions, advocates, special interest groups, and senior elected congressional leaders and their top staff on the Senate Finance and House Ways and Means Standing Committees. The SSA Disability Program with its 400 staff in Woodlawn, Maryland, was a dedicated group motivated to produce the best policies possible. Public servants across the country numbering 13,500 performed the disability evaluations.

## Priorities in SSA Had Longer Term Financial Benefits to RI

Briefings on international disability activities in SSA in November and December 1989 set the stage for decisions I would take in the next two months. Here the decision was taken to finance US participation in RI, then seen as a source of global disability information increased the importance of RI inside SSA.

My job's first main task? Development of the remedies for the Zebley v. Sullivan Class Action Suit consisting of nearly a half million children with disabilities wrongly denied SSA disability benefits. The Supreme Court decision, as expected in February 1990, and as foretold by President Bush to me, determined the US government to be negligent and ordered SSA to "fix the problem." The budget calculation of the cost to fix was close to USD 1 billion. The budget I had inherited was not big enough to pay for the documented needs. I had to raise a few hundreds of millions more.

My position compelled me to take the lead to advocate for a budget supplemental request to the Office of Management & Budget. Months were required to determine what would be included in the request. This request affected all facets of the operations of my office and the states' programs. I specifically included an annual operational budget line for the US's membership costs as a national member organization (NMO) of RI. The earmarked RI dues funds stayed in the SSA budget until 2010, over twenty (20) years, seventeen (17) years after my tenure had ended.

The story of how this funding stream disappeared involves people then in leadership who did not know how to creatively design international activity to meet the then present domestic needs. Sadly, it is more and more common that leaders do not understand how to work with international partnerships. Today there are hopeful signs this is changing. A new generation is rising who has learned about knowledge coming from countries other than their own.

## President George H.W. Bush: International Work Welcomed in His Administration

President Bush had let me know that I would be working on international projects. I hired a special assistant to focus on international disability to proactively build into my head office the ability to act quickly. We streamlined the in-house large research program on employment and disability then underway. We incorporated ideas gained from overseas research to re-design return to work projects. RI was a player since the late 1980's in initiatives to increase employment. RI was introduced to SSA as an international organization, based in New York City, with key contacts and links to the disability point people in twenty-five (25) governments who were also RI members. Many were also collecting information on return to work. The alliance with RI helped SSA speed up its policy development process.



## **Special Request by the U.S. President to Visit Beijing, October 1990**

When a request comes in from the White House to do something that is considered out of the ordinary, there are many moving parts in a large central office to respond. The chain of command exerts its own demands for reporting out progress, while the normal in-house work does not stop. The President had ordered me to commence this overseas mission with about six days' notice. At the time, the government was under a travel freeze. The chain of command was absolutely clear that the President was very intent on sending his message and I was to be the one to do it. End of story. The Commander in Chief had spoken.

### **Why this Mission?**

President Bush's intention to send me to Beijing as his emissary was very straightforward: convey to the Chinese people his and the First Lady's warmest greetings at the Opening Ceremony in the Great Hall of the People. He believed that his warm feelings towards the People's Republic of China were not being adequately expressed by his surrogates who typically handled the foreign policies of a sitting President. President G.H.W. Bush also was very understanding of disability, the importance of rehabilitation, and the inequalities that people with disabilities experienced in the employment market. He asked me to talk about the Americans with Disabilities Act that he had signed earlier that year, July, 1990, on the White House's South Lawn. The short speech was mainly written in the White House using notes sent from my office. I did not carry the actual speech with me during the travel to Beijing. Nor did the White House send it ahead of my arrival. The consternation caused in China by not having an advance copy was high.

As this mission to Beijing unfolded, the trip began to take on elements of drama when the security detail met me in Tokyo's Narita Airport. There was another high profile person on this China Airlines flight, Leonard Woodcock, head of the United Auto Workers, enroute to Chengdu to open a Jeep factory, or so security told me. After an unscheduled stop of several hours in Dalian where Leonard and I both underwent questioning, and, while deplaned, our luggage was thoroughly searched. We were then on our way for a 2 am arrival in Beijing's airport. The welcome tea ceremony was most gracious.

The speech and photograph of my delivery in the Great Hall of the People on the occasion of this landmark 9th RI Asia & Pacific Regional Meeting follows. The speech, faxed to me by the White House after a telephone call, came to me in the President's Suite, Kunlun Hotel, Beijing. The extra surveillance stopped after the speech arrived.

In one single four (4) day period, I was introduced to the RI world community. The depth and breadth of RI organization was an eye opening experience. While I had studied the organization before this trip, I redoubled my examination after returning home.

## **The Two Presidents Bush: George H.W. Bush and his son George W. Bush**

President George W. Bush visited my Department of Labor (DOL) office in 2007. Upon seeing his Father's Beijing speech framed and hanging on my office wall, President Bush the son asked: "What instructions did my Father give you about this trip?" My response was simple: "He told me to "learn as much as possible, the Chinese have a lot to teach us!" President Bush the son then said, "That's about right." "He always wants us to learn and then figure it out for ourselves." "He wants to know what we've learned."

## **9th RI Asia & Pacific Regional Meeting, Beijing, October, 1990**

The organizers who made this meeting happen were two very well known people in the RI world, especially in the Asia & Pacific Region: the Hon. Prof. Dr. Harry S.Y. Fang (later Prof. Sir Harry), an orthopaedic surgeon at Hong Kong's St. Paul's Hospital, and his partner in international initiatives and other Hong Kong disability leadership projects, the Hon. M.B. Lee, the founder of a well known Hong Kong accounting firm.

I had been briefed that they were very effective builders of Hong Kong's disability services structure, including a WHO Collaborating Centre located in the Hong Kong Center on Rehabilitation. They were also working with Mainland China institutions to transfer disability programmatic knowledge and skill building methods. Professor Sir Harry had been a four (4) year highly productive RI president, 1984 - 1988. The current RI president was Mr. Fenmore Seton (1988 - 1992), and his gracious wife, Phyllis Z. Seton was every inch the "diplomatic" wife. Fen had been introduced to disability/rehabilitation and RI in his home state of Connecticut by Mrs.

Helen Wilshire Walsh, a high energy, focused philanthropist of the early disability programs. The Setons and Mrs. Walsh attended USCIR meetings in Washington, D.C. where I first worked with them.

## **RI Leaders on Hand: Changing of the Guard**

Many of the medical rehabilitation pioneers who were leaders in their own countries participated in this important Beijing meeting. Also present were Mr. and Mrs. John Stott, President-elect of RI, and founder of DPA New Zealand. I would go on to work with John and his wife, Mary, when I started as the 5th RI Secretary General. John assumed the RI Presidency in October 1992, Nairobi. John was then the youngest RI president to hold office, the first president with a disability, and the African continent was hosting its first RI world congress.

While I met leaders in Beijing who pioneered rehabilitation techniques in their respective countries - theirs was a strong international network - I also met the emerging leaders of the new generation of people with disabilities. John Stott's mantra, "Nothing About Us, Without Us" was shared by others, for example, Lex Frieden (US), Lars Augustsson (Sweden) and Deng Pufang (China).

The former RI presidents were several: Dr. Kurt Alphonse Jochheim (Germany); Dkfm. Otto Geieker (Austria); Prof. Dr. Harry S.Y. Fang and future RI Presidents: John Stott, Lex Frieden, and Michael Fox (Australia). Many RI Vice Presidents and experts were on hand who included, Dr. Jose Borgono (Chile), Dr. Satoshi Ueda (Japan), Dr. Gerard Leon (Haiti), Dr. Monroe Berkowitz (Rutgers Univ, New Jersey, USA), Dr. Joseph Kwok (Hong Kong), Mr. Ryosuke Matsui (Japan), George Wilson (UK, RADAR) and MP Lewis Carter Jones (UK), Mme. Soegang Soepari (Indonesia), Dr. Dato Lawrence (Malaysia) and many others.

This event was a wonderful way to meet a cross section of the RI activists from each of the world's regions. Despite my very short time in Beijing, M.B. Lee, Phyllis Seton, and Mrs. Jean Caine (Canada), Vice President for North America, took the time to show me the outstanding sites of China's earlier culture. President Bush's instruction, "learn as much as possible," was a guide.

The Honorable Mr. Deng Pufang, then the first President of the China Disabled Peoples' Federation which he founded, hosted several events. Mr. Lex Frieden and Mack, his personal care attendant, were present in his capacity as the RI Deputy Vice President of North America. Accessibility was a frequent topic of the breakout sessions, as was rehabilitation, also techniques for adults and children. I was fortunate to visit the CDPF-run National Rehabilitation Hospital. Please see the photos on the following pages, including my speech on behalf of President Bush.



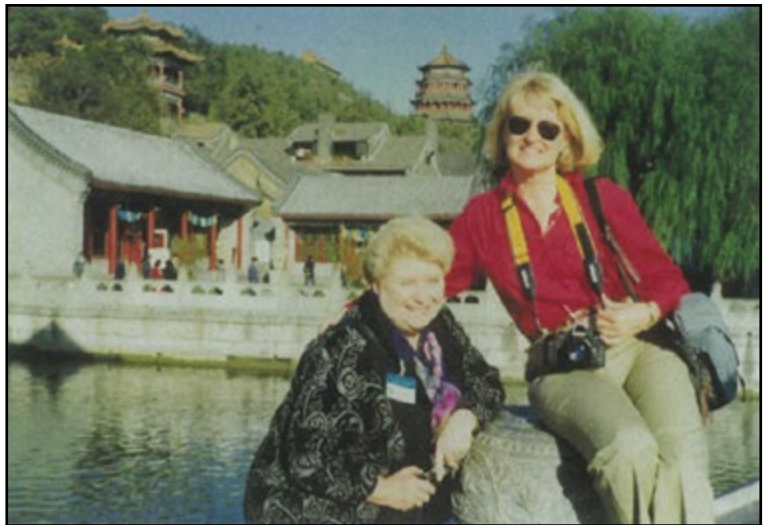
*Ming Tombs, Beijing: Trey Amundsen, MB Lee, Dr. Kurt Jochheim.*



*Great Wall, Beijing: Accessibility in action: Lex and Susan with new friends, PRC Army.*



*Rehabilitation Hospital, CDPF, Beijing.*



*Summer Palace, Beijing: Jean Caine (RI VP, N. America), Comm. Susan Parker (SSA).*

*Forbidden City, Beijing:  
Phyllis Seton (USA),  
Comm. Susan Parker (SSA)*





THE WHITE HOUSE  
WASHINGTON

October 24, 1990

I am delighted to extend warm greetings to everyone gathered in Beijing for the Ninth Asia/Pacific Rehabilitation International Conference.

Advances in science and technology, coupled with improved rehabilitation and training programs, have enabled thousands of persons with disabilities to lead fuller, more independent and productive lives. In some areas of the world, however, such progress remains elusive. Bringing together government officials, health care providers, legal advocates, and concerned men and women from around the world, this Assembly underscores our collective determination to eliminate -- wherever they exist -- the architectural and attitudinal barriers that continue to prevent persons with disabilities from taking an active role in the mainstream of society.

Throughout the world, Rehabilitation International is helping to promote real equality of opportunity for persons with disabilities, and I commend all of you for your efforts to reach this noble goal. The United States is proud to be doing its part through the Americans with Disabilities Act of 1990, which I was pleased to sign into law on July 26. The world's first comprehensive declaration of equality for persons with disabilities, this legislation prohibits employers covered by the Act from discriminating against qualified applicants or employees on the basis of a disability; it guarantees persons with disabilities access to public accommodations, such as offices, hotels, and shopping centers; and it calls for improved access to transportation, State and local government services, and telecommunications as well. We hope that in the months and years ahead this new law will serve as an inspiration to other countries.

Barbara joins me in sending our best wishes for a productive meeting and for every future success. God bless you.

*George Bush*



Susan B. Parker  
Disability Commissioner  
U.S. Social Security  
Administration  
Pres George H. W. Bush's  
Speech, Great Hall of the People  
Beijing, PRC



*After the Great Hall speeches: Comm. Parker with: Lex Frieden (RI DVP, N. America), Lars Augustsson (Sweden), Judge Suharik, Mary Stott (NZ, DPA)*

*Comm. Parker with: RI's current President Fenmore Seton (USA), and former RI President Dkfm. Otto Geiecker (Austria)*



*9th RI Regional Asia-Pacific Conference, Great Hall of the People, Beijing, PRC*

## **Transition: A Change of Administrations, President G.H.W. Bush to President Clinton**

When President Bush left the White House, I left my post as Disability Commissioner because that is what an appointee by a president does, unless you are one of a very few designated as a “hold-over.” Because our work was considered mission critical to the well-being of the country, we were asked to remain in our posts in Health & Human Services as “hold-overs.” This status ended abruptly when two of the three of us were notified that our tenures would end immediately. We had thirty-six hours to pack up and vacate. A spat between the top staff leads of the outgoing and the incoming transition teams failed to reach agreement on a key point. My post would remain unfilled for the next 18 months but my hand-picked staff remained intact which was very good for RI.

I kept up my involvement with RI’s national affiliate, USICR, in Washington, DC, as we planned jointly with the Canadian RI affiliate, CRCDC, to hold the first Regional North America RI Conference in Atlanta, October 1993. We had key events at the Carter Center. The RI Assembly and EC was very well attended by the world community who realized that RI’s respected 4th Secretary General, Susan Hammerman, had resigned after ten (10) years in the post to pursue academic work.

## **Application to RI**

I was surprised on September 6, 1993, (also my father’s birthday) to receive a telephone call at my New Hampshire home from an RI Search Committee Member looking to fill the Secretary General’s post that would be vacant the next month. I had worked with the outgoing SG only slightly in my Social Security position. She told me her story of coming to RI as a staffer in the 1970’s when Norman Acton was the 3rd SG. I accepted the RI Search Committee’s kind invitation to submit my name for consideration. It was a lengthy application but not as difficult as ones written for previous government jobs. The interviews were carried out first by conference calls. The Search Committee met the individual finalists personally in Atlanta at the time of the North American Regional Conference.

I was honestly surprised to receive the job offer from the Search Committee. All the RI Vice Presidents, some past presidents, and many Governing Assembly Members were there. The occasion also was a farewell to my predecessor. I accepted the offer nine (9) months after leaving my Social Security Disability Commissioner’s post.

## **Secretary General, Rehabilitation International**

Several priorities required immediate attention as is often the case in such a transition.

1. RI President John William Stott and I wasted no time in learning to work together. I had earlier met him in Nairobi but had no inkling then that I would be working closely with him. I was in Nairobi as a US Delegate Member, along with other US players, including John Wingate and Estelle Kessler. Vice President for the African Region, Minister Moody Awari, made certain that the Kenyan culture and leadership received high visibility with the presence of HE Daniel Toroitich arap Moi, President of Kenya. John Stott valued his own Maori heritage of his native New Zealand, therefore, Maori representation was present in Nairobi for his induction.
2. As the SG, my source of advice used to run the Secretariat came variously from long time staff, board members, and from the recently ratified RI strategic plan, RI 2000: The Way Forward which had been written by a small work group headed by Arthur O’Reilly, then the European Vice President who succeeded John Stott as President in 1996. I was pleased to have such a blueprint to follow given that streamlining of tasks and staff assignments were critical if deficit spending was to be avoided. John and I spoke often by telephone despite a wide time zone difference. I enjoyed his attention to detail, his structural knowledge, and commitment to big picture action.
3. The United Nations was 22 blocks north from the then RI headquarters at 25 East 21st Street, between Broadway and Park Avenue, in the Flatiron Historic District. RI was one of the first of the specialty NGO’s to qualify for and maintain its Category B Consultative Status with ECOSOC. The relationships with current UN staff needed to be reestablished because of normal staff turnover. In January, 1994, UN ECOSOC announced that it would begin the undertaking of the planning for a 1995 World Summit on Social Development (WSSD), in Copenhagen’s Bella Centre. RI jumped in.



4. The opportunity for RI to rebuild relationships came in the form of the multi-year preparatory committees to plan for the WSSD. HE Juan Somavia, chairman of the World Summit for Social Development's PrepCom, who appreciated the importance of disability's inclusion into the process. WSSD's signatories in Denmark turned out to be 110 Heads of State pledging to eradicate poverty experienced by vulnerable groups, including people with disabilities.
5. RI and two others first organized a disability planning group made up of RI Member Organizations (25 members in different countries), the World Blind Union, World Federation of the Deaf, Inclusion International, Disabled Peoples' International plus the UN Special Rapporteur on the Rights of Persons with Disabilities. RI's base in New York City allowed regular attendance at big and small meetings; RI kept her International NGO (INGO) colleagues and the RI Board Members informed. As a group, we influenced a big first: the inclusion of people with disabilities in the WSSD's Platform for Action and Declaration. We continued to work together through 1998, jointly working on the World Programme of Action, the inclusion of disability in subsequent UN world summits, and refinement of the rights aspect of disability inclusion. Our work set the stage for CRPD policy through improvements on the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities (1993).
6. **COMMUNICATION:** it is impossible to run a global organization if no communication between and among the members happens. HEADLINES was published quarterly beginning in 1994. It contained the regional news of the RI members, their activities, travels, and accomplishments. After I left in December, 1998, HEADLINES continued to be published by my successor, David Henderson (NZ) and then Tomas Lagerwall (Sweden). When I started the newsletter in 1994, I wrote it on a very slow computer. Fortunately RI's Kathy Marchael became an expert with desktop publishing with many documents to show as products during my five (5) year stay, including HEADLINES. This newsletter, distributed by fax and mail to RI Members which then numbered 165 organizations in 90 countries. I have given to the Editors of the E Centennial Book my inventory of RI publications and photographic materials. Those lists are elsewhere in the archive.
7. **Initiatives: Women & Girls with Disabilities:** After the WSSD, the 1995 World Summit on Women, in which women with disabilities were present as official delegates, we started a work group on women with disabilities in the UN, mainly made up of NGO representatives. We created visibility-building events for women with disabilities at mainline scheduled UN events. Kiki Nordstrom (WBU), Liisa Kauppinen (WFD), Harilyn Russo (NYC advocate), Lucy Hernandez (DPI) and other NY city-based advocates, were joined by sisters from Washington, D.C., among them Judy Heumann (Assistant Secretary in the US Dept. of Education's OSERS), Susan Daniels (my successor in Social Security), Ilene Zeitzer (my former SSA Special Assistant on International Disability), Rosangela Berman-Bieler, RI's former VP for South America, Susan Sygall (MIUSA) and Dr. Isabel Maior (Brazil), VP for South America. RI Staff Member and Communications Director, Barbara Duncan, joined with this group as the work turned into a landmark world conference. The international Leadership Forum for Women with Disabilities occurred June 15-20, 1997 in Bethesda, Maryland, USA, keynote by first Lady Hillary Clinton and Secretary of State Madeleine K. Albright on June 15 with six hundred fourteen (614) women present from 82 countries. RI was both a key international sponsor and organizer of this remarkable event. I must give all the credit in the world to Barbara, Ilene, Rosangela and others for the stellar success of this event.
8. **NGOS and Governments Together:** The WSSD exacted commitments from 110 Heads of State to fuse the principles guiding social and economic development into a program of action taking under consideration the needs of persons with disabilities. In September 1996 in Auckland, New Zealand, during RI's 18th World Congress, the thousands of people representing disability NGOs and governments in attendance heard Dr. Oscar Arias Sanchez, a Nobel Peace Laureate, said during his keynote address concerning the lack of attention to people with disabilities: "The problem which we face today is not a lack of information, but rather a lack of commitment."

9. RI and Disabled Peoples' International (DPI) were coming closer together and many leading advocates chose to maintain ties to both organizations. After the 1995 World Summit on Social Development and the 1996 World Congress in New Zealand, RI, DPI, and other disability-led organizations joined together to sponsor conferences and events. The 1997 Women's Leadership Forum in Washington D.C. is a good example. During this period there are several whom I had the privilege and pleasure to work with people who stood out for their respective efforts to work jointly to build the advocacy movement: John Stott, Tambo Camara (Mauritania), Deng Pufang (China), various Japanese advocates, Bengt Lindqvist (UN Special Rapporteur on Disability), Peter Chan (Hong Kong), Bert Massie (United Kingdom), Rosangela Berman-Bieler (Brazil), and Lex Frieden (USA) who went on to be elected RI President in 2000. RI's spring and fall governance meetings were all well attended. Substantive conferences attached to the business meetings attracted regional and global participants. Jerusalem and Hong Kong (1998) and Seoul (1997) were especially memorable. President Arthur O'Reilly in 1998

began discussions with me about how RI could move forward in the New Millennium through the "Charter for the 3rd Millennium." In 1998 we designed the terms of reference for the writing of the History of RI. We successfully hired Dr. Nora Groce whose work to preserve RI's origins and development in the first 75-80 years remains invaluable.

10. Our cross-disability planning group welcomed HE Kofi Annan as the new UN Secretary General on February 21, 1997. We were the first group to discuss with him the disability issues. Pictures speak louder than words. Here we are: Inclusion International (II), RI, World Blind Union (WBU), World Federation of the Deaf (WFD), Disabled Peoples' International (DPI) with the new SG who heard what needs to happen to build the commitment to inclusive international development. RI closely worked with these colleagues between 1994 - 1998 at UN New York. Like RI, each of these organizations had UN Consultative Status and active members with strong connections to governments in various countries across the world. The photo captions below identify colleagues.



*Cross-disability planning group welcoming HE Kofi Annan, new UN Secretary General -- First row on the left; Lucy Wong Hernandez (DPI). Second row from left to right; Victor Wahlstrom (II), Susan Parker (RI), Walter Eiger (II), HE Kofi Annan (UN SG), William Rowland (WBU), Liisa Kauppinen (WFD), and Arthur O'Reilly (RI).*

## 1999-2001

I left the employ of RI late December, 1998. I did so to help the International Labour Organization develop a major tool that would help governments worldwide to hire, retain and promote people with disabilities in competitive employment.

I was receiving updates and occasional questions from my successor, David Henderson, the former Executive Director of Disabled Peoples' Assembly (DPA), New Zealand. David was the perfect successor because of his knowledge and practical experience running an organization of and for people with disabilities.

In 2000 I represented ILO at a regional RI European meeting in Athens hosted by Vice President Mary Carella Canellopoulos, the founder of a children's center. It was great to visit with RI friends again.

## Running a Meeting Under Adversity: Beirut, September 13, 2001

In 2001, I accepted an invitation to speak, representing the ILO, at the Opening of the Regional RI Meeting in Beirut. September 11, 2001, now known as "9/11," happened several days before the scheduled opening of this RI meeting. I was then based in Geneva; some airlines were flying between Geneva and Beirut, in contrast to other points in Europe and North America who closed their respective air spaces. UNDP Security allowed me to travel on Middle East Airlines using a UN passport. Their reasoning at the time: "It is not a shooting war, so we think that you will be alright, speak French as much as you can." The message was clear.

I had met in 1997 Mr. Khaled El Mohtar from Beirut, who was also attending a key meeting in Dubai. I immediately understood that here was a leader who would work collegially to build up this Region. Khaled and his organization had designed this 2001 meeting. I was very pleased to be invited although I was then working with ILO, Geneva.

Predictably, no NY City-based RI people were present before the Beirut meeting to help with preparations given that the airspaces had closed after the World Trade Center collapsed. George Wilson (UK, RI Treasurer), me (who had done plenty of nitty gritty meeting preparation), Prince Ra'ad, (Hashemite Kingdom of Jordan and a strong disability advocate), Judith Hollenweger, Professor at the Univ. of Zurich and Chairman of RI's Education Comm.), and Prof. Simon Haskell, also Zurich, had each reached Beirut in advance of the scheduled meeting.

The Chairman of the Conference, Khaled el Mohtar, had just fallen ill. We were assured that he would be fine but needed a day or two to recover. All of us pitched in to get the rooms ready for the conference, having found the boxes earlier sent from New York. We figured out how to do the set up and the opening ceremony at the Education Palace. We all knew that an extraordinary world event had happened. We divided up the speaking roles which was not difficult because we knew the routine. Prince Ra'ad and I were moving conference tables, chairs and meeting supplies. The strength and spirit that is RI was fully present. Tomas Lagerwall, the 7th RI Secretary General, arrived after the meeting started. I was happy to see him. What stories of New York! How did he manage to get on that plane to Europe and then the Middle East? Remarkable.

## 2003 - 2008 Trans-Atlantic Initiative: US DOL, the EU, and NGO's

It was possible to make international disability activities part of my Department of Labor (DOL) portfolio with a few tweaks and conversations. The mission of the Office of Disability Employment Policy (ODEP) when I became its Policy Director in 2002 was the building and dissemination of effective policies and practice using supported employment models. Because we needed a measurement of effectiveness, we supported research whose findings enabled the Bureau of Labor Statistics and Bureau of Census to allow the regular measurement of unemployment among workage people with disabilities in the US labor force.

## RI's Policy & Services Commission Appointment 2008 - 2012

This initiative and other employment development models in test phases in the state workforce development systems of service stimulated DOL's international office in so-called "disability" work. My DOL Policy Office, jointly with DOL's International Labor Affairs Bureau (ILAB) and the US State Department together built a Trans-Atlantic initiative with the European Union (EU), launching in 2003. The 2003 Washington, D.C. conference convened the players from the public and private economic sectors in Europe and North America. RI ties were visible through country participants who themselves played many roles. This Trans-Atlantic initiative gave high visibility to the employment/disability agenda through 2008, President G.W. Bush's Administration.

RI's US affiliate was also a player. Using my DOL platform and ten years of international experience, I raised government funds to help support the work of the U.S. Council on International Disability (USICD) and its president, Marca Bristo, Access Living, Chicago, in the restructuring of the USICD Board. Marca went onto the RI Board in 2008 as the Vice President, North America.

Re-engagement with the RI Executive Committee came by way of an invitation as a policy director to join with RI's standing commission on Policy & Services. Finland's Dr. Veijo Notkola, Chairman, wanted to sponsor seminars on emerging policy development based on applied research findings. In this way I could combine the work of my then job with the direction of RI's Policy & Services Commission.

I participated with RI at my own expense. Why? The new DOL Secretarial Level leadership viewed international work, especially if it involved travel, as a benefit to be "enjoyed" by political appointees. This quiet policy limits professionals from doing their best work which is normally accomplished working jointly with others without regard to national borders. I refused to let the short sightedness of this new administration in DOL stand in the way of working again with RI in a cross- disability, global environment.

By then, RI had hired its 8th Secretary General, Venus Ilagan, who came in October 2008 after a very effective advocacy career. I had not worked directly with Venus until I was elected RI Treasurer at the 2012 World Congress, Incheon, Republic of South Korea. I had heard also that Ms. Anne Hawker (NZ), the first woman President of RI, had just been elected in the very successful Quebec World Congress, taking over from Michael Fox who had been elected four (4) years earlier in Oslo. I had been able to spend only one day at the 2004 World Congress because I was part of a DOL/HHS (Health and Human Services) Mission in Stavanger.

President Hawker worked very hard to bring RI back into alignment with a structured approach to governance and program development, involving all parts of the organization in decision-making. I had known Anne earlier from the many meetings to organize the 1996 RI World Congress in Auckland. RI with SG Ilagan and President Hawker running things was making a difference on several global agendas, especially with respect to girls and women with disabilities. I could see from my tiny perch on the Policy & Services Commission that good things were happening. I was happy to do what I could to add some of my skills into the mix. RI works best when a team is working jointly, moving in the same direction.

## **RI Treasurer, 2012 - 2021**

I agreed to stand for the post because several highly knowledgeable and respected people suggested I could help with some things that needed fixing. I did participate in the spring and fall EC and GA 2012 meetings in Incheon. By then I had left the US Government - not "retired out" - and decided to give back to several organizations that had been important to my own career development. My top staff persons, all at the GS-15 level, remained in their posts. The international focus with its two staff coordinators sadly evaporated within two years in the Office of Disability Employment Policy. Therefore, international disability initiatives in the Office of the Secretary of Labor also went quiet.

## **Opportunity Opens Up - Time to Put Hardwon Skills to Use**

I was able to take on the RI Treasurership because I was no longer a Senior Executive Service (SES) career employee with the US Government. Note: SES in personnel terminology is the layer of executive staff between a Cabinet Secretary (minister in international terms) and the civil service. As an SES 4, I was as high as one could go as a career employee. At Social Security, I was an SES 4 but a political appointment. When I left that post, I could not be automatically reinstated later to an SES position. With DOL, I applied to be admitted to a highly competitive SES job which happens rarely to those no longer on the inside of the government. I spent more than one month preparing the application for readmission to SES. One does not casually resign such positions.

## **Concurrent Work as Treasurer with USICD: CRPD**

Despite the job shift, my participation in the RI affiliate, USICD, has been ongoing since 2003. USICD took on the task of the US Senate's ratification of the Convention on the Rights of People with Disabilities (CRPD). David Morrissey and his then second, Isabel Hodge, under Marca's able leadership, implemented a campaign with the Senate Foreign Relations Committee (who reviews all treaties) that fell only five (5) votes short of passage. I strongly supported that effort using my home state political connections with our two Senators who influenced other Senators to vote for passage of the CRPD.

Jumping ahead to 2018 and 2019, I was very pleased that USICD competed successfully for two grants under the RI Global Disability Development Fund and the Africa Fund.



## **Treasurer Work Highlights: The Situation in 2012**

There was some obvious confusion concerning the RI budget, its line items, and what costs belonged to what category. At the same time, there was a commitment to improving the situation. The SG and outgoing president briefed me that three staff, including a bookkeeper and long-time administrative assistant had all been let go in 2011. There had been trouble with the audits, which began during Michael Fox's tenure as president. An attempt to fix the audit quality situation was the reason for the RI constitutional amendment establishing the Audit Committee.

The SG in 2012 was carrying out many duties by herself with the president's regular guidance. It is a fact that the RI Secretariat has never been able to be run with just one staff person, whether it is 2012 or now, 2021. Recent RI presidents and treasurers have been working officers whose contributed time is reported out in the annual mandated Form 990 tax reporting, as it is also for board members.

My first visit to the Secretariat as Treasurer was December 12, 2012 for an assessment of what was happening in all financial matters. I met with the accountant and auditor of record who turned out to be the same person with one organization for accounting and a second for auditing.

There were several surprises to both the president and to me, for example: (a) a former RI staff person still worked for this accounting firm; (b) discovery of two separate unopened invoices dating from late summer 2012 from the City of New York advising that RI owed thousands of dollars for payment of unemployment compensation benefits paid to the three staff who were let go. The last surprise was a letter of notification that the City would shut down RI if it did not pay the amount by mid-December, 2012. The result: a \$35,000 shortfall between what was on record as having been spent in 2012 and the actual expenses recorded on bank statements. The existing significant deficit was made worse by the outstanding debt with the New York State Unemployment Fund. The Incheon Board meeting reporting out covered none of these issues.

While it was clear that the former president and the current SG had worked very hard to sort things out in the last several years, it was equally clear that some items were not yet well understood. I did not want to report all of this to a new president but there was no choice. RI was in clear danger of bankruptcy. There was also no choice but to immediately take

on the solving of each situation, one by one. The SG was helpful but clearly did not understand budgeting, accounting, or auditing. The accountant was completely surprised by the debt and helpful with piecing together key data.

The new president, Jan Monsbakken, was an experienced administrator for the renowned Norwegian Nurses Association, full of ideas and practical approaches about how to accomplish objectives. His energy level was refreshing, as were his direct questions and the positive use of measured discipline. To say that we worked hard in 2013 to pull this organization back from the cliff is an understatement.

## **Overhaul of the Financial System and a New Office**

I will name a few actions performed that are above and beyond what is normally part of a Treasurer's brief:

1. Redesign of the operations/program budget along with the definition of line items;
2. Composition of a business plan, together with the president, that guided the hiring of staff and programmatic initiatives, accepted by the GA at the September 2013 meeting; this included a plan for spending a small amount of the funds from the sale of the property mentioned in #3 below.
3. The decision to sell the RI Headquarters was made in May 2013, the Oslo EC Meeting. My next task was to identify a suitable real estate firm knowledgeable about marketing and relationships in the Gramercy Historical District, given that the RI Headquarters at 25 East 21st Street was within that District. The firm created a bidding war among interested parties, and the result was a very favorable sale price for the property. The Property Closing was December 2013.
4. The same real estate firm identified a possible new office in September 2013 that board members inspected. At the last stage of review it was discovered that the condominium rules would have not allowed RI to resell except to a physicians practice. This rule proved to be unacceptable; we were within our rights to cancel the purchase & sales agreement and have our down payment returned without penalties.

5. During 2013, I worked full time for RI as a volunteer to move these chess pieces around the board. The SG handled the relationships of the condominium association that RI had been part of since the early 1980's. Much patience was needed.
6. Hiring in 2014 of two new staff persons: (a) administrative assistant (AA) who handled the bookkeeping, Quik Book data entry and basic accounting using profit & loss statements, plus RI membership, all in a 20 hour per week position; (b) communications director who made the first upgrades in the RI website and created a presence on social media. The Treasurer and the President, along with the SG, participated in all the interviews and selections.
7. The EC and GA determined that a new auditor needed to be engaged in 2015. In 2014, later in the year the AA (Sangay Sherpa, a superior hire) had worked diligently to implement the changes required. We discovered that her accounting work was also being used by the accountant/auditor. RI needed to stop the practice of questionable billing. A change was made to Nathan Wechsler, LLC, who prepared the Financial Statements for 2015.
8. In July 2014, the RI Foundation Board met at RI's temporary Madison Avenue location. We decided to invest 50% of the sales proceeds in an investment fund managed by Merrill Lynch. The Board's caveat, still in effect, is to spend only sums of money that are earned by the investments, preserving the principal. The Board has not deviated from this course of action from July 2014 to currently, March, 2021. Rebalancing of the funds in the portfolio happens regularly, as does contact with the M/L investment team.
9. The RI Foundation Board in 2015 decided on the RI occupancy costs they would pay for. Those costs appear in the Annual RI and RI Foundation Budget reviewed and voted on by the EC and the GA. Each year, a portion of the gains from the fund are retained to pay for these occupancy costs. RI's permanent home at 866 United Nations Plaza, Suite 422, New York, N.Y. 10017, across the street from the UN's Visitor Center, a Class A property in the UN district, was purchased in 2016.
10. The same real estate agency called me in March 2016 to give us advance notice that a property was converting from rentals to condominiums and did RI Foundation want to see this location as soon as possible? We did and we liked what we saw.
11. It was a real thrill to go through the bidding process and then to put the various pieces of the purchase together. The hardest task was finding an acceptable liability insurance vendor. I did most of this work myself; the staff were busy with the normal work of the day plus preparing for the upcoming world Congress in Edinburgh. Venus helped with the decision-making documents for the RI Foundation Board which had to be done in order to track each member's vote. The decision was unanimous to purchase Suite 422 and the Storage Unit. We were the first entity to close on August 1, 2016 on a property in this conversion. I had carefully tended since December 13, 2013, the funds earmarked to pay for a replacement property.
12. The SG and I concluded that contracting out for accounting services was the more efficient way to gain coverage for the help we needed. On April 1, 2016 the contract was signed with Jitasa. This vendor continues to work very well with RI and RI Foundation in 2021. In addition to the accounting, they also carry out the mandatory tax reporting and filing of the Form 990 with the State of New York and the US Government, also the Form 1099.
13. David Morrissey, USICD's Executive Director, and I identified and interviewed Michael Brogioli, Executive Director for RESNA, hoping that he would agree to run for the position of RI Vice President, North America in the 2016 elections. We were pleased he agreed to step up. While now with TASH, Michael continues with RI and USICD in this capacity.
14. My USICD Board appointment continues; I am pleased to serve on the Finance Committee. USICD is a member of RI and DPI, continuing the relationships established first in 1989.

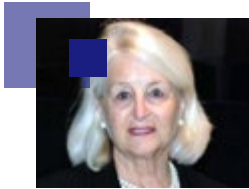


15. RI's new president inducted in 2016, Mme. Zhang Haidi, arrived with a fresh spirit and clear view that the action is at the grassroots level where people with disabilities live, work and play. Meetings are a means to an end. True to her word, Mme. Haidi established the Global Disability Development Fund (GDDF) and the Africa Fund (AF). The SG and I concluded that the project funds from the donor, CDPF, China, needed a separate, dedicated account, and they were established November, 2017.
16. The prior four (4) hard years were needed to move RI's moving parts onto more stable ground. Patience and a belief in the mission sustained RI's leaders during this period. The rough patches in retrospect seem small when the big picture is in focus. We could now forecast with accuracy the cash flow; the daily accounts work in the Secretariat were being competently managed, as were the communications and the executive level. There had been two staff changes in early 2016 in both the AA and the Communications positions. The critical interrelationships were working well, although some disagreements happened in the normal course of business. I admired the smoothness of the meetings, the timely preparation, and the fact that the many hands needed moved in the same direction.
17. This year's membership meetings were enthusiastic, focused and clear that RI was moving ahead to establish a grants program funded by CDPF whose president was also Mme. Haidi. Visiting Beijing and meeting in the new RI President's Office (RIPO) space, working with the RIPO staff to implement initiatives signaled that change was happening.
18. I reviewed the final reports of the China Fund for the years 2018 and 2019 at RIPO's request. Although I and vice presidential colleagues were on the GDDF and AF's Management Committee reviewing proposals for those years, the big picture of the actual transactions going on in these two years reflected just how much was happening. The addition of the Hong Kong technical staff to the project aspect of the two funds provided a level of oversight essential to obtaining results from the grant awards.
19. The SG, Venus Ilagan, ceased her employment with RI effective May 31, 2019. I agreed to head up a Search Committee composed of all the Vice Presidents. A core group made up of the RI AA (then Jennifer Garcia), the VP for Europe (Francois Perl), RIPO (Helen Zhang) and the Treasurer did the work needed to screen over 100 applicants to a smaller list of ten qualified applicants determined through resume review. This list was intensively studied and brought down to a list of four (4). This refined screening was carried out independently by the three (3) of us. Remarkably, there were at least three (3) candidates each of us had identified as belonging to this last and final group. We carried out individual in-person interviews at the New York City (NYC) office with final candidates. Both Helen and Dong Jin of RIPO came over to participate. The fourth person had conversations with each of us. We settled on our priority list and submitted it to RIPO. During this process I set up a relationship with a highly reputable NYC law firm known for its expertise in employment law. All legal documents for the outgoing and the incoming SG were done by this firm. I could not have asked for a better workgroup than Helen, Dong Jin, Francois, and Jennifer Garcia.
20. The 9th RI SG was brought on May 6, 2019, for a one month overlap with the 8th SG, Venus. Teuta Rexhepi's start date was June 1st. As with each RI SG who comes on board, there are immediate issues. Some look impossible at the outset. Board members in 2019 willingly helped out on some of the rough spots.
21. The operations year 2020 was an exceptional year for the world and RI. The Pandemic of Covid 19 caused us to effectively modify methods of communication by replacing 2 meetings in person a year to virtual information sessions with the membership. However, despite the Pandemic's effect, the organization's work must continue even though the grants program was understandably slowed. Audits, Accounting, Tax Reports, Banking, Investments, Membership Dues Invoices and Wire Transfers ... all these items continued and needed to be reported out in the proper way. Each of us engaged with these tasks related to financial stability and security have not slowed down. In fact, we have had to find new ways to get the job done.

## Closing

RI's resilience is a quality that stands out. Its stewardship, despite adversities, is one reason the organization has lived long enough to celebrate its 100th birthday in 2022.

My journey with RI over these 32 years so far has taught me that the "whole is greater than the sum of the parts." What accounts for the difference between the total sum and the parts is the people factor --- dedication, loyalty, trust, kindness, and spirit. I am humbled by this journey and the story it tells.



Author: **Hon. Susan B. Parker**, MSW/MSP, RI Member, Office Of The RI National Secretary, U.S. Social Security Administration (1989-1993); RI USICD President (1993); Former RI Secretary General (1993-1998); RI Individual Member 1998+; Member, RI Honour Council (1999+); Vice Chairman, Policy & Services Commission (2004 - 2012); RI And RI Foundation Treasurer, 2012 - 2018+

# Barbara Duncan's Selected Memories of RI: 1970-2000

Barbara Duncan

In 1922 the first international organization advocating for children with disabilities was started in the US by a group of impassioned businessmen, doctors and social workers. Rehabilitation International (then called the International Society for Crippled Children) focused on rights and services, worked with the newly formed League of Nations in Geneva. Later, the organization became equally involved in obtaining rights and services for disabled adults, growing to a global network of advocates in over 100 countries.

As we approach 2022, the RI Centennial, it's interesting to take a look back at earlier days.

## An International Snapshot of 1922:

- Helen Keller was earning her living on the vaudeville stage;
- In Africa, only Liberia and Ethiopia were independent from colonial rule;
- Gandhi began a 6 year prison term for civil disobedience;
- In a newly proclaimed USSR, Stalin was chosen by an ailing Lenin to lead the Communist Party;
- Insulin was first used in Toronto to treat a 14 year old diabetic boy;
- The last Sultan left Istanbul, marking the end of the Ottoman Empire, and Ataturk proclaimed the Republic of Turkey;
- BBC radio was set up with help of Marconi, broadcasting daily from Essex;
- China in the 1920s was undergoing economic, social and political turmoil, including famine in the north;
- Danish scientist Bohr won a Nobel prize for work on the structure of atoms;
- In Rio de Janeiro, Brazil staged an international exposition celebrating 100 years of independence;
- Tutankhamen's tomb was discovered in Egypt;
- After contracting polio in 1921, Franklin Delano Roosevelt focused on regaining ability to walk;
- Prince Hirohito became Regent of Japan, Mussolini's Fascists forced resignation of Italian government, Hitler addressed 50,000 in Munich;
- 1st world championship of women athletes took place in Paris, and the US Supreme Court unanimously affirmed women's right to vote.

## RI in the 1920s, 1930s and 1940s

RI or as it was known then, **The International Society for Crippled Children**, organized annual conferences and the 1928 one in Memphis, Tennessee featured a well-known governor of New York State as keynote speaker: **Franklin Delano Roosevelt**. His talk, “Why Bother with the Cripple?” synthesized his first person experiences since contracting polio in 1921.

Founding President Edgar F. “**Daddy**” **Allen** worked closely with **Paul King**, his successor, on the Bill of Rights for the Crippled Child, which the organization adopted and presented to the League of Nations in 1931. Also in 1931, a year before his landslide election to the US presidency, **FDR** broadcast a radio address on the importance of rehabilitation and employment of disabled individuals, and talked about the work of his longtime friend, Edgar F. Allen. (“From Charity to Disability Rights: Global Initiatives of RI 1922-2002”, by Nora Groce has more detail.)



*President Franklin Delano Roosevelt devoted a fireside radio chat to his support for RI and its founder, “Daddy” Allen.*

In the buildup to WWII and immediately after, the two individuals who kept RI alive were the first Secretary General, **Bell Greve**, a lawyer and social worker based in Cleveland, Ohio and orthopedic surgeon Dr. **Juan Farill** of Mexico, who served as President 1942-1948. A bequest to RI enabled Greve to hire her successor, **Donald Wilson**, who established the New York office.



Shown here are a group of Bulgarian orthopedic surgeons surrounding RI Secretary General Bell Greve during a trip she made to meet with them in Sofia in 1939 right before the World Congress in London.

This was the 4th World Congress of the organization and due to WWII, there was not another until the 1951 meeting in Stockholm.

World renowned artist **Frida Kahlo** often explored her experience of disability, identity, romance, friendships and womanhood through her self-portraits and portraits she painted of her friends and lovers.

She painted a few portraits of Dr. **Juan Farill**, one of Mexico’s leading surgeons in orthopedics and traumatology, who performed 7 operations on her spine in 1951.



*Self portrait of Frida Kahlo with her painting of Dr. Juan Farill*

I spend a lot of personal time paging through art books and over the years also spent a lot of time organizing the RI library. One day, I finally realized that the photo of the RI President from Mexico that I viewed in the Harry SY Fang library was the same man whose portrait often appeared in articles and art books about Frida Kahlo!

One report said that Frida and Juan Farill were close friends because he was “the most serious” of the many doctors she consulted and also painted in his spare time. Many photographs of the two together over the years illustrate a close relationship until Kahlo died in 1954.

Coincidentally, that same year, Dr. Farill received RI’s most prestigious award from the Lasker Foundation. The Lasker award recognized his international stature as a physician who pioneered operations for the spine, bone tumors and disc lesions and often performed the operations as charity. He was credited by RI’s first secretary general, Bell Greve, as her main support in keeping the organization alive in the period during and just after WWII.

## Introduction to Selected RI memories from 1970 to 2000

Following are some of my favorite memories from working for RI mostly fulltime from 1970 to 2000. From 2000 to around 2006, I was still writing grants and managing RI communication projects such as editing DisabilityWorld, the first international online periodical on disability issues; the RI news and features magazine, the International Rehabilitation Review; and 1 in 10, the RI/UNICEF newsletter on childhood disability.

These memories are about unique people I worked with in the RI family, especially those not so well known, and projects that made a difference in the lives of disabled people somewhere in the world. As this paper exceeded 35 pages, I had to keep narrowing the parameters or it would never end. So please forgive me if your project or event is not included.

During my years at RI I was called (to my face) an editorial assistant, assistant editor, editor, grant writer, director of communications, film festival coordinator and assistant secretary general. But, pretty much, I was always looking for good stories or films to report on and talented people to connect into our worldwide network.

As a foreign language major, during my first years with RI, it was thrilling working the UN sessions to listen to the complex simultaneous translations in Russian or French or Spanish. The UN headquarters is also a showcase of great anti-war art such as Chagall’s stained glass Peace Window; the Guernica Tapestry echoing Picasso’s monumental painting; the Japanese Peace Bell cast from coins donated by children from 60 nations; and in the garden, Russia’s gift of Beating Swords into Ploughshares, sculpted in bronze by Vuchetich. As one of the few RI staff living in Manhattan, I was often assigned to show RI members around the city, and the UN was always a highlight of my tours.

## Early RI Ties to the League of Nations and United Nations 1930s-1960s

In the 1930s, RI members took its concerns about the miserable situation of disabled children around the world to the newly-established League of Nations in Geneva. RI officers met with the League about actions that could be taken and developed a comprehensive list, entitled The Bill of Rights for the Crippled Child. Lacking US membership and other support, the League became dormant as the buildup to WWII eclipsed other energies.

In December 1946, the newly-minted United Nations passed Resolution 58 establishing a program of social welfare services including “rehabilitation of the handicapped” as an area of technical assistance to be made available to governments.

Based on this resolution, and the activity it generated, RI’s first secretary general, Bell Greve, hired her successor, **Donald Wilson**, to set up a New York City office in 1948, only a few blocks from the new United Nations headquarters overlooking the East River.

RI presidents of that era were often hired by the UN as experts to establish rehabilitation programs in war-torn countries, such as Drs. **Juan Farill** (1942-1948), **Henry Kessler** (1948-1951), **Howard Rusk** (1954-1957) and **Gudmund Harlem** (1966-1969).

The UN Rehabilitation Unit during the 1960s was headed by Prof. **Alexander Hulek**, who then became president of the RI member, the Polish association for rehabilitation. Hulek was followed by **Esko Kosunen** of Finland’s war veterans association, who held the UN post during the 1970s until his retirement in 1980.



## Gudmund Harlem, RI President, 1966-1969

The staff looked forward to the visits of Dr. **Gudmund Harlem** of Norway to the RI Secretariat. After serving in Norway's Resistance during WWII, he specialized in rehabilitation medicine, a skill he had observed was much needed in the war. He rose quickly in the Labour Party and was named Minister of Social Affairs, which was responsible for disability policy. Dr. Harlem next served as Minister of Defense during the Cold War, followed by a second career directing the state rehabilitation institute and developing disability policies.

Dr. Harlem was elected in 1966 and convinced **Norman Acton**, head of the World Veterans Federation in Paris, to become Secretary General in 1967. Close colleagues from the WVF, they worked to elevate disability and rehabilitation issues at the UN. In 1969 he presided over the RI World Congress in Dublin, the event that introduced community-based rehabilitation and launched the Symbol of Access. For the next few years Dr. Harlem served on the RI Council that took decisions between the annual Governing Assemblies.

I joined RI in 1970 as an editorial assistant on its magazine and other publications – a position that led me more often to the UN photo library than to any high level meetings. But a couple times I was around when Gubbe Harlem, who looked like a Nordic skier with a pipe, arrived for receptions held at our office on 44th St., just off 3rd Avenue. It was fascinating to hear about his war experiences and later as a UN rehabilitation doctor in Egypt and Greece.

Dr. Harlem was a gifted story teller, recounting with pride how his daughter, **Gro Harlem Brundtland**, was following his footsteps into medicine and politics, becoming a leader in the Norwegian Labour Party. In fact, Dr. Harlem lived to see his daughter become Norway's Minister of the Environment in 1974 and then in 1981 the first female Prime Minister in Scandinavia. Here's a dynamic photo of them together.



*Gudmund Harlem and his daughter, Gro Harlem Brundtland.*

After serving three terms as Norway's prime minister, Gro (as she is known) became the first female director of the World Health Organization in 1998, where she introduced sustainable development and increased global support for breastfeeding, vaccination and data driven policies.

Dr. Gro Brundtland co-chaired a 2019 report by the Global Preparations Monitoring Board that warned of a quick moving pathogen that would kill millions and wreak havoc on the global economy. (It is known as the Brundtland Report.)

## 1974: UN Experts Meeting on Architectural Barriers & Barrier Free Design

Following RI's introduction of the International Symbol of Access in 1969 through its member organizations, the response was intense interest in barrier free design all over the world. The International Standards Organization, which ensured a uniform approach to signage, adopted the Symbol to mark facilities that could be accessed by people using wheelchairs and other mobility aids. The introduction of the Symbol generated more questions than answers about: how a building or facility could be evaluated for accessibility, what were the standards, what about parking, public transportation, swimming pools and sports arenas, what colors were appropriate for signage, who would take on the tasks in each country to promote the concepts of accessibility, to explain the Symbol and monitor its application?



In response, the United Nations Rehabilitation Service, directed by **Esko Kosunen**, offered to organize a meeting at the UN Secretariat in New York and asked RI with its technical group (ICTA) to help develop the 1974 experts meeting. Barrier Free Design with its clear pathways to the future, was one of the most popular RI issues ever, bringing first airmail letters then telexes, then faxes, then emails and phone calls every day from all over the world. There was ongoing pressure to develop standards and create much better accessibility in the built environment to enable “full participation” by people with disabilities.

The expectations were enormous; the demand for change was palpable. Looking back with 20/20 hindsight, the Symbol of Access was the first concrete indication that the world could and would be changed to accommodate people with disabilities. Until that juncture, the energies of the rehabilitation field were more directed toward how the disabled individual could change--through therapy, treatment, education, training or using adaptive equipment—to respond to the demands of the family, work, school or the environment.

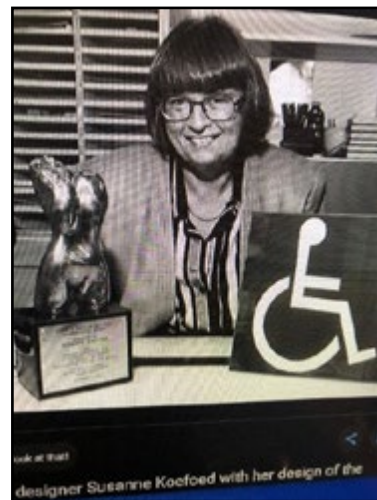
At the same time, the Symbol of Access raised hopes of more and greater changes, often featured on protest signs by the emerging disability rights movement. For example, in 1972 disability rights advocates led by activist **Judy Heumann** shut down NYC midtown traffic by placing numerous protestors using wheelchairs across an avenue in front of buses that were inaccessible. One young New York artist, Pat Figueroa, made protest posters showing the Symbol of Access with a raised fist. This clamor for change on the streets of New York did not go unnoticed by the UN diplomats and social issues staff.

It was exciting to be part of that change, especially putting together the illustrated report of the UN meeting on Barrier Free Design and thereafter tracking the topic country by country and interview by interview for our periodicals<sup>1</sup>.

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<sup>1</sup> The specific impetus for creation of the Symbol of Access was that in the late 1960s RI members reported different signs for accessibility in use in several countries, especially at airports. US powerhouse Mary Switzer, head of the federal/state vocational rehabilitation system, requested Norman Acton to tap the RI network to find consensus on one graphic design for the world. From the 1950s until her retirement in 1970, Ms. Switzer created and supported international projects and this was a singular moment in time for RI to show its unique value.

**Norman Acton** asked **Karl Montan** of Sweden, Chair of ICTA, to organize a review of the existing symbols. In 1968 a small ICTA jury of disability and design experts reviewed five symbols already in use plus one submitted by **Susanne Kofoed**, a Danish member of the Scandinavian Design Students Organization. The symbol chosen should clearly mark a building or facility that could be accessed by wheelchair users and others with limited mobility. The group modified Susanne’s design, adding a head to the stick figure, and presented it in Dublin to the 1969 RI Governing Assembly where it was officially adopted as the International Symbol of Access. During the 1970s, ICTA further developed guidelines for use of the Symbol.



*Susanne Kofoed, designer of the Symbol of Access.*

## 1975: Six RI Presidents Attend Council Meeting, Halle, East Germany



*This well attended RI Council meeting included six Presidents. They are: Dr. Harry SY Fang of Hong Kong and Prof. Dr. Kurt Alphons Jochheim of then West Germany (front row, 2nd and 3rd from left); Dr. Henry Kessler of the US (2nd row, 3rd from left); Fenmore Seton of the US (3rd row, 3rd from right); Jean Regniers of Belgium (4th row, 2nd from left); and Kenneth Jenkins of Australia (top row, 3rd from right).*

*Other RI leaders from the 1970s: Dr. S. Sheikholeslamzadeh of Iran; (front row, far left); Dr. Fumihide Koike of Japan; (front row, 2nd from right) Karl Montan of Sweden; (front row, far right,) Diane de Castellane of France and Teresa Selli Serra of Italy (2nd row, 3rd and 4th from left); and Dr. Karlheinz Renker of then East Germany (3rd row, far right).*

## 1976: Golda Meir Welcomes RI World Congress to Tel Aviv

**Golda Meir**, one of the world's first female heads of government, welcomed the 1500 participants in the 13th World Congress of RI, held in June 1976 in Tel Aviv, Israel. Serving as Prime Minister 1969-1974, Golda Meir was born in Kiev, raised in Milwaukee and emigrated to what was then Palestine in 1921.



*Meeting of the two "Iron Ladies" Golda Meir and Margaret Thatcher*

Named the most admired woman in the world three times, Mrs. Meir was one of two women to sign Israel's Declaration of Independence in 1948. Now, she was welcoming rehabilitation and disability leaders from around the world to Israel's first modern city. I remember how proud **Arieh Fink**, director of rehabilitation for the Ministry of Defence and Dr. E. **Manny Chigier**, president of the Israel Rehabilitation Society, were to bring together their international colleagues in this country they worked so hard to develop.

## Getting There was Half the Fun...

A week earlier, I joined the bosses, Norman Acton and **Susan Hammerman**, for my first truly long (13 hour) flight, from New York to Israel on El Al, with a stop in Paris for refueling. Trying to hide my lack of savvy about international air travel, I tried not to stare at the guards between our economy class and business class. As was usual in the 1970s, passengers were dressed as if for a party, while the stewardesses had sharply ironed uniforms and glowing olive tans. They seemed nervous, constantly whispering among themselves, but after a full meal, I slept obliviously.

Waking up, we all looked out the windows to see our plane parked on the tarmac with two staircases leading down to the ground. I was shocked to see soldiers with submachine guns watching us descend one by one for our refueling in Orly. I asked why, but we were shuttled through the airport and back on the plane so quickly there was no time to follow up my reporter's curiosity.

Six hours later, dawn was breaking, and as we started our descent, passengers broke into a boisterous, joyous song in Hebrew that I was told essentially thanked our maker for getting us to our destination safely. When we landed, those two staircases were lowered again, one close to our cabin, one for the higher paying class. As our cabin was told to stay seated, I peered out the window to see one lone figure with gray hair slowly descending the far staircase with guards and staff in front of and behind her, carrying baggage and briefcases.

**Golda Meir** had been traveling with us and there was her unmistakable profile, stirring all of us to rise. Now, all those guards, guns and nervous grins made sense. What an exciting introduction to international travel—never to be matched! (The following year I acquired a tiny Volkswagen "Goldbug," and immediately dubbed her Golda My Car in honor of that great lady.)

## Libya's Proposal for an International Year of Disabled Persons Adopted by the UN General Assembly in December 1976

“Full Participation and Equality” was the forward looking theme selected by the UN General Assembly for its International Year of Disabled Persons, slated for 1981. At that moment in time, the UN was experiencing good response to its International Women's Year (1975) and interest was high in its International Year of the Child (1979), both of which were centered on rights, anchored by treaties.



*Ambassador Mansur Kikhia, permanent representative of Libya to the UN.*

**Mansur Rashid Kikhia**, Libya's UN Ambassador, was looking for a way to increase assistance to people with disabilities in his country and others with few resources. He met with Esko Kosunen and Norman Acton and together they developed the plan for a Year that focused on increasing disability awareness, data and services, especially in developing countries. Previously, Esko worked with the Finnish War-Disabled Association and the World Veterans Federation, so was quite familiar with both NGO and UN ways of getting things done.

RI estimated that 10% of the world's people were born with or acquired a disability during their lifetimes, and this was accepted by the UN agencies as a baseline to be explored by studies.

Ambassador Kikhia proposed the IYDP to the UN General Assembly (Resolution 31/123) and it was adopted 16 December 1976. The first planning meeting elected him Chairman of the UN IYDP committee and other officers from Argentina, Canada, the German Democratic Republic and the Philippines.

The Ambassador took an active interest in legal aspects of service provision and was one of the main speakers at **RI's Conference on Legislation** concerning Disabled Persons, held in 1978 in the Philippines. There he was able to meet face to face with the UK Minister for Disabled Persons, and justices and ministers from India's Supreme Court, Indonesia's Ministry of Social Affairs, and the Ministries of Social Welfare of New Zealand and Social Security of Australia.

The IYDP plans moved quickly ahead and were so popular that the Planning Committee had to be extended from about 15 to 23 countries. For the first time at a UN meeting, experts with disabilities were selected as delegation members by the member states or non-governmental organizations. I remember being impressed with the leadership of **Frank Bowe**, Ph.D., president of the American Coalition of Citizens with Disabilities, the first to address UN meetings in American Sign Language. That was the technical beginning of 40 years of work on accessibility of the UN offices in NYC, Geneva and Vienna. Dr. Bowe authored *Handicapping America*, a landmark 1978 textbook that he spoke about at RI's 1980 World Congress.

The 23 countries on the planning committee comprise a snapshot of high interest in disability issues in 1980: Algeria, Argentina, Bangladesh, Belgium, Byelorussian Soviet Socialist Republic, Canada, German DR, India, Kenya, Kuwait, Libya, Morocco, Nigeria, Oman, Panama, Philippines, Sweden, UK, Uruguay, US, Vietnam, Yugoslavia and Zaire. The planning meetings also admitted observers from 19 additional countries, all the UN agencies and 15 international organizations including RI.

There were productive arguments in the planning meetings, based somewhat on competing priorities among the countries represented. Some wanted focus on prevention, some on rehabilitation and others on full participation and equalization of opportunities, which eventually won first position. There was also spirited exchange on shifting paradigms from a long established medical model of disability towards a new social model, as set out by British disability activist Mike Oliver.

It was edifying to hear some of the most seismic issues in the disability field from the varying points of view of parliamentarians, disability activists, educators, rehabilitation specialists and policy makers representing the world's main regions and cultures.

Additionally, there were major administrative changes happening in the UN as Secretary General **Kurt Waldheim** began to set up office space in Vienna, in new buildings contributed by Austria. Among the offices that were moved from New York to Vienna in 1980 were the rehabilitation unit and those concerned with aging, women, drugs and crime. In 1980 Esko Kosunen retired to Finland; Ambassador Kikhia became the leader of peaceful opposition to Muammar Gaddafi, went into exile and moved with his family to France; and the IYDP office moved to Vienna, starting over with entirely new staff a few months after the Year's launch.

After some missteps and delays, Secretary General Waldheim named a revered diplomat from the Philippines, **Leticia Shahani**, as Assistant Secretary General, who stepped up and quickly took charge of IYDP and the new Vienna Center for Social Development and Humanitarian Affairs.

There were many valuable outcomes of IYDP, ranging from acceptance by the UN of the need to clarify disability data to the initiation of new disability rights organizations such as Disabled Peoples International. The IYDP also launched a UN series of initiatives that over the course of 25 years evolved from an international fund to seed disability projects and world plans of action to special rapporteurs, expert meetings on critical topics, disability days and regional decades, and finally to the 2006 Convention on the Rights of Persons with Disabilities.

Interestingly, back in the mid-70s when the first IYDP discussions were held, the ideal aim of the planners (Kikhia, Acton, Kosunen) was that disability concerns would rise to the level of women and children in the UN family. The Convention on the Elimination of All Forms of Discrimination against Women was adopted in 1979 and the Convention on the Rights of the Child was adopted in 1989. And in the 21st century disability rights joined the family.

## Former Ambassador Kikhia Kidnapped from Cairo Meeting

In 1993 **Ambassador Kikhia** was kidnapped from the Cairo meeting of an organization he was helping to found, the Arab Organization for Human Rights. He was living in Paris in exile since 1980 as the leader of peaceful opposition to Muammar Gaddafi. After his disappearance, the Kikhia family was in close contact with the Clinton administration, especially President Clinton's security adviser, Anthony Lake, who met with the Ambassador's wife, Baha Kikhia about his possible whereabouts.

In 2012 the remains of Ambassador Kikhia and others who had opposed the regime of Gaddafi were discovered in Libya. The Ambassador was given a state funeral in Benghazi. Baha Kikhia and her family established a website to let the Ambassador's friends and colleagues around the world learn what had happened to him, as well as to celebrate his achievements.

I found their website in a search for news about the Ambassador and was able to reconnect his youngest daughter, Jihan Kikhia, with Anthony Lake, recommended by President Obama in 2010 as the Executive Director of UNICEF. In fact both **Rosangela Berman Bieler**, UNICEF's chief of the Childhood Disability section, and Prof. **Theresia Degener**, chair of the UN Committee on the Rights of Persons with Disabilities (2016-2018), helped Jihan find opportunities to speak about her father's role in founding IYDP at UN conferences in New York and Geneva. Coincidentally, Rosangela from Brazil, a former RI vice president, and Theresia, a leading human rights lawyer in Germany, both came to prominence as disability rights activists during IYDP.

Jihan Kikhia, 6 years old when her father disappeared, grew up in Paris and Washington, DC and got her Masters of Fine Arts from NYU in 2015. Since, she has been awarded grants to make a documentary film about Mansur Kikhia and her mother's long search for him. She returned to Libya for his funeral and to find friends of her father to interview about his life. The film "Searching for Kikhia" (working title) is now in the editing stage (Summer 2021) and you can check out the trailer: [www.mansurkikhia.org](http://www.mansurkikhia.org)



## 1980: Landmark Study on “Economics of Disability” Reviewed at 14th World Congress in Winnipeg

A United Nations study on the economics of disability and rehabilitation was awarded to RI in 1975, to be conducted by **Susan Hammerman**, Ph.D., then Deputy Secretary General. In the late 1960s, Susan and her husband worked for two years for the Peace Corps in Nepal, helping to found that country’s first school for deaf students, sparking Susan’s lifelong interest in disability and development. After working together with RI member organizations to collect data on the extra costs of living with a disability from over 35 countries, Susan organized a day-long review of the material at the 1980 Winnipeg Congress.

The material covered a range of costs (direct, indirect, extra, negative and the costs of dependence vs. independence) and examples of rehabilitation investments. On the basis of the original data collected, the US Department of Education’s center for disability research awarded RI a grant in 1979 to publish the study in workbook format, with illustrations and graphs. To help us get to the finish line, Susan hired Prof. **Monroe Berkowitz**, a well-respected economist based at Rutgers University, and widely published.

Working with Monroe was a once in a lifetime experience for both Susan and me. In addition to his erudition in economics, he was a connoisseur of theater, opera politics and food and loved mentoring his many graduate students. I remember he had great fun teasing Susan about RI red tape (“So, the reason I can’t join RI is that I am not a country?”) and torturing bureaucrats. He participated in the work of the RI Commissions in the 1980s and 1990s, particularly comparisons of social security systems and disability employment strategies.



The study, *Economics of Disability: International Perspectives* was published during the IYDP. Monroe and Susan were a good team, and after serving as RI Secretary General for a decade, she joined the Rutgers staff. The nearly 200 page study received outstanding reviews from around the world. (Still available in paperback format from Amazon.com)

While on RI staff together, Susan did her best to teach me the fundamentals of economics, using lessons from life. I remember one of her most successful “teaching moments” was during my first trip to Paris (1979), with my French just a haricot vert short of functional. We wanted to experience French oysters, which had better reputations than our Long Island varieties, and were impressed that these cost a bit less than the home grown ones. We ordered a couple half-dozen to compare. Imagine our shock when we saw the dinner bill totaling at least two days per diem allowance (meant to cover hotel, meals and transport)! The price on the menu was not per oyster, but per ounce. Susan was flying home the next day so could count on multiple free meals from the airline, but I was reduced to sampling McDonalds de Paris.

## 1980 RI Reunion of Secretaries General, New York City

At a 1980 Mary Switzer Memorial Seminar in New York City, several former and current RI staff met, including:



*Left to right: Donald Wilson, Secretary General 1948-1966; Barbara Duncan, staff member 1970-2005; Susan Hammerman, joined staff in 1968, Secretary General 1984-1994; Dorothy Warms, joined staff in 1950, served as Interim Secretary General 1966-1967, then Deputy Secretary General until 1972; Norman Acton, Secretary General 1967-1984.*

## Bellagio Technical Aids Meeting attended by Sweden's Queen Silvia, organized by James Wolfensohn of World Bank fame

*J.D. Wolfensohn, Chair of Bellagio conference on technical aid information services, with special participant, HM Queen Silvia of Sweden.*



The RI phone rang at 7:00 one night in the fall of 1980 and as the only one on the late shift, I answered. A confident, genteel Australian asked for the writer of the new report describing information services about technical aids in 12 countries. As the author, I answered to his questions, but some called for decisions above my level. I took a lot of notes about his comments, such as “let’s set up a meeting of the cutting edge people in these information services,” “maybe meet at the study center in Bellagio,” “check RI’s calendar of meetings for late 1981.” A couple of his reactions struck terror in my heart: “I wonder if **Queen Sylvia** knows you wrote about her interest in disabled children,” and “We have to edit this paper down by 100 pages or else who would read it?”

I left my notes from the call on the Secretary General’s desk. Next morning, **Norman Acton** could hardly wait to let me know that I had been babbling on to **James D. Wolfensohn**, whose name he recognized from its frequent mention in the financial pages of the New York Times. (I always skipped that section.) Norman was as baffled as I was by why my information services report might merit an international meeting, but he did know what the Bellagio reference meant: Jim Wolfensohn was also Treasurer of the Rockefeller Foundation, which operates a study center for researchers, perched on a hill above the beautiful Lake Como in Bellagio, Italy.

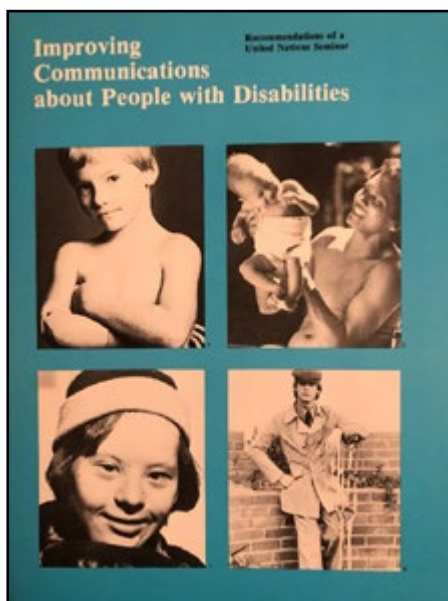
In short, RI had the opportunity to work with a Renaissance man for a brief interval before he became absorbed with restoring Carnegie Hall and then later presiding over the World Bank. The highlights were:

- One of his passions was playing the cello and he had promised his friend, cellist Jacqueline du Pre, to speed up exchanges of technical advances for people with her disability, multiple sclerosis;
- My paper coincidentally offered him a roadmap of countries that were already exchanging this type of information;
- Sweden’s Queen Sylvia, also a friend of Jim, supportive of technical aids, especially for children, accepted to attend the Bellagio meeting;
- A small group of us held planning meetings during extraordinary Sunday brunches in the Wolfensohns’ New York apartment;
- The Bellagio participants were about 20 disability technology leaders from the Nordic countries, several Western European countries, Japan, the US, Canada and a few international organizations;
- When introduced to the Queen, she smiled, saying “Oh yes, you wrote that long paper I had to read on a short plane trip.” And then she worked with us like a trouper at the conference table for the next two days;
- The Rockefeller Bellagio Center made its facilities more accessible;
- The October 4-7, 1981 meeting resulted in collaboration among the main technical aid information providers. (Work began in earnest but then the IBM personal computer was introduced, followed a few years later by the Apple Macintosh in 1984—radically changing the scope, mode, speed and quality of information collection and exchange);
- When J.D. Wolfensohn became president of the World Bank, he added the post of disability adviser, and hired disability rights leader Judy Heumann to launch the position;
- Of course, I like to think that disability issues were added to the World Bank portfolio partly because of the dynamic interchanges provided by the 1981 Bellagio project.



## 1982 UN Experts Meeting on Improving Communications about People with Disabilities, organized by RI and the UN Department of Public Information

In the 1970s and 1980s, when the UN agencies decided an issue needed wider awareness, an experts meeting was a popular tool. During 1981, the International Year of Disabled Persons, it became clear that the press and broadcast media all over the world were uncomfortable covering disability as a social justice issue. As a result, in 1982 RI joined with the UN Department of Public Information to organize an in-depth look at the media's portrayal of disability and to recommend ways for the mass media to expand understanding of disability as an ordinary human condition and to improve disability representation in the media, including the press, theater, radio, television and film.



*Cover of report of 1982 UN Experts Meeting on Improving Communications about Disability.*

The short heavily illustrated report we produced may have been the first UN publication with cartoons (we included some illustrations of disability humor), and certainly, the text was brief compared to most UN documents. The UN Bookstore in New York could barely keep it in stock, reprinted it regularly and let us know this was its most popular publication!

In this report, it was fascinating to compare the experiences of groups around the world who were evolving to a new view of disability as a minority or social justice issue. It was a new era: the scope of societal discrimination based on difference expanded to include disability alongside racial, ethnic, sexual orientation and gender differences.

RI was, as far as I know, the only international disability organization to feature film festivals—beginning back in the 1950s, with prizes for the best technical and public interest films about disability. After the UN experts meeting on disability communications, I found a lot of support among the member organizations to exchange and promote films showing progressive disability representation and imagery.

In the 1980s we began including film festivals as part of RI regional conferences as well as world congresses. The 1992 **Kenya World Congress** showcased films involving disabled individuals as actors, directors and producers, led by Festival Chairman **Kevin Mulhern**, director of Link, Britain's disability issues TV program for 20 years.

In each case I found a local disability media activist to help run the film festival. One young man, **Mukhtar bin Mohamed bin Mussalam Al Rawahi**, president of the Oman Disabled People's Federation, and responsible for choosing films for his local television station, later became an RI vice president.

Some RI members—I remember especially individuals and groups from Canada, Japan, Hungary, Poland, Hong Kong, the Netherlands, Norway, Oman, Spain, Russia and the US--worked with us, beginning in the 1980s, to showcase cutting edge media on disability issues. For example, Dr. **Piotr Janaszek**, who organized many international disability film festivals in Poland, was a young "rehab doc" who integrated film work into his summer camps for disabled children. (Piotr and I planned to jointly produce a collection of Eastern European posters with social messages, but this project was preempted by his tragic early death in a car crash.)

**Barbara Kolucki** of the US, who lived for 10 years in Hong Kong, is a media specialist in children's issues and contributed to RI and UNICEF projects. For example, in 2002 Barbara, UNICEF Communications for Development (C4D) Chief **Rina Gill** and I helped with the launch of "Breaking Barriers," the bi-annual Russian international disability film festival. That Moscow festival still is the only one that features disability media sessions for children, who love voting for their favorite films.



*Rina Gill*

In the mid-1980s one of our member organizations in Spain, el Real Patronato, directed by Demetrio **Casado Perez**, offered to provide gratis updated translations of the media report in Spanish. Carried out with the help of Prof. **Ramon Puig de la Bellacasa**, the new text launched modern disability terminology in Spanish within the UN sphere and in the European Union. Demetrio and Ramon led an international Hispanic media and disability group for more than a decade.

## 1982: RI Charter for the 80s Presented to Council of Europe, Strasbourg, France

**Dr. Paul Dollfus**, who served as both the Chairman of ICTA and the RI Medical Commission over the years, presents the Secretary General of the Council of Europe with RI's Charter for the 80s. Paul was also the medical director of one of France's premier vocational rehabilitation centers, based in Mulhouse, France. A renowned orthopedic physician, he was also elected president of the International Rehabilitation Medicine Association.

Mme. **Marguerite Mutterer** is RI representative to the Council of Europe and director of the Mulhouse vocational center, which she started in 1945 to provide services for young civilian victims of WWII. For her work in the Resistance network and for assisting bombing disaster victims, Mme. Mutterer received the Croix de Guerre and the rank of Commander of the Legion of Honor. In recognition of novels she has authored, Mme. Mutterer was also presented the prize of Literature and Philosophy by the French Academy in 2011.

**Greta Cederstam Nordlie**, long serving RI National Secretary for Norway, was one of the key hosts of the outstanding World Congress in Oslo in 2004. The Nordic national secretaries from Denmark, Finland, Iceland, Norway and Sweden met regularly to coordinate their activities and participate in joint projects.



*Standing to Paul's right is Mme. Marguerite Mutterer, Standing directly behind Dr. Dollfus is Greta Cederstam Nordlie.*

### 1983: Prime Minister Smt. Indira Gandhi Receives RI Charter for the 80s from President the Hon. Harry SY Fang

Sir Harry Fang and Secretary General Norman Acton, together with a small group of Indian disability and rehabilitation leaders, met with the Prime Minister of India to talk about her plans to improve services for disabled persons.



*From left to right: Dr. S.D. Gokhale, RI national secretary for India, Sir Harry Fang, the Prime Minister; Norman Acton and Smt. Sushila Rohatgi, Chair of the Central Social Welfare Board of India.*

### 1987: Director of China Disabled Persons Federation (CDPF) Meets with United Nations Secretary General

Mr. Deng Pufang, director of CDPF, seated, met with Javier Perez de Cuellar, United Nations Secretary General, in October 1987 at UN headquarters in New York. RI Secretary General Susan Hammerman was also present.



### 1987: Transport Specialist Peter Chan Launches Hong Kong's Accessible Rehab Taxi

The Reverend **John Collins** and **Peter Chan** of The Hong Kong Society for Rehabilitation, were vital links to the improvement of accessible transport on the island.

After years of laying the groundwork, in 1987 Rehab Taxi was introduced to provide wheelchair accessible transport that supplements the services of Rehab Bus.

Peter Chan is pictured here on opening day as he inaugurates the new service.



### 1988 World Congress in Japan, and Regional Conferences in Beijing (1990), Indonesia (1995) and Korea (1997), Showcase Growing Asian/Pacific Leadership in RI

Over the years I was on staff, RI had strong regional activities throughout the world, with European conferences and projects as the most frequent during the 1970s and early 1980s. By the mid-1980s and through the 1990s, there was strong leadership and increased frequency of events in Asia and the Pacific.

For example, during the years 1972-2000, 8 quadrennial RI world congresses were held, including 3 in the Asia/Pacific region (Australia, Japan, New Zealand) with 1 each in other regions: Middle East (Israel), North America (Canada), Europe (Portugal), Africa (Kenya) and Latin America (Brazil). RI Regional conferences also became more popular as air travel costs decreased and more countries were equipped to offer training and research exchange in more accessible facilities.

Similarly, RI Presidents elected in the period 1972-2000 included 3 from the Asia/Pacific region (**Kenneth Jenkins** of Australia, Dr. **Harry S.Y. Fang** of Hong Kong and **John Stott** of New Zealand); 3 from Europe (Dr. **Kurt Alphons Jochheim** of Germany, **Dkfm Otto Geiecker** of Austria and **Arthur O'Reilly**, Ph. D of Ireland); and 2 from North America (**Fenmore Seton** and **Lex Frieden** of the US).

When Professor Sir **Harry Fang** was elected in 1984, together with Dr. **Naoichi Tsuyama** of Japan as Vice President and Mr. **M.B. Lee** of Hong Kong as Treasurer, they had a grand plan to upgrade RI facilities and expand its outreach within a tight timeframe. Shortly after, an RI office suite in Manhattan's upcoming Flatiron district was purchased by donations raised from Hong Kong and donated to RI.



*At the RI Assembly meeting in Tokyo, just before the Congress:*

*(Top row) Dr. Naoichi Tsuyama, chair of the Congress organizing committee, sits next to M. B. Lee, the newly-elected vice president for Asia & the Pacific;*

*(Bottom row) Prof. Satoshi Ueda, national secretary for Japan, together with Dato E.J. Lawrence, national secretary for Asia.*

At the new accessible RI office, we regularly hosted receptions for the disability community and international visitors in the specially built Harry S.Y. Fang Library. I remember that whenever Sir Harry visited New York he insisted on taking the entire staff to a neighborhood Chinese restaurant where he ordered for all of us directly from the chef, no menus needed.

Then he always asked staff members, one by one, to describe their main contribution to RI's work. We were all so proud and happy when Sir Harry was knighted by **Queen Elizabeth II** in 1996, recognizing his outstanding services to disabled people worldwide. (Details: Wikipedia Harry Fang)

I learned from my close friend **Peter Mitchell**, disability legislation expert for RADAR, the RI British member organization that Sir Harry had, as the Brits might say, exceeded his brief in the knighthood ceremony. During a short awards ceremony with the Queen, I am told, one is to respond to her questions or comments, not make requests or bring up politics. But, in 1997 Hong Kong was to be handed over for administration by mainland China after 156 years of British rule. Therefore, when Dr. Fang had this one opportunity to plead his case, he said "Your Royal Majesty, please save the Hong Kong people."

One RI office reception that stands out was in the late 1980s, when we were surprised by the visit of a former RI Vice President, Dr. **S. Sheikholeslamzadeh** of Iran. A prominent orthopedic surgeon, Dr. Sheik was also Iran's Minister of Health and the personal physician of the deposed Shah. Together with other members of that fallen government, he spent a number of years in prison in Tehran and this was his first trip to the US East Coast to reconnect with colleagues and friends.

Under the guidance of the Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD), the 16th World Congress was planned as the largest event in RI history, attracting nearly 3000 participants from 93 countries to Tokyo in September 1988. Generous sponsors gave hundreds of scholarships enabling increased participation from developing countries. **Kenzaburo Oe**, a major figure in contemporary Japanese and world literature; His Imperial Highness **Prince Hitachi**; the Prime Minister and the Mayor of Tokyo were among principal speakers. Our national secretary, Dr. **Satoshi Ueda**, personally contacted author Oe to see if he would talk about his experiences with his disabled son and the results were an astounding presentation, one of the first public discussions in Japan about disability in the family.



I greatly enjoyed working for my Japanese boss, Prof. **Ryo Matsui**, internationally recognized employment specialist, and his staff of disability journalists to produce the daily Congress newspaper. It was my only experience producing a news periodical as an experiment in democracy. In my professional experiences in Pennsylvania and New York as a newspaper reporter, the editor chose the stories daily after reading what the various reporters had drafted. Nobody much cared what the reporters recommended: the editors prevailed. At the 1988 RI World Congress, all the daily newspaper reporters (mostly visitors like me, but a few were paid staff of JSRPD) voted on which stories made it into the paper. That was a unique experience for me and quite interesting to see stories canned because the majority of our group found them “not especially interesting.”

The JSRPD made sure the UN Asia Pacific Decade of Disabled Persons 1993-2002 was a success, using the annual meetings in the region to bring together disability expertise and seed their collaborative projects. They provided training, office space, support for publications and conferences, and scholarships for disabled and nondisabled individuals from throughout the world’s largest region. Dr. **Naoichi Tsuyama**, Dr. **Satoshi Ueda**, **Ichiro Maruyama**, **Etsuko Ueno** and **Eiko Okuno** were key to these efforts.

After years of preparation by a fledgling China Welfare Fund, the China Disabled People’s Federation (CDPF) gained official government recognition as its disability policy body in 1984 and the same year was accepted into RI membership. **Deng Pufang** who served as director of the Fund, then became president of the CDPF, a policy and service organization with branches throughout China. Son of the Chinese political leader **Deng Xiaoping**, Deng Pufang uses a wheelchair and was reelected head of the CDPF in 2018.

With technical support from the Hong Kong Society for Rehabilitation, the CDPF organized the largest disability conference, film festival and exhibition ever held in China. More than 1000 delegates, mostly from the region, attended the RI Asia and Pacific Regional Conference in 1990 in Beijing. One of the most memorable features of that remarkable gathering was that the government of China lent us a large number of young soldiers so that all conference participants, including over 100 with mobility impairments, could explore the high reaches of the Great Wall.



*Visiting Great Wall*

Shown above are some of the members of the People’s Army who provided assistance to any conference participant who needed it. It was an extraordinary experience, which inspired leaders of ACC New Zealand to join with the New Zealand disability community to invite the 1996 World Congress.

The Beijing conference program comprised 8 tracks over 4 days of sessions. This meant that students and staff could upgrade specific knowledge by choosing a track to follow, such as technology, education, employment, medical aspects, communications, social rehabilitation, women’s issues or legislative advances. The Hong Kong Society contributed a number of Rehab Buses (which they drove to Beijing) and gave demonstrations of this accessible mode of transport. This significant regional event, a landmark disability history in China, was hosted by an excellent CDPF team, and sponsored by RI under the formal leadership of Mr. **M. B. Lee** as RI Vice President and Dr. **Joseph Kwok** as Regional Hon. Secretary.

RI Asia Pacific Regional Conferences also took place in 1995 in Jakarta, Indonesia, and in 1997 in Seoul, Korea, demonstrating significant growth in disability laws, policies and services in this part of the world. Of course, the previously mentioned 18th World Congress in Auckland, New Zealand in 1996 also brought together an array of talent and disability expertise, under the sponsorship of ACC, the national social insurance body, and the culminating activity of **John Stott**, first RI president with a disability. The Auckland Congress was unique among RI Congresses for its involvement of significant numbers of deaf activists and students, as well as its inclusion of gay leaders and comedians who engaged us in wider discussions of stigma and discrimination. **Anne Hawker**, who later became principal disability adviser to the NZ Ministry of Social Development, was the creative force behind that Congress.





1995 (Jakarta, Indonesia): Opening Ceremony Indonesian leaders welcome RI President John Stott of New Zealand and together they officially opened the conference.



1997 (Seoul, Korea): RI Asian leaders: Ryo Matsui of Japan, Joseph Kwok of Hong Kong, China and Etsuko Ueno of Japan receive clear instructions from Mickey Soepari of Indonesia, Chair of the 1995 RI Asia & Pacific Regional Conference.

## UN Asia Pacific Decade of Disabled Persons (1993-2002)

A rich program of annual trainings and seminars was carried out through two successive Asia Pacific decade, conducted through the ESCAP regional structures, with support from Japan, Hong Kong and other donors. The RI members in the region provided the funding and administrative structure that enabled the Asia Pacific decade to advance rights and services in many countries needing support.

I want to take a moment here to pay tribute to **Ichiro Maruyama**, who was the soul of Japan's leadership of the Disability Decades, and who began his work in the field as a volunteer at the 2nd Paralympic Games, held in Tokyo in November 1964. Some say the international spark of independent living was struck there, as the Japanese participants in the Games, who then lived mainly in hospitals, discovered that some participants from other countries that won medals such as the UK and US, Italy and Australia, lived on their own, or with their families or in small boarding homes for disabled persons.



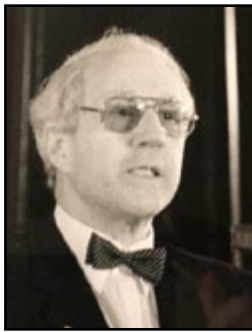
At left, Ichiro Maruyama and Barbara Kolucki.

## 1989: November Fall of the Wall in Berlin, leads to Reunification of Germany, and, incidentally, a present to RI

The 1989 removal of the Berlin Wall, hastily erected in 1961, brought a symbolic end to the political Cold War, which pitted the Union of Soviet Socialist Republics (USSR) against the US and their respective allies. During that period of tension, RI members based in Bulgaria, East Germany, Poland and Hungary paid their membership dues in various ways. They could host RI meetings or conduct RI projects for example, enabling them to spend the membership fee in their local currencies.

The East German Rehabilitation Society spent approximately half of their dues on RI activities and banked the other half. When East and West Germany reunited in 1990, the East German mark was valued at 50% of the West German mark for a short period. At that moment, the East German Rehab Society used that bank account to pay past RI dues of approximately \$20,000 and retire its debt to the organization. It was an extraordinarily poignant moment as for the first time, colleagues who had maintained friendships across an uncomfortable divide were able to relax and enjoy their time together.

The long-serving disability and rehabilitation specialists from East Germany that made that unexpected gift possible were: **Ursularenate** and Dr. **Karlheinz Renker**, of the Occupational Health Institute; Prof. **Klaus-Peter Becker**, special education researcher, Humboldt University; and Dr. **Helga Ulbricht** of the Ministry of Social Affairs.



*Prof. Klaus-Peter  
Becker*

## RI Information Service: Cold War Project

I had an affinity for the Eastern European members, maybe because of majoring in Russian, and admired their capacity to carry on under tough circumstances. In the 1970s, RI worked with the World Rehabilitation Fund to regularly supply rehabilitation and disability literature to non-governmental organizations around the world that could not access the materials. At the RI office, we would amass piles of new reports, pamphlets, journals and papers and quarterly ship them out by sea to a few hundred recipients, including RI member groups and commission members.

The lynchpin of the operation was a communications specialist, **Jack Taylor**, who wrote Dr. **Howard Rusk's** articles for the New York Times and was the secretary-treasurer of the World Rehabilitation Fund. We got together to select materials; then Jack would call up the publishers and negotiate the cheapest possible price for enough copies to cover our list. I got the most colorful education listening to why Jack preferred one author over another, or one research institute report over another for our project. For many years, I ran into authors of materials selected for a mailing and they described how it changed their lives to interact with their peers worldwide. **Ralf Hotchkiss** shot up to top status with his publisher when an order arrived for 300 copies of Ralf's manual on building wheelchairs in developing countries.

In those pre-internet days of the 1970s and 1980s, RI published books, magazines, journals, newsletters, conference and congress proceedings and research reports. In many cases, our reports were the only ones published outside of expensive professional journals. Our quarterly magazine of mostly professional articles was published quarterly in English, French, Japanese and Spanish. For example, in 1981 for IYDP, we published 5 books about disability rights and services. All of these materials were included in our information service mailings

In 1975 President **Kurt-Alphons Jochheim** of Germany, began to host the Information Service project from his Stiftung rehabilitation institute in Heidelberg, adding staff to produce bibliographies reviewing books and journal articles on topics of interest to the RI Commissions.

In 1978 Prof. **Rudolf Schindele** of Heidelberg University launched the International Journal of Rehabilitation Research. On Dr. Jochheim's recommendation, RI became the journal's editing body, with participation of many RI commission members as section editors. This arrangement continued until 1990, when the IJRR became the official journal of the European Federation of Research in Rehabilitation.

To clarify, the RI periodicals and reports were available at low cost compared to other memberships or ways to access publications with this variety of information about life with a disability. For example, the RI Information Service bibliography about life with a disability included aspects of parenting across disability conditions.

The information service project continued until 1990 when more RI members could obtain materials on their own, and the political barriers were lowered as the Cold War concluded.

## Meetings in Vienna in 1987 lead to USSR Membership in RI and Participation in Historic 1989 event -- “Hands Across the Baltics,” now called The Baltic Chain

A surprise visit in the spring of 1987 to the Vienna office of RI President **Otto Geiecker** by a member of an Estonian singing group led to the first official discussions of USSR membership in RI. The Estonian Republic, was then a member of the Union for Soviet Socialist Republics, and **Tonu Karu**, a physicist from Tallinn and officer of the Estonian Children’s Fund, was in Vienna with an Estonian singing group.

Dkfm. Otto Geiecker, deputy director of the Austrian Social Security Administration and rehabilitation consultant to the government, was elected President of RI in 1984. His Vienna office was a crossroads for visitors from Eastern and Western European countries on both sides of the Cold War, but still it was unusual to receive a surprise visit from a tourist from Eastern Europe.

He said this visit was likely a consequence of his letter to **Mikhail Gorbachev**, then President of the Soviet Union, inviting him to consider joining RI as part of his new global outreach through Glasnost (openness) and Perestroika (restructuring).

**Tonu Karu**, who was visiting Vienna with an Estonian singing association, asked to see Otto Geiecker in his capacity of RI President to discuss membership. Tonu was on the executive staff of the National Institute of Chemical Physics and Biophysics in Tallinn. Through his work with the Institute and with the Children’s Fund, Tonu had previously met with Prof. **Micky Milner** of Canada, chair of the RI technology and accessibility commission, known as ICTA.

In preparing this paper, I connected with Dkfm Geiecker in May 2020 about the importance of this visit and his memories of the first meetings with Tonu and other members of the Estonian group interested in RI. Otto recalled that his proposal to President Gorbachev suggested development of an agreement about membership and then holding a joint conference on childhood disability issues.

I also emailed back and forth with **Dominique Dressler**, who clearly remembered from 33 years ago the excitement around the office in Vienna when **Tonu Karu** made his unexpected visit. As Otto’s executive assistant, she knew immediately the significance of a surprise visit in a city where few such encounters were by chance.

Although RI had a strong membership in Eastern Europe, including East Germany (DDR), Hungary, Bulgaria, Czech Republic, Slovakia and Poland, there was no official membership from Russia (nor from the Baltic states or any other republic within the USSR). Russian rehabilitation specialists attended RI European events as guests but not as members. The European region was close-knit: it had annual meetings, followed by sub-group exchanges, such as the Nordic countries, the Council of Europe and the Socialist countries. **Willi Momm**, a senior disability employment expert with the ILO, commented that RI was unique for its deep representation of disability expertise from Eastern as well as Western Europe.



*In 1988 during the RI Tokyo World Congress, a small Tallinn planning group met: Mr. Hubertus Stroebel, RI Vice President for Europe; Viekko Kallio of Finland, RI Medical Commission; Past President Otto Geiecker; Prof Tiina Talvik of Tartu University, Estonia; Prof. Morris “Micky” Milner, ICTA Commission Chair; and Mr. Tonu Karu.*

## Plan for 1989 RI/UNICEF conference on disabled children, Tallinn

The first meetings of Otto and Tonu led to a series of events in the next period: conference planning meetings in 1988 during the Tokyo World Congress week; membership discussions in early 1989 between RI President **Fenmore Seton** of the US (President 1988-1992) and representatives of the Russian State Committee of Labour and Social Affairs, and the All-Russia Society of Disabled Persons in Moscow; and an international conference on “Rehabilitation of Disabled Children,” co-organized by UNICEF and RI, held in Tallinn, Estonia in August 1989.

The conference was attended by about 100 RI members, mostly from Europe and North America, and 175 invited participants from throughout the USSR and included the President of Estonia, the Director of the United Nations Social Development Division, the UNICEF Representative of China and many members of parliaments and government ministries responsible for children with disabilities.

Central to the organization of the conference were **Laur Karu**, Estonian Minister of Health and president of the revitalized Estonian Medical Association, and Prof. **Tiina Talvik** of Tartu University, specialist in disabled children with an emphasis on multiple sclerosis.

On August 23, 1989 around 3:00 pm, the Minister of Health invited all conference participants to join in a 2 million strong “Hands Across the Baltics,” linking Estonia, Latvia and Lithuania. We all walked and rolled to the hilly top of a central street in old town Tallinn, where thousands of Estonians were gathered to participate in a well-publicized event to mark the 50th anniversary of the secret Molotov-Ribbentrop Pact that divided Eastern Europe.



*RI conference delegates join many others in front of Tallinn’s Parliament on August 23, 1989 for the Baltic chain event. At front, the three gentlemen using wheelchairs are: (left to right) Prof. Adolf Ratzka, founder/director of Independent Living Institute based in Stockholm; Finnish Member of Parliament Kalle Konkkola and then president of Disabled People’s International; and Mati Kuuse, founder of Sports for the Disabled Association of Estonia and leading disability advocate.*

Two things about that day that stood out from any other RI conference I had attended: many of the townspeople were carrying infants and toddlers dressed in the strong blue/black/white colors of the old Estonian flag and about every 10 minutes loud helicopters would hover just above the crowd. While some in the crowd thought they were from Moscow, others were just as sure they belonged to the fledgling 24 hour news network, CNN. In any case, there was no intervention in this peaceful, joyful gathering.

Years later while reminiscing with Fen and Phyllis Seton about our best moments in RI, Fen said he was most proud of our participation in the historic Hands Across the Baltics and our first World Congress in Africa, held a few years later in Kenya in 1992.

That was August 1989; in September, Hungary opened its borders to other Central European countries; and in November was the fall of the Berlin Wall. In September 1991 full independence was announced by the Baltic States of Estonia, Latvia and Lithuania.



<Notes>

Song festivals in Estonia can be traced back to 1869, organized by regional associations, such as those based in Tartu, Tallinn and Parnu. Similar to other associations in the small Baltic nations, the singing groups often maintained ties to Germanic cultural groups and traveled to participate in festivals. The associations of singers, unlike other civic associations in Russian occupied countries, were not banned. Starting in 1988, a summer rock festival in Tallinn that also featured patriotic songs, launched a 4 year Singing Revolution culminating with independence in 1991.

“Hands Across the Baltics” is now known as The Baltic Way or the Baltic Chain of Freedom, celebrated today for its peaceful accomplishment of demonstrating for freedom across nearly 420 miles between the three capitals, Vilnius, Riga and Tallinn.

**Laur Karu** was named Minister of Social Welfare by the Estonian Supreme Council, with responsibility for disability policy, in March 1992 and served until his death in 1996. **Tonu Karu** remains active in disability policies such as public transport in Tallinn and represents the city in European Union projects.

### 1989: All Russia Society of Disabled Persons, USSR Joins RI at Assembly meeting in Madrid

Preliminary to the annual RI Assembly where new members were announced, Secretary General **Susan Hammerman** and Assistant Secretary General **Barbara Duncan** met with leaders of the All Russia Society of Disabled Persons in Moscow.



Left to right: Barbara, President A.V. Deriughine, Susan and General Secretary Tamara Zoletseva.

### 1990: Famous Photo of US President George H. W. Bush Signing Americans with Disabilities Act (ADA) includes RI officers



*Americans with Disabilities Act Signed by US President Bush, with RI Officers on the Stage.*

Shown here is the official July 26, 1990 photograph of President Bush taking the Presidential pen to his signature legislation, the Americans with Disabilities Act. Of the four Americans selected by the President to join him on the stage that historic day, three were active with RI in addition to their influential roles in US disability rights work. They are:

- Sandra Parrino, an RI Vice President for North America and mother of two children with disabilities. Her interest in international activities stemmed from the 1960s when she lived in Italy as a student and established friendships and links maintained for a lifetime. From 1983 to 1990 she served as Chairperson of the National Council on Disability, the independent federal agency that oversaw the ADA from its first draft to its enactment. In the preparatory period for the ADA, Sandy consulted with many RI colleagues about effective disability related laws in their countries;



- The Reverend **Harold Wilke**, (back row) was Chair of the RI Social Commission and one of the first Americans with a significant disability to serve as a parish minister. Rev. Wilke, born without arms in Missouri, had to walk far to school because the one nearest his home refused to admit him. Later on Harold obtained a master's degree in sacred theology from Harvard University and a doctorate from the University of Chicago. He was one of the founding directors of the National Organization on Disability and, together with Ginny Thornburgh, set up its program on religion and disability;
- **Justin Dart, Jr.** (front row, right), Chair of the (then) President's Committee on Employment of People with Disabilities, became involved with the disability community in the 1960s while directing a family business in Japan. Using a wheelchair since youth, Justin investigated the status of services for disabled children in Vietnam in 1966 and reported his findings to a subsequent RI World Congress. Justin also worked with RI officers in the late 1990s to promote the Charter for the New Millennium. Justin Dart is primarily remembered as the father of the ADA, but perhaps his second greatest achievement was, together with his wife, Yoshiko, decades of numerous creative projects linking the Japanese and American disability communities.

I also had the opportunity to work a few times with Evan Kemp, (front row, left) Chair of the Equal Opportunity Commission, in the area of media and disability, one of his specialties. His 1981 opinion piece in the New York Times called out comedian Jerry Lewis for his performances mocking and infantilizing people with disabilities, especially during telethons, where Lewis made spectacles of disabled children to provoke pity and donations. Evan's provocative piece threw down the gauntlet, taking disability media advocacy to a new level during the International Year of Disabled Persons.

Towards the end of his life, **President George H W Bush** used a wheelchair. A few years ago he and RI President **Lex Frieden**, an early contributor to the ADA, were steering their wheelchairs around some construction in Houston, on their way to a meeting. As they made their way down multiple curb ramps, Lex reports that President Bush said to him, "Am I really responsible for all these ramps?" Lex responded "Yes sir, you are. You signed the law." And the President said, "That worked out pretty well, didn't it?"

<https://www.tmc.edu/news/2018/12/remembering-president-george-h-w-bushs-impact-on-the-texas-medical-center/>

## 1992: First RI World Congress in Africa in Nairobi, Kenya



Here the Kenyan delegation celebrates the 1988 Assembly decision to hold the first RI World Congress in Africa in 1992. The Congress was widely praised for the number of scholarships awarded to participants from, primarily, Africa and for the unique accessibility of the Nairobi conference center, built with circular ramps, enabling participants to travel from level to level without stairs.

Among the group who submitted the invitation to Kenya are **The Honorable Moody Awori**, president of the Kenyan Association of Physically Disabled Persons and Vice Minister for Tourism; and Mrs. **Alice Wandera** of Kenya's National Rehabilitation Committee.

**Ralf Hotchkiss** of Oakland, California, winner of a genius grant from the MacArthur Foundation, has spent many years working with his peers in Africa who want to improve wheelchair riding on rough terrain. His Congress workshops were previews of longer 8-10 day trainings held after the Congress at a residential center where wheelchair construction could be set up.



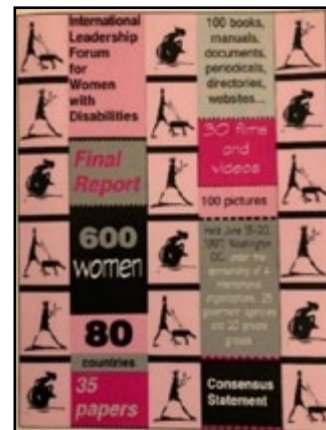
Shown here is Dr. **Ephrain Magagula** of Swaziland, RI's first vice president for Africa, who worked tirelessly during the 1980s with the next Vice President for Africa, Moody Awori, to achieve the successful organization of the largest disability event held in the region. Minister Awori was deputy minister for tourism at the time in 1992 and went on to become Vice President for Kenya 2003-2008. Unfortunately Dr. Magagula was killed in an automobile crash in the 1990s.



Also shown is **Munira Al Qatami** of Kuwait attending the Nairobi World Congress. Munira obtained her PhD in rehabilitation administration from the University of Arizona and worked in the 1970s and 80s to help RI develop its Arab Region. Together with her colleague, **Munira Al-Mutawa**, also of Kuwait, and other Arab leaders, they organized RI meetings in Kuwait in 1982 and subsequently.

The 1992 World Congress was amazingly accessible due to the design of the conference building, which utilized circular ramps to enable foot traffic and trolleys to reach its two stories and basement services. Modern elevators were in use but there were few "traffic jams" since the external ramps could be used by people in wheelchairs, those using wheeled files or luggage or pushing strollers or food trolleys.

## 1997: International Leadership Forum for Women with Disabilities Attracts over 600 Participants to Washington, DC from 80 Countries



The idea from the Forum came about because the hundreds of participants in the 1995 UN Conference on Women who were interested in disability issues wanted a chance to explore these issues in depth. An informal survey of interest taken at the RI 1995 conference in Indonesia and at the 1996 Congress in New Zealand showed a high level of interest. Sponsorship was found in the US government mostly due to leadership shown by **Susan Daniels**, deputy commissioner of the Social Security Administration and **Judy Heumann**, assistant secretary of Education.

There were many unforgettable moments at this unique gathering, such as delegations who had never experienced accessible public transportation spending their nights exploring the DC area using the Metro; and the hotel lobby and elevators full of people with dogs, canes, walkers, wheelchairs and speaking in sign, all variations of English, French, Spanish, Portuguese and at least a dozen other languages. After a full day's program, most of the participants regrouped in the ballroom for the evening's entertainment, ranging from films to a series of talent shows featuring the outstanding dancers, actors, singers and poets among us.

The Forum was a collaborative project of RI, the World Institute on Disability and Mobility International USA, under the joint sponsorship of the US Departments of Education and Social Security. First Lady **Hillary Clinton** was the honorary chair and the most electrifying speech was given by her representative, **Madeleine Albright**, Secretary of State, who had gone out of her way to support the disabled delegates at the 1995 UN Conference on Women.

<https://1997-2001.state.gov/statements/970616.html>

Full 200 page report of the Forum: [www.worldinstituteondisability.org/women-with-disabilities.pdf](http://www.worldinstituteondisability.org/women-with-disabilities.pdf)

The Forum Executive Committee was a dynamic partnership that raised conference funds and significant scholarship resources from 25 government departments. Additionally, the ILO sponsored 25 disabled women from the global south. From RI, **Munira Al-Mutawa** gave \$5000 for scholarships for disabled women living in poor countries. I represented **RI** on the Forum executive committee; **Ilene Zeitzer**, international assistant to Susan Daniels and RI Commission member was also on the Forum Executive Committee; while RI Secretary General **Susan Parker** led the closing session that developed Forum resolutions. Prof. **Nora Groce**, author of the main histories of RI, carried out research interviews with many of the Forum participants.

We met women participants from Africa and Asia who had never been farther than their city or village, yet here they were, having raised the plane fare and expenses from scholarships and local sponsors. The 5 day program was full of “how to” presentations by women who ran small businesses, built technical aids, trained other women in self-defense and provided job counseling or represented disability issues in their parliaments or ministries. Each day was built around a theme: leadership, education and development assistance, health and family issues, employment strategies and communications and technology.

While the program was going on, a small film crew under the guidance of Brazilian TV director **Michael Bieler**, was capturing some of the sights and sounds and interviewing a range of women about their experiences; in the smaller rooms, researchers were administering questionnaires developed for the Forum under the guidance of Prof. **Kate Seelman**, director of the disability research sponsored by the department of education; and a technology resource room offered women training in computers and use of the internet, a novel idea at the time.

And what about leadership training? Did leaders emerge from the Forum? Yes, many. To name just a few: **Charlotte McClain-Nhlapo** of South Africa, who became the global disability adviser of the World Bank Group; **Pauline Winter** of New Zealand, who just retired from the post of chief executive of the NZ Ministry for Pacific Peoples; and **Miyeon Kim** of Korea who was a student during the Forum, and now a recognized expert on disabled women’s issues and member of the prestigious UN Committee on the Convention on the Rights of Persons with Disabilities; **Jane Campbell**, a UK disability activist and writer, is one of few women named to the House of Lords (now known as Baroness Campbell of Surbiton) where she helps develop policies concerning disability; and **Kathy Martinez**, Forum director, served as disability employment director for the US Department of Labor before becoming recently the president and CEO of Disability Rights Advocates.

**Rosangela Berman Bieler** of Brazil, who was an RI regional vice president in the early 1990s and provided the vital professional services of congress organizer to the 1997 Leadership Forum, was named UNICEF’s first chief of its disability section and still holds the position.

And, finally, **Venus Ilagan** of the Philippines, who attended the MIUSA pre-Forum week-long training camp in Oregon. A couple days later, Venus gave a compelling presentation to the Forum on her project with disabled children: some years later she became executive director of Disabled People’s International, and then later still, secretary general of RI!

## RI, First International NGO to Identify Women and Disability as Key Issue

Historically, RI’s involvement with issues of **women and disability** began with Prof. **Teresa Serra**’s 1975 statement to the United Nations requesting that greater attention be paid to this issue via research, legislation and awareness building. RI was represented at all four UN Conferences on Women from 1975 in Mexico to 1995 in China. Prof. Serra founded the Italian Cerebral Palsy Association in 1954, served as a member of Italy’s parliament and as an RI vice president for Europe. She was on her way to becoming RI’s first woman president but was blocked by US members who objected to her short-lived post WW2 membership in the Italian Communist party.

Some years later Ms. **Anne Hawker**, New Zealand's principal disability adviser for the Ministry of Social Development, was elected RI's first woman president in 2008. In her capacity as national president of Disabled People's Assembly, Anne was host of RI's outstanding 1996 World Congress in Auckland. (Anne has written an excellent current paper on women's issues, available in this e-publication.)

Many of the women working with RI member organizations on their boards or staff also led initiatives to support disabled women on the regional or international level, such as: **Charlotte Floro** of the Philippines, **Munira Al-Gatami**, Ph. D of Kuwait, **Micky Soepari** of Indonesia, **Yolan Koster** of the Netherlands, **Barbro Carlsson** of Sweden, and **Marca Bristo** of the US. The focuses of the RI leaders engaged in this issue were varied: the recognition that women carried full responsibility for disabled members of their family, ranging from the disabled child to the aging parent; the double discrimination that women with disabilities still endure; and the battle of women with disabilities to represent disabled persons and the disability movement with the same status and frequency as disabled men.

## 2000: Main International Disability Organizations Meet in Beijing, RI Charter Revives Call for UN Disability Rights Treaty

In March 2000 just after the curtain rose on the 21st century, five international disability organizations met in Beijing to strategize how to move disability rights up to the level of a United Nations convention. The China Disabled Persons Federation, member of both RI and Disabled People's International, organized the meeting, which was also supported by the World Blind Union, the World Federation of the Deaf and Inclusion International.

The group had been working together and individually to progress disability rights since the IYDP, through two decades of experts meetings, summits, special reports and rapporteurs, regional decades, international days and conferences too numerous to count. Long lasting results however were sparse.

Under the guidance of RI President **Arthur O'Reilly** (1996-2000), the 1999 RI Governing Assembly unanimously adopted its Charter for the Third Millennium, which expressly called on UN member states to support a convention on the rights of people with disabilities. Shortly after its adoption, Dr. O'Reilly

presented the new Charter to the UN High Commissioner for Human Rights **Mary Robinson**, former President of Ireland. Commissioner Robinson served from 1997 to 2002 and her support for this issue proved critical to its forward movement in the UN sphere.

The March 2000 conclave in China strategized ways to elevate disability rights as achieved by recent UN treaties concerning women and children. The meeting pledged collaborative work toward a UN disability treaty in its Beijing Declaration on Rights of People with Disabilities in the New Century.

At that moment in time, those five organizations and consumer focused mental health groups were the key groups working with the UN on disability rights.

For many years, the disability organizations working with the UN had accepted that a Convention was unlikely for two reasons: attempts by Italy and Sweden to develop a disability rights treaty in the late 1980s had not achieved consensus; and there seemed to be a lack of support from the UN family based on "treaty fatigue."

RI's 1999 Charter was issued with the objective of reviving support for a UN treaty. The reliance on the UN Standard Rules for Equalizing Opportunities for People with Disabilities was seen by legal specialists as a second class approach.

In 2001 Mexico requested that the UN General Assembly support development of a disability rights convention, an initiative backed by grassroots and regional organizations across the global south. When it looked as though the UN convention proposal was stalled, critical support from New Zealand disability rights and diplomatic leaders helped get it moving forward again. The UN then established an Ad Hoc Committee to consider convention proposals, taking into account recommendations of the Commission on Human Rights and the Commission for Social Development.





To support the Mexican initiative, the Irish Department of Foreign Affairs funded the Human Rights High Commission office in 2001 to conduct research exploring the need for a new international instrument focused on disability rights. The study concluding a new convention was needed was authored by law professors **Gerard Quinn** of Ireland and **Theresia Degener** of Germany and presented to Commissioner Robinson's office in 2002. This study is credited by scholars as providing the final impetus towards a binding convention.

After co-authoring the 2002 study on the need for a UN disability rights convention, law professors Quinn and Degener have been integral to its design and implementation.

In October 2020 the UN Human Rights Council appointed Gerard Quinn as Special Rapporteur on the Rights of Persons with Disabilities. Theresia Degener was elected Chair of the Committee on the Convention on Rights of Persons with Disabilities in 2017 for a two year term, after serving as a member of the Committee since 2011.

Many groups and individuals deserve credit for bringing the Convention on the Rights of Disabled Persons (CRPD) from aspiration to reality. When the UN did agree to move forward, RI was active in the drafting meetings. For example, one of RI's representatives and an outstanding contributor to the drafting process over the years was Prof. Quinn, now professor of law at Leeds University, UK. The drafting meetings were ably chaired by Ambassador **Luis Gallegos** of Ecuador for the first sessions and for the final sessions by New Zealand Ambassador **Don McKay**. By January 2020, 181 states became party to the CRPD and 96 also signed the optional protocol, allowing individual rights to be considered.

In addition to articles and books by Professors Quinn and Degener that recount the history and processes leading to the CRPD, there is also an interesting and richly detailed article, "Changing the Paradigm –the Potential Impact of the UN Convention on the Rights of Persons with Disabilities," by Maria Walls and Agustino Palacios in the Irish Yearbook of International Law 2006, Vol. 1.

## Conclusion – Why Be Part of RI?

Often I was asked, what keeps RI alive, why do people keep coming back for decades? Perhaps there are other reasons today, but then it seemed that the variety of interesting contacts from all over the world to be made in friendly surroundings was the main draw.

Around your breakfast or lunch table at an RI conference, you might find a minister of social services or education, an artist with a disability and a TV show, a member of parliament, an inventor of assistive technology and an ILO or UNICEF policy specialist, all from different cultures and playing different roles in disability and development.

Even in smaller more informal workshops, your RI co-presenters likely included representatives of the UN family, advocacy groups, governments and businesses involved in the disability field. Typical RI regional conferences have representatives from 20-30 countries and World Congresses from 60-90 countries.

The opportunity to have in-person relaxed contacts with your peers who you might then join with in a future project or publication or joint research has always been a compelling draw. As mentioned earlier, due to politics, there is always an ebb and flow of strains between particular countries and an international apolitical conference or project is a chance to interact without restrictions and problems of protocol.

Quite often RI meetings were attended by the heads and high level representatives of state and government of the host country and this provided unique opportunities. For example, I'm pretty sure I was the first disability journalist to interview Deng Pufang, the son of the Chinese leader Deng Xiaoping, about his plans as president of the Chinese Federation of Disabled Persons. I can remember members telling me how thrilled they were to meet a very young Tony Blair in the late 90s and a couple years ago, new members were just as excited to welcome HRH Princess Anne, an enthusiastic sponsor of British riding for the disabled activities, to the RI Edinburgh meetings.



Of course sometimes we got it wrong. I remember some of us were less than enthusiastic about presenting UN Secretary General Kurt Waldheim with the RI proclamation of the Charter for the 1970s Decade of Rehabilitation. But it wasn't until the late 1980s that documents and photographs emerged showing his specific pro-Nazi activities in the 1940s.

Our 1978 Lisbon Conference on the Family and Disability nearly got cancelled because we had the just-deposed- dictator on the front of our magazine—but somehow, it worked out and later on Portugal's Col. **Joao Villalobos**, a very popular leader disabled by war, was our first disabled Congress President in 1984.

So, there was often the feeling or sensibility at RI events, as I have tried to convey in this remembrance, that we were part of historic events or had the opportunity to meet people who were.

As a reporter or communications specialist, I think for me there was the thrill of witnessing or being part of an inquiry into the dynamics of social change. I could see that if you stayed within the usual boundaries of role or profession or national loyalties, change was difficult. An Eastern European discussion I was part of in Estonia in 1989 showed that sometimes disabled sportspersons were among change agents in the Soviet sphere because they had regular opportunities to travel internationally with the prized status of representing their country. For example, **Mati Kuuse**, an outstanding Estonian wheelchair sportsman, was better traveled than most of his nondisabled peers and in a position to help advance social change in his country. Around the world, disabled sports activists have been effective agents of social change, just one topic I don't think has been studied enough as a phenomenon.

## RI's Early Focus on Films as Powerful Tools of Persuasion

I was always fascinated by the examples shown in film or short public service announcements where social change took place. For example, an RI consultant working on a short term project at a conference in Africa, showed a film of blind adolescents learning trades and then working in actual jobs. When the meeting concluded, a few parents were waiting to ask questions privately: was it true that blind children could work as adults? One woman, who hesitated to speak, said she was a parent of a blind child, who stayed inside her house because the idea of disabled children learning to work was unknown. A short UNICEF film showing children returning to

school after being disabled by landmines in Afghanistan became popular around the world. Film can illustrate impact and effects with clarity and meaning that papers struggle to describe and speeches fail to capture.

Another example I recall from as an international conference on disability communications and mass media, held in Qatar. There was a variety of lively presentations, short films and public service announcements shown over the three day program, but only one film showed an actual disabled child from Qatar entering public school. At that time, segregated services were still the norm throughout the region and the film had an electric effect on its international audience. As did many speakers, I mentioned this engaging boy in my presentation, and emphasized that most young disabled children were statistically more likely to see someone with their disability on TV than they were in school.

This is a reason, by the way, in every country to show young children with a variety of disabilities on TV regularly. This has value both in introducing all children to inclusion, and also reduces isolation by letting children with disabilities know that there are other children with their same disability. This is reassuring and builds your identity in exactly the same way as when meeting another kid who speaks your language, has your particular heritage, skin color, or sexual identity. It's so important to children and adolescents to know about or, even better, meet someone of similar profile.

Besides the RI congress film festivals, I was also involved with other festivals such as **Kalle Konkola's** biannual Kinofest in Norway, Russia's Barrier Free festival, Germany's We Live Together festival, and Superfest, the international disability festival based in Berkeley. They showed us that it is universal to look at disability as a metaphor for something else in life (difference, weakness, evil, illness) but also, starting in the 1980s, as a way to compare notes on a social change phenomenon we now call disability rights or disability justice.

In short, I see disability rights films as part of the best education we can provide to examine and illustrate social change. In the winter of 2020, an impassioned documentary, *Crip Camp*, supported by the Obama Foundation, earned the audience choice award at the prestigious Sundance Film Festival and was featured this month --in April 2021-- as a contender for an Oscar. This provocative film shows how a group of US disabled adolescents, thrown together for summer camp in the late 1960s, developed ways of working together in their quest for independence that served as the seeds of the

disability rights movement. There are at least a dozen books and several documentaries about the disability rights movement, but this film with original footage of the leaders as searching adolescents, is an actual window into its US origins.

I'm proud that RI leaders saw early on that films and media were a vital expression of social change and worthy of ongoing support, including festivals, awards and projects involving communications. During my era we were able to continue those activities and introduce important new ones such as DisabilityWorld, our grant-supported webzine featuring disability media as a key topic. It was the best of times. I thank each and every one of you who contributed because I think we made a difference.



Author: **Barbara Duncan**

1970-1980: RI assistant editor, International Rehabilitation Review (IRR); coordinator, RI Information Service, based in Heidelberg; organizer, RI/Sir HSY Fang library;

1980-1990: managing editor IRR; manager, RI biennial film festivals; co-director, RI/World Institute on Disability IDEAS grant; author, Bellagio Report on International Information Services on Technical Aids; news editor, International Journal of Rehabilitation Research

1990-2005: editor, IRR; co-organizer, RI regional film festivals; consulting editor, One in Ten (RI/UNICEF newsletter on childhood disability); editor, Disability World webzine (internet periodical of 5 US based disability organizations); executive member, 1997

Leadership Forum of Disabled Women; and ongoing assistance to RI Asia office including 1990 Beijing, 1997 Seoul and 1998 Hong Kong world conferences

# RI Policy Guide to Standard Rules for Equalization of Opportunity and Copenhagen Declaration and Programme of Action 1995

This Policy Guide was developed for the purpose of practically using the text generated by the World Summit for Social Development in policy and program development exercises. Due to the size and complexity of the World Summit document, now bound by the United Nations into one text named the Copenhagen Declaration and Programme of Action, (advance unedited text, 31 March 1995, 99 pp.), we extracted disability-related language and linked that language to the six priority Standard Rules as decided upon by the Panel of Experts, February, 1995, monitoring the Rules' implementation. Inadvertent omissions may be present. We have reproduced exact language from both the Rules and the Copenhagen documents, complete with paragraph and page references of the documents' editions listed under Sources.

## Standard Rules Number 15: Legislation (p. 32)

States have a responsibility to create the legal bases for measures to achieve the objectives of full participation and equality for persons with disabilities.

## World Summit Document, Declaration:

### Commitment 5

We commit ourselves to promoting full respect for human dignity and to achieving equality and equity between women and men, and to recognizing and enhancing the participation and leadership roles of women in political, civil, economic, social and cultural life and in development. (p. 15).

To this end, at the national level we will:

- (a) Promote changes in attitudes, structures, policies, laws and practices in order to eliminate all obstacles to human dignity, equality and equity in the family and in society, and promote full and equal participation of urban and rural women, and women with disabilities, in social, economic and political life, including in the formulation, implementation and follow-up of public policies and programmes; (p. 15)

## Programme of Action:

### Chapter 1: An Enabling Environment for Social Development (p. 28)

#### Section B. A favorable national and international political and legal environment

14. to ensure that the political framework supports the objectives of social development, the following actions are essential:

- (a) Ensuring that governmental institutions and agencies responsible for the planning and implementation of social policies have the status, resources and information necessary to give high priority to social development in policy-making; (p. 35)
  - (b) Ensuring the rule of law and democracy and the existence of rules and processes to create transparency and accountability for all public and private institutions and to prevent and combat all forms of corruption, sustained through education and the development of attitudes and values promoting responsibility, solidarity and a strengthened civil society; (p. 35)
  - (c) Eliminating all forms of discrimination, while developing and encouraging educational programmes and media campaigns to that end; (p. 35)
  - (d) Encouraging decentralization of public institutions and services to a level that, compatible with the overall responsibilities, priorities and objectives of Government, responds properly to local needs and facilitates local participation; (p. 35)
  - (e) Establishing conditions for the social partners to organize and function with guaranteed freedom of expression and association and the right to engage in collective bargaining and to promote mutual interests, taking due account of national laws and regulations; (p. 36)
  - (f) Establishing similar conditions for professional organizations and organizations of independent workers; (p. 36)
  - (g) Promoting political and social processes inclusive of all members of society and respectful of political pluralism and cultural diversity; (p. 36)
  - (h) Strengthening the capacities and opportunities of all people, especially those who are disadvantaged or vulnerable, to enhance their own economic and social development. to establish and maintain organizations representing their interests and to be involved in the planning and implementation of government policies and programmes by which they will be directly affected; (p. 36)
  - (i) Ensuring full involvement and participation of women at all levels in the decision-making and implementation process and in the economic and political mechanisms through which policies are formulated and implemented; (p. 36)
  - (j) Removing all legal impediments to the ownership of all means of production and property by men and women; (p. 36)
  - (k) Taking measures, in cooperation with the international community, as appropriate, in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights, other international instruments and relevant United Nations resolutions, to create the appropriate political and legal environment to address the root cause of movements of refugees. to allow their voluntary return in safety and dignity. Measures should also be taken at the national level, with international cooperation, as appropriate, in accordance with the Charter of the United Nations, to create conditions for internally displaced persons to voluntarily return to their places of origin. (p. 36)
15. It is essential for social development that all human rights and fundamental freedoms, including the right to development as an integral part of fundamental human rights, be promoted and protected through the following actions: (p. 36)
- (h) Providing all people, in particular the vulnerable and disadvantaged in society, with the benefit of an independent, fair and effective system of justice, and ensuring access by all to competent sources of advice about legal rights and obligations; (p. 37)
  - (i) Taking effective measures to bring to an end all de jure and de facto discrimination against persons with disabilities; (p. 37)

## Chapter IV, Social Integration

### B. Non-discrimination, tolerance and mutual respect for and value of diversity

73. Eliminating discrimination and promoting tolerance and mutual respect for and the value of diversity at the national and international levels requires:

- (a) Enacting and implementing appropriate laws and other regulations to combat racism, racial discrimination, religious intolerance in all its various forms, xenophobia and all forms of discrimination in all walks of life in societies; (p. 74)
- (b) Encouraging the ratification, the avoidance as far as possible of the resort to reservations, and the implementation of international instruments, including the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Elimination of All Forms of Discrimination against Women; (p. 75)
- (d) Ensuring gender equality and equity through changes in attitudes, policies and practices, encouraging the full participation and empowerment of women in social, economic and political life, and enhancing gender balance in decision-making processes at all levels; (p. 75)
- (h) Setting an example through State institutions and the educational system to promote and protect respect for freedom of expression; democracy; political pluralism; diversity of heritage, cultures and values; religious tolerance and principles; and the national traditions on which a country has been built; (p. 75)

### D. Responses to special social needs

75. Governmental responses to special needs of social groups should include:

- (b) Recognizing and promoting the abilities, talents and experience of those groups that are vulnerable and disadvantaged, and identifying ways to prevent isolation and alienation and enabling them to make a positive contribution to society; (p. 77)

- (c) Ensuring access to work and social services through such measures as education, language training and technical assistance for people adversely affected by language barriers; (p. 77)
- (f) Taking measures to integrate into economic and social life demobilized person and persons displaced by civil conflict and disasters; (p. 77)
- (k) Promoting the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities and developing strategies for implementing the Rules. Governments, in collaboration with organizations of people with disabilities and the private sector, should work towards the equalization of opportunities so that people with disabilities can contribute to and benefit from full participation in society. Policies concerning people with disabilities should focus on their abilities rather than their disabilities and should ensure their dignity as citizens; (p. 78)

## Standard Rule 17. Coordination of work

States are responsible for the establishment and strengthening of national coordinating committees, or similar bodies, to serve as a national focal point on disability matters.

## Standard Rule: 18. Organizations of persons with disabilities

States should recognize the right of the organizations of persons with disabilities to represent persons with disabilities at national, regional and local levels. States should also recognize the advisory role of organizations of persons with disabilities in decision-making on disability matters.



## World Summit Programme of Action References

### Chapter II. Eradication of Poverty

#### Actions

##### A. Formulation of integrated strategies

28. People living in poverty and their organizations should be empowered by: (p. 44)

- (a) Involving them fully in the setting of targets and in the design, implementation, monitoring and assessment of national strategies and programmes for poverty eradication and community-based development, and ensuring that such programmes reflect their priorities; (p. 44)
- (b) Integrating gender concerns in the planning and implementation of policies and programmes for the empowerment of women; (p. 44)
- (c) Ensuring that policies and programmes affecting people living in poverty respect their dignity and culture and make full use of their knowledge, skills and resourcefulness; (p. 44)
- (d) Strengthening education at all levels and ensuring the access to education of people living in poverty, in particular their access to primary education and other basic education opportunities; (p. 44)
- (e) Encouraging and assisting people living in poverty to organize so that their representatives can participate in economic and social policy-making and work more effectively with governmental, non-governmental and other relevant institutions to obtain the services and opportunities they need; (p. 45)
- (f) Placing special emphasis on capacity-building and community-based management; (p. 45)
- (g) Educating people about their rights, the political system and the availability of programmes. (p. 45)

##### B. Improved access to productive resources and infrastructure

31. The opportunities for income generation, diversification of activities and increase of productivity in low-income and poor communities should be enhanced by: (p. 46)

- (g) Strengthening organizations of small farmers, landless tenants and laborers, other small producers, fisherfolk, community-based and workers' cooperatives, especially those run by women, in order to, inter alia, improve market access and increase productivity, provide inputs and technical advice, promote cooperation in production and marketing operations, and strengthen participation in the planning and implementation of rural development; (p. 47)

### Chapter IV. Social Integration

#### Basis for action and objectives

#### Actions

##### A. Responsive government and full participation in society

72. Encouraging the fullest participation in society requires:

- (a) Strengthening the capacities and opportunities for all people, especially those who are vulnerable and disadvantaged, to establish and maintain independent organizations representing their interests, within each country's constitutional framework;
- (b) Enabling institutions of civil society, with special attention to those representing vulnerable and disadvantaged groups, to participate in the formulation, on a consultative basis, implementation and evaluation of policies related to social development;
- (c) Giving community organizations greater involvement in the design and implementation of local projects, particularly in the areas of education, health care, resource management and social protection;
- (d) Ensuring a legal framework and a support structure that encourages the formation of, and constructive contributions from, community organizations and voluntary associations of individuals;

- (e) Encouraging all members of society to exercise their rights, fulfill their responsibilities and participate fully in their societies, recognizing that Governments alone cannot meet all needs in society; (p. 74)

#### D. Responses to special social needs

75. Governmental responses to special needs of social groups should include:

- (a) Identifying specific means to encourage institutions and services to adapt to the special needs of vulnerable and disadvantaged groups;
- (b) Recognizing and promoting the abilities, talents and experiences of those groups that are vulnerable and disadvantaged, and identifying ways to prevent isolation and alienation and enabling them to make a positive contribution to society; (p. 77)
- (k) Promoting the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities and developing strategies for implementing the Rules. Governments, in collaboration with organizations of people with disabilities and the private sector, should work towards the equalization of opportunities so that people with disabilities can contribute to and benefit from full participation in society. Policies concerning people with disabilities should focus on their abilities rather than their disabilities and should ensure their dignity as citizens; (p. 78)

### Standard Rule No. 5. Accessibility

States should recognize the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society. For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

(a) Access to the physical environment

(b) Access to information and communication

### World Summit Declaration:

#### B. Principles and goals

26. To this end we will create a framework for action to: (p. 5)

- (i) Ensure that disadvantaged and vulnerable persons and groups are included in social development, and that society acknowledges and responds to the consequences of disability by securing the legal rights of the individual and by making the physical and social environment accessible; (p. 6)

#### C. Commitments

##### Commitment 6

We commit ourselves to promoting and attaining the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability; respecting and promoting our common and particular cultures; striving to strengthen the role of culture in development; preserving the essential bases of people-centered sustainable development and contributing to the full development of human resources and to social development. The purpose of these activities is to eradicate poverty, promote full and productive employment and foster social integration. (p. 17)

- (f) Ensure equal educational opportunities at all levels for children, youth and adults with disabilities, in integrated settings, taking full account of individual differences and situations; (p. 17)

### World Summit Programme of Action:

#### Chapter II. Eradication of Poverty

##### C. Meeting the basic human needs of all

- (h) Ensuring physical access to all basic social services for persons who are older, disabled or homebound; (p. 51)

## Chapter IV Social Integration

### Actions

#### A. Responsive government and full participation in society

72. Encouraging the fullest participation in society requires: (p. 74)

- (a) Strengthening the capacities and opportunities for all people, especially those who are vulnerable and disadvantaged, to establish and maintain independent organizations representing their interests, within each country's constitutional framework;
- (b) Enabling institutions of civil society, with special attention to those representing vulnerable and disadvantaged groups, to participate in the formulation, on a consultative basis, implementation and evaluation of policies related to social development;
- (c) Giving community organizations greater involvement in the design and implementation of local projects, particularly in the areas of education, health care, resource management and social protection;
- (d) Ensuring a legal framework and a support structure that encourages the formation of, and constructive contributions from, community organizations and voluntary associations of individuals;
- (e) Encouraging all members of society to exercise their rights, fulfill their responsibilities and participate fully in their societies, recognizing that Governments alone cannot meet all needs in society; (p. 74)

#### D. Responses to special social needs

75. Governmental responses to special needs of social groups should include:

- (c) Ensuring access to work and social services through such measures as education, language training and technical assistance for people adversely affected by language barriers;

## Standard Rule Number 6. Education

States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

### World Summit Document, Declaration:

#### Commitment 6

We commit ourselves to promoting and attaining the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability; respecting and promoting our common and particular cultures; striving to strengthen the role of culture in development; preserving the essential bases of people-centered sustainable development and contributing to the full development of human resources and to social development. The purpose of these activities is to eradicate poverty, promote full and productive employment and foster social integration. (p. 17)

To this end, at the national level, we will:

- (f) Ensure equal educational opportunities at all levels for children, youth and adults with disabilities, in integrated settings, taking full account of individual differences and situations; (p. 17)
- (n) Strive to ensure that persons with disabilities have access to rehabilitation and other independent living services and assistive technology to enable them to maximize their well-being, independence and full participation in society; (p. 18)

At the international level, we will:

- (x) Share knowledge, experience and expertise and enhance creativity, for example by promoting the transfer of technology, in the design and delivery of effective education, training and health programmes and policies, including substance-abuse awareness, prevention and rehabilitation programmes, which will result, inter alia, in endogenous capacity-building; (p. 19)

## **World Summit Document, Programme of Action**

### **Chapter III, The Expansion of Productive Employment and the Reduction of Unemployment**

#### **Basis for action and objectives**

45. While all groups can benefit from more employment opportunities, specific needs and changing demographic patterns and trends call for appropriate measures. Particular efforts by the public and private sectors are required in all spheres of employment policy to ensure gender equality, equal opportunity and non-discrimination on the basis of race/ethnic group, religion, age, health and disability and with full respect for applicable international instruments. Special attention must also be paid to the needs of groups who face particular disadvantage in their access to the labor market so as to ensure their integration into productive activities, including through the promotion of effective support mechanisms. (p. 58)

47. There is therefore an urgent need, in the overall context of promoting sustained economic growth and sustainable development, for:

- Policies to expand work opportunities and increase productivity in both rural and urban sectors;
- Giving special priority, in the design of policies, to the problems of structural, long-term unemployment and underemployment of youth, women, persons with disabilities and all other disadvantaged groups and individuals;
- Empowerment of members of vulnerable and disadvantaged groups, including through the provision of education and training; (p. 59)

#### **B. Education, training and labor policies**

52. Facilitating people's access to productive employment in today's rapidly changing global environment and developing better quality jobs requires:

- (a) Establishing well-defined educational priorities and investing effectively in education and training systems;
- (b) Introducing new and revitalized partnerships between education and other government departments, including labor, and communications and partnerships between Governments and nongovernmental organizations, the private sector, local communities, religious groups and families;
- (d) Promoting the active participation of youth and adult learners in the design of literacy campaigns, education and training programmes to ensure that the labor force and social realities of diverse groups are taken into account;
- (e) Promoting lifelong learning to ensure that education and training programmes respond to changes in the economy, provide full and equal access to training opportunities, secure the access of women to training programmes, offer incentive for public and private sectors to provide, and for workers to acquire, training on a continuous basis, and stimulate entrepreneurial skills; (p. 63)

53. Helping workers to adapt and to enhance their employment opportunities under changing economic conditions requires: (p. 63)

- (b) Improving employment opportunities and increasing ways and means of helping youth and persons with disabilities to develop the skills they need to enable them to find employment; (p. 64)

#### **C: Enhanced quality of work and employment**

54. Governments should enhance the quality of work and employment by: (p. 64)

- (c) Strongly considering ratification and full implementation of ILO conventions in these areas, as well as those relating to the employment rights of minors, women, youth, persons with disabilities and indigenous people; (p. 65)

## Standard Rule Number 7, Employment

States should recognize the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labor market.

### World Summit Document, Declaration

#### Commitment 2

We commit ourselves to the goal of eradicating poverty in the world, through decisive national actions and international cooperation, as an ethical, social, political and economic imperative of humankind.

To this end, at the national level, in partnership with all actors of civil society and in the context of a multidimensional and integrated approach, we will: (p. 10)

- (d) Develop and implement policies to ensure that all people have adequate economic and social protection during unemployment, ill health, maternity, child rearing, widowhood, disability and old age; (p. 11)

#### Commitment 3

We commit ourselves to promoting the goal of full employment as a basic priority of our economic and social policies, and to enabling all men and women to attain secure and sustainable livelihoods through freely chosen productive employment and work. (p. 11)

To this end, at the national level, we will: (p. 12)

- (a) Put the creation of employment, the reduction of unemployment and the promotion of appropriately and adequately remunerated employment at the center of strategies and policies of Governments, in full respect for workers' rights, with the participation of employers, workers and their respective organizations, and giving special attention to the problems of structural, long-term unemployment and underemployment of youth, women, people with disabilities and all other disadvantaged groups and individuals; (p. 12)

### World Summit Document, Programme of Action

#### D. Enhanced employment opportunities for groups with specific needs

57. The improvement of the design of policies and programmes requires:

- (a) Identifying and reflecting the specific needs of particular groups, and ensuring that programmes are equitable and non-discriminatory, efficient and effective in meeting the needs of those groups; (p. 66)

58. Employment policies can better address the problem of short and long-term unemployment by:

- (a) Incorporating, with the involvement of the unemployed and/or their associations, a comprehensive set of measures, including employment planning, re-education and training programmes, literacy, skills upgrading, counselling and Job-search assistance, temporary work schemes, frequent contact with employment service offices and preparing for entry and re-entry into the labor force;
- (b) Analyzing the underlying causes of long-term unemployment and their effect on different groups; including older workers and single parents, and designing employment and other supporting policies and that address specific situations and needs;
- (c) Promoting social security schemes that reduce barriers and disincentives to employment so as to enable the unemployed to improve their capacity to participate actively in society to maintain an adequate standard of living and to be able to take advantage of employment opportunities. (p. 67)

62. Broadening the range of employment opportunities for persons with disabilities requires:

- (a) Ensuring that laws and regulations do not discriminate against persons with disabilities;
- (b) Taking proactive measures, such as organizing support services, devising incentive schemes and supporting self-help schemes and small businesses;



- (c) Making appropriate adjustments in the work place to accommodate persons with disabilities, including in that respect the promotion of innovative technologies;
- (d) Developing alternative forms of employment, such as supported employment, for persons with disabilities who need these services;
- (e) Promoting public awareness within society regarding the impact of the negative stereotyping of persons with disabilities on their participation in the labor market.

### **Source Documents:**

1. **The Standard Rules on the Equalization of Opportunities for Persons with Disabilities**, adopted by United Nations General Assembly, 48th Session, 20 December 1993, (Resolution 48/96), available from: Disabled Persons Unit, Dept. for Policy Coordination and Sustainable Development, U.N., Room DC2-1302, New York, NY 10017, USA.
2. **Copenhagen Declaration and Programme of Action**, adopted by the World Summit for Social Development, Copenhagen. 6-12 March 1995. advance unedited text.

## Resolution on Violence against Women and Girls with Disabilities, RI General Assembly, 22 September 2013

Since 2008, Rehabilitation International (RI) has had a very strong focus on girls and women with disabilities which it believes are among the most vulnerable of persons with disabilities. As part of this work we have played a leadership role in the specific area of violence against girls and women with disabilities.

It has become very clear to the world, that the issue of violence against women and girls including sexual abuse and rape, has been growing rapidly, thus, must be addressed with utmost resolve. RI will do its share in this effort by paying specific attention and including the gender dimension in all of its programs and activities.

Violence including sexual abuse and rape is known to lead to an increase of disability among women and girls so that a united effort among stakeholders is needed to fight against this very serious issue.

Violence against women and girls including sexual abuse and rape of women are a global problem. RI will strongly support its member organizations all over the world for them to actively engage in bringing this issue to the attention of all concerned.

Aware that we cannot do this alone, we are reaching out to Governments, UN Agencies and other like-minded organizations and individuals at various levels, for all of us to make a definitive stand and take concrete actions to ensure that violence and abuse against women and girls is stopped and to consistently remind everyone that those national programmes on abuse must always take into account the abuses committed

against women and girls with disabilities who are the most vulnerable among the female population in every country of the world.

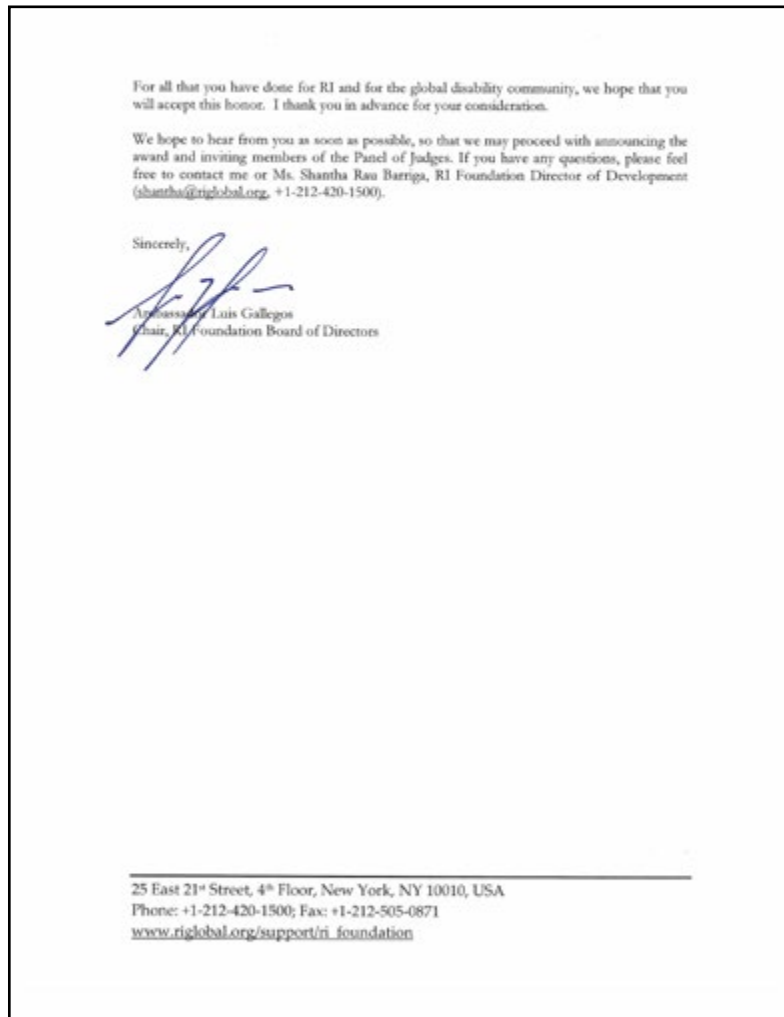
Their issues must be addressed and the intervention necessary must be provided immediately and without delay. This requires that national programmes on violence against women in general must include the perspective of women and girls with disabilities who are the experts of their own situation. Initiatives to protect women in general against abuses must include disability awareness, the incorporation of the disability perspective and the need to be inclusive of women and girls with disabilities.

Adopted by the RI General Assembly  
22 September 2013, New York, U.S.A.

# The Sir Harry Fang Empowerment Award, February 2009

## Original Letter to Sir Harry Fang





## Transcription

February 12, 2009

Sir Harry Fang  
 c/o Prof. Joseph Kin Fun Kwok  
 Associate Professor  
 City University of Hong Kong  
 Department of Applied Social Studies  
 City University of Hong Kong  
 Tat Chee Avenue, Kowloon, Hong Kong

Dear Sir Harry,

On behalf of the RI Foundation, I wish to extend our heartfelt appreciation for your longstanding support for RI and its mission of advancing the rights and inclusion of persons with disabilities.

As you may know, the RI Foundation is holding its first fundraising benefit in New York on May 28, 2009. We anticipate that 150-200 prominent members from the corporate sector, UN community and other professions will attend. We hope that you or your colleagues from Hong Kong will be able to join us for this important event.

On this special occasion, the RI Foundation would like to present an award for Outstanding Leadership in Promoting Disability Rights and Inclusion. In recognition of your legacy of leadership and service, we humbly request your permission to name this award: The Sir Harry Fang Empowerment Award. This honorary award will acknowledge the important contributions of individuals or organizations toward improving the rights and inclusion of persons with disabilities, and will be presented annually by the Foundation. The proposed criteria for this award are:

- **Leadership:** Nominee has demonstrated leadership and service in the disability field that has positively affected the lives of persons with disabilities and their communities.
- **Innovation:** Nominee has developed or implemented innovative activities or programs to benefit persons with disabilities and their communities.
- **Partnership:** Nominee has developed or implemented partnerships within and/ or outside of the disability field, which has had a positive impact on persons with disabilities and their communities.

We invite you or a designated representative to serve on the Panel of Judges, to determine the most ideal candidates for this prestigious award. We will be requesting members of the RI Foundation Board and RI Executive Committee to nominate prospective candidates for the Award, to be presented in May.

For all that you have done for RI and for the global disability community, we hope that you will accept this honor. I thank you in advance for your consideration.

We hope to hear from you as soon as possible, so that we may proceed with announcing the award and inviting members of the Panel of Judges. If you have any questions, please feel free to contact me or Ms. Shantha Rau Barriga, RI Foundation Director of Development ([shantha@riglobal.org](mailto:shantha@riglobal.org), + 1-212-420-1500).

Sincerely,

Ambassador Luis Gallegos  
Chair, RI Foundation Board of Directors



## Rehabilitation International and Bangkok Millennium Declaration

Rehabilitation International (RI) is pleased to have been an active participant in most events promoting the Asian and Pacific Decade of Disabled Persons, 1993-2002. In particular, RI has made significant input to two major events, namely:

- (a) World NGO Summit on Disability in Beijing held on 12 March 2000 and adopted the “the Beijing Declaration on the Rights of People with Disabilities in the New Century” which calls for the adoption of an international convention on the rights of all people with disabilities that will legally bind nations to reinforce the authority of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities.
- (b) Campaign 2000 for the Asian and Pacific Decade of Disabled Persons, held at Bangkok from 11 to 15 December 2000, which adopted the “Bangkok Millennium Declaration on the Promotion of the Rights of People with Disabilities in the Asian and Pacific Region”.

Participants of the “Bangkok Millennium Declaration” have made the following specific commitments and appeals:

1. To contributing information on target fulfillment to the regional review of the achievements of the Asian and Pacific Decade of Disabled Persons.
2. To support the establishment, by 2002, of the Asian and Pacific Center on Disability, in Thailand, as a living legacy of the spirit of the Asian and Pacific Decade of Disabled Persons, 1993-2002, to promote the empowerment of persons with disabilities in the Asian and Pacific region, under the joint

auspices of the Government of Japan and the Royal Thai Government,

3. Urge all members of the United Nations system, intergovernmental bodies, governments, non-governmental organizations, private sector bodies, and the mass media, in the Asian and Pacific region to:

- (a) Support actively the process for the development of an international convention on the rights of all people with disabilities, to be further considered at the second World NGO Summit on Disability to be held in 2003;
- (b) Adopt policy and awareness-raising measures for the inclusion of disabled persons and disability issues in all development activities, including support for strengthening the further empowerment and technical skills enhancement of the self-help movement of disabled persons in the Asian and Pacific region;
- (c) Support the training of disabled persons as trainers and resource persons for awareness-raising, advocacy, and policy formulation and monitoring on the promotion of disabled persons' access to information and communication technology, development programs, the built environment and public transportation infrastructure;
- (d) Support special efforts and programs for the participation of women and girls with disabilities in the development process;

- (e) Develop strong inter-linked mechanisms at local, national, sub regional and regional levels for more effective sharing and dissemination of best practices, expertise and information on means of developing disabled persons' capabilities, and on improving the situation of disabled persons, their families and their communities;
- (f) Strengthen policy, funding, training and incentive schemes to ensure that disabled persons have access to information and communications technology for education, training, employment, recreation, communication among diverse disability groups and non-disabled persons, partnership development, and participation in civil society, as well as to overcome mobility, gender and rural-urban barriers, and for other participation and development purposes;
- (g) Advocate, with policy makers responsible for national action plans in follow up to the Dakar Framework For Action on Education for All, the inclusion of children and youth with disabilities in the national action plans;
- (h) Promote, in national and area assessments of Education for All, the inclusion of indicators of the status of children and youth with disabilities in formal and non-formal education programs;
- (i) Work strategically towards explicit and stronger recognition of disability-related concerns and needs, in the context of human rights, at all United Nations meetings in 2001.

RI shall continue to work collectively to advocate with all members of the United Nations system, intergovernmental bodies, governments, non-governmental organizations, private sector bodies, and the mass media, in the Asian and Pacific region to promote multi-sectoral collaboration for the inclusion of disabled persons in the development process and in the implementation of the Bangkok Millennium Declaration.

# RI UN Report 1994-1997 and WHO Report 1996-1998

UN Quadrennial Report  
Rehabilitation International  
25 East 21st Street  
New York, New York 10010

## 1. Introductory Statement

The purpose of Rehabilitation International (RI) shall be to promote the prevention of disability, the rehabilitation of disabled people and the equalization of opportunities within society on behalf of disabled people and their families throughout the world. Examples follow to illustrate how RI carries out its global work. RI's global network serves as a medium for deliberation, for exchange of ideas, knowledge, skills and experiences, and for compilation and dissemination of information. We publish the **International Rehabilitation Review (IRR)** and an internal newsletter **Secretariat HEADLINES (HL)**. Both are referenced in this Report when mention has been made of RI's United Nations work.

We also organize international and regional congresses, conferences, seminars and courses of instruction; Congresses occur every four years and regional conferences 1-2 times annually. We work directly to assist member organizations in establishing and carrying forward, in cooperation with governmental agencies or authorities, private enterprises and organizations of disabled people, programs for disability prevention, rehabilitation, and the equalization of opportunities on behalf of people with disabilities. A strong feature of our work is to cooperate with other international organizations, both governmental and voluntary, including organizations of people with disabilities, in order to consolidate strength for the

purpose of increasing the status of opportunities on behalf of people with disabilities.

- Source: **RI Constitution**, page A-1, in **Manual on Policies and Procedures**

RI is a federation of members, divided into six geographical regions of the world, composed of national level NGOs, government ministries, and organizations of people with disabilities. The Membership is unique to each country. The years 1994-1997 have seen an increase of 57 new organizations divided among the following regions: Africa (9), Arab (9), Asia and the Pacific (5), Europe (9), Latin America (4), North America (21). RI averages a membership of 90 countries.

## 2. Participation in ECOSOC, Subsidiary Bodies and/or Conferences, Other UN Meetings

Commission for Social Development

World Summit for Social Development (WSSD), Copenhagen, March, 1995, (Division for Social Policy and Development)

- Participated in the three (3) Preparatory Committee (PREPCOMS) meetings: January, August, October (Special Meeting), 1994 (all in New York), and March, 1995 (in Copenhagen), in advance of the Summit; Statements submitted in February and August. RI 1994 activity was reported out in the article "RI at the United Nations: Collaborative Partnerships" **IRR, p. 5, Vol. 45, Issue 1, 1994.**

- Convened other disability NGOs in Consultative Status with ECOSOC to form a Disability Caucus in order to deliver Joint Statements at the PREPCOMS, January and August, 1994, also at the World Summit, March, 1995. Reported in **IRR, 46:1&2, p.5.**
- Sponsored a “Call to Action” within the RI global membership resulting in 25 member countries’ advocacy to include disability within the text of the document now known as the Copenhagen Program of Action (February, 1994 through February, 1995). Reported out in **IRR, 46: 1&2, pp. 3, 4, 6, and 7.**
- Sent a Delegation composed of RI Executive Committee Members to the WSSD representing the regions of North America (Canada), Latin America (Brazil and Chile), and Asia and the Pacific (New Zealand).
- Sponsored and organized with UNICEF on March 9, 1995, a Workshop at the Summit’s venue, the Bella Center, on “Rights of Children with Disabilities.” Reported out in **One in Ten, Volume 14**, 1995, co-published with UNICEF in English, French, and Spanish.
- WSSD preparation and follow up description has included significant RI publications summarizing the organization’s actions and United Nations outcomes in HL (Volume 2, Issue 1, 15/3/95; Vol. 2 Issue 2, 30/6/95; **IRR, 46: 1&2, pp. 3-8.**
- Follow up policy analysis published and distributed April, 1995: **RI Policy Guide to Standard Rules for Equalization of Opportunity and Copenhagen Declaration and Program of Action** cross references key Rules and program actions with the WSSD’s documents.
- Reported on outcomes of the Beijing Platform for Action at the RI 10th Asia and Pacific Conference, Jakarta, September 12-16, 1995; published in **IRR, 46:3, p. 7, Dec. 1995.**
- Follow-up to the Fourth World Conference on Women by RI has included sponsorship and organizing of the International Leadership Forum for Women with disabilities, June 15-20, Washington, D.C., in which there were 614 participants from 82 countries and territories. RI as a sponsor and organizer joined the UN Division for Social Policy and Development, the ILO, plus 20 U.S. government programs and 25 Corporate and non-profit organizations. Reported in **IRR, 48: 1, pp. 4-26, December, 1997.**
- Internal RI follow up to the UN’s 4th Conference on Women has included the formation by the RI World Assembly, meeting as part of the Seoul International Conference on Disability, September, 1997, of the Task Force on Women and Girls, co-chaired by Members of the RI Executive Committee from Latin America (Brazil) and the Asia and the Pacific (Australia). This Task Force’s function is as an organizing focal point for further follow up activities to the UN 4th World Conference, such as may be sponsored by the United Nations itself. Reported out in **HL, 3/11/97, pp. 4-7.**
- UN ESCAP **Statement**, 29 September, 1997, Seoul, Korea, presented at the Pacific Meeting of Senior Officials to Mark the Mid-point of the Asian and Pacific Decade of Disabled Persons. **Statement** presented to launch the RI Task Force and to insert language into ESCAP’s official Meeting Report. Reported in **HL, 3/11/97, pp. 6, 7.**

Fourth World Conference on Women, Beijing, August-September, 1995 (UN Division on the Advancement of Women and the Commission on the Status of Women)

- Development of “Disability and Women’s Fact Sheet for use by RI Delegates to the NGO segment of the Fourth UN World Conference on Women, August-September, 1995.
- Developed and staffed a delegation composed of women with disabilities from China, Hong Kong, and the United States.

### 3. Cooperation with U.N. Programs, Bodies, and Specialized Agencies

#### **Commission on Social Development: (a) Monitoring Project on the Implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (UN General Assembly Resolution 48/96).**

RI Secretariat provided staff and organizational support to RI representative to the Panel of Experts, 1994-1997.

RI's Secretary General in Observer Status attended Panel of Expert meetings held in New York June, 1995, February, 1996, and in Geneva, May, 1997, in order to provide the links between RI's ongoing publications and conference programs and the work of the UN Special Rapporteur. Accordingly, RI program organizers provided visibility and support to the UN Special Rapporteur's work in the following programs:

- 6th RI European Conference, Budapest, September, 1994, in **IRR, 45: 1, pp. 3 and 5.**
- 10th Asia and Pacific Conference, Jakarta, September, 1995, in **IRR, 46:3, p. 6.**
- 18th RI World Congress, Auckland, September, 1996, in **IRR, 47: 1&2, p. 9-20.** The Special Rapporteur role was to stimulate country delegations to consider how they might press forward with implementation of the Rules within their countries. The organization also informally convened the Panel of Expert Members in order to further the discussion of country-level implementation.
- Seoul International Conference on Disability, September, 1997. Workshop on Rules.

#### **(b) Participation in meetings of the Commission for Social Development (CSD)**

- Statement delivered by the RI Secretary. General at PREPCOM session, 4 February, 1994.
- 34th Session, April, 1995, to discuss the outcomes of the WSSD. Reference made to RI official work at the Summit in UN documents prepared for the members. UN documents were distributed to RI's worldwide membership. Provided support for the implementation of the Standard Rules, participating in work sessions with CSD Members.
- 35th Session, Statement delivered 25 February, 1997, by RI President in order to place on the official record of the CSD meeting the points made by the Disability NGOs in our 21 February, 1997, meeting with Secretary General Kofi Annan; called for second Standard Rules Monitoring Project term.

#### **(c) RI/UNICEF, 1994-1997 Joint Collaboration Program**

The collaboration for this period consisted of publications, edited by a disabled woman for use in as a resource to be of help to workers in the field and disabled people at the grassroots. Workshops were sponsored to build the visibility of disabled children at the UN WSSD and to build exposure for the "Study on the Impact of Armed Conflict on Children," called the Machel Study after Mrs. Graca Machel, Chairperson, at the 18th World Congress.

(1.) **One in Ten**, Volumes 14, 15, 16, and 17, was published and distributed in English, French, and Spanish between 1994 and 1997. (b) The two workshops: The Rights of the Disabled Child (March, 1995, Copenhagen) and the Effects of Armed Conflict on Children (September, 1996, Auckland) (c) we have also published **the International Catalogue of Selected Videos & Films Concerning Children with Disabilities (16 pages)**. (d) Attendance at the Third Regional Consultation on the Impact of Armed Conflict on Children in Abidjan, Ivory Coast, 7-10 November, 1995, sponsored by UNICEF and the Economic Commission for Africa and the African Development Agency.

#### **(d) International Labor Office (ILO)**

RI co-sponsored the International Leadership Forum for Women with Disabilities, referenced above under the "4th UN Women's Conference," with the ILO and the UN Division on Social Development, June, 1997, in **IRR 48: 1, pp. 3-26.**

#### **(e) World Bank**

Designed and co-sponsored with the World Bank providing the financing of a unique workshop Named "Investing in Children in Especially Difficult Circumstances: Using Culture to Promote Health, Social and Economic Development," at the 10th RI Asia and Pacific Conference, Jakarta, September, 1995, in **IRR, 46: 3, pp. 10, 11.**

Respectfully submitted,  
Susan Parker, RI Secretary General



**World Health Organization -- Collaboration with Nongovernmental Organizations**

We would appreciate your using this table for reporting on collaboration during the past three years, and on future activities planned with WHO.

Name of NGO:

Date of completion of the report: July 1998

<b>Geographical area</b> - Global - Regional - Subregional - National	<b>Title of project/ activity</b>	<b>Brief description of project/activity and specific contribution of your organization</b>	<b>Indicate cooperating partners (if any):</b> (1) WHO (2) Other UN agencies (3) National Government (4) Other NGO (s)	<b>Indicate:</b> - Starting/concluding dates - Anticipated outcome or known results
Regional/ national	Evaluation conference on Training Rehabilitation Personnel and CBR in China	Co-sponsored by WHO for the Western Pacific Region, China's Ministries of Public Health and Civil Affairs, and the China Disabled Persons' Federation (CDPF is RI's China affiliate) and initiated by the Hong Kong Society for Rehabilitation (HKSR who is RI's affiliate), the conference provide the occasion to review accomplishments of the last ten years. A new group of 53 doctors who had completed the one year CBR Certification Course was graduated. A new Rehabilitation Resource Center was opened. Expertise located within our affiliates was used to generate resources for the effort which continues.	Partners, other than those named above, include Caritas and the Philip Morris Corporation, representing a partnership between/among NGO's private business, and a national government.	The CBR Training Project continues its follow up with its over 2,000 persons who have become certified over a ten-year period. The Rehabilitation Resource Center is located at Tongji Medical University, Wuhan, Hubei Province. Each year of the project 20 courses were held totaling 1500 teaching hours, with the ratio of teachers changing from a majority from overseas to doctors is maintained through a strong presence of a project coordinator at Tongji Medical University. The Tongji Agreement, continuing, was signed in May 1989, by the HKSR, China's Ministry of Public Health, and Tongji Medical University.

<b>Geographical area</b> - Global - Regional - Subregional - National	<b>Title of project/activity</b>	<b>Brief description of project/activity and specific contribution of your organization</b>	<b>Indicate cooperating partners (if any):</b> <b>(1) WHO</b> <b>(2) Other UN agencies</b> <b>(3) National Government</b> <b>(4) Other NGO (s)</b>	<b>Indicate:</b> - Starting/concluding dates - Anticipated outcome or known results
International	Panel of Experts Meeting, Standard Rules Monitoring Project	The Panel of Experts is composed of six (6) of the world's largest international level NGOs working in disability today, panel meetings provide the opportunity for NGOS to communicate face to face among themselves, as well as to interact as a group with UN bodies. The May, 1997. Geneva convening contained a presentation by WHO's Chief Medical Officer of the Rehabilitation Unit who stimulated discussion on the "Rethinking Care" initiative. RI is represented on the 10 member Panel of Experts. Additionally, RI supported the participation of its Sec. Gen. as an observer.	WHO/RI/Disabled People's International/World Federation of the Deaf/World Blind Union/World Assoc. Of Psychiatric Survivors/UN Special Rapporteur on Disability for Commission on Social Development.	The Panel of Experts as advisory to the Standard Rules Monitoring Project continues to work in this second terms (August, 1997-2000). RI will continue to participate actively through its appointed representative who is a well-known U.S.-based advocate who is also the RI Vice President for North America.

<b>Geographical area</b> - Global - Regional - Subregional - National	<b>Title of project/ activity</b>	<b>Brief description of project/activity and specific contribution of your organization</b>	<b>Indicate cooperating partners (if any):</b> <b>(1) WHO</b> <b>(2) Other UN agencies</b> <b>(3) National Government</b> <b>(4) Other NGO (s)</b>	<b>Indicate:</b> - Starting/concluding dates - Anticipated outcome or known results
Future International	WHO Ex-officio membership on the RIMC	<p>The next RIMC meeting is scheduled for Tuesday, December 2, 1998, Jerusalem, Israel. This body meets in conjunction with an annual RI regional conference or a quadrennial world congress. The RIMC is considering a number of projects to be initiated in January, 1999. Among the topics under scrutiny:</p> <ol style="list-style-type: none"> <li>1. Community Based Rehabilitation: Increased role of Rehabilitation Team Specialists and/or Role in Vulnerable Groups.</li> <li>2. Early Detection and Intervention: Role of Medical Rehabilitation in Treatment for Children with Disabilities.</li> <li>3. Rethinking Care</li> <li>4. Support the Monitoring of United Nations Standard Rules</li> <li>5. Land Mine Initiative: Rehabilitation Treatment of Victims with Orthoses and Prosheses.</li> <li>6. Expert Medical Rehabilitation Exchange Program.</li> <li>7. Guidelines for Initiation and Sustaining Rehabilitation Services in Developing Countries.</li> <li>8. Preventing Secondary Disabilities.</li> </ol>	WHO/To be identified	January 1999 onward

# RI 2000 The Way Forward

## Foreword

It is my privilege to provide the foreword to this strategic plan which outlines the global direction of Rehabilitation International for the balance of the Twentieth Century.

Rehabilitation International has a proud history of achievement over many years as it has pursued its goals. Over time these have been amended to reflect changes in society. In 1988 it was decided to review the direction of the organization. President Fenmore Seton set up a Futures Committee led by David Cooney and with considerable input from the membership which includes people with disabilities, a strategic direction was developed. Dr. Arthur O'Reilly provided the editorial control in the final stages. The plan was finally approved at the World Assembly in Atlanta in October 1993.

It is essential in a rapidly changing world that Rehabilitation International is pursuing goals that are relevant. It was interesting to note that the Mission of Rehabilitation International did not change significantly from that previously established although it may be expressed in different words.

The goals selected were seen as the outcomes that would, when measured, show a demonstrable gain in the standing of rehabilitation on an international level. The goals and objectives will provide a reference when programs and services are being planned in the future. Having established the international goals and objectives the next step is to establish the regional and country goals and objectives. This is where the real progress will be achieved but it must be

strategically planned to ensure that it is in line with the overall direction of Rehabilitation International and that scarce resources are utilized appropriately. Also the World Commissions will now be able to determine how they can contribute more effectively to the work of Rehabilitation International.

Having determined the future direction the real work now begins, in ensuring that the objectives are achieved. This will require input at all levels of the organization so that the work is not left to a few. Each year there will be an opportunity to review progress so that we all remain accountable for the ultimate achievement of the goals.

A great deal has been achieved to date but there is still much to be done if we are to achieve the United Nations goal of "A Society for All". Rehabilitation International has a significant part to play in the achievement of this worthy goal.

John W. Stott  
President  
April 1994

## RI Mission Statement

RI is a worldwide network of people with disabilities, service providers and government agencies working to improve the quality of life of people with disabilities.

RI's mission is to improve the quality of life of people with disabilities throughout the world, through rehabilitation, the prevention of disability and the equalization of opportunities within society.

In carrying out its mission, RI will employ the resources of its diverse membership to

- identify needs and resources
- conduct programs of information, education, training, research and development
- encourage, assist and cooperate with national, regional and international organizations with similar or related goals
- provide international services and technical assistance

in order to empower and enable people with disabilities to achieve goals of their own choosing while participating fully in society.

## Introduction

In 1980, the Assembly of Rehabilitation International approved a 'Charter for the 80s', a statement of consensus about international priorities for action during the decade 1980-1990. The four main aims contained in the Charter concerned disability prevention, the provision of rehabilitation services, equal participation and increasing public awareness. The Charter was not – and was not intended to be – a plan, with specific goals and objectives: by setting out four aims supported by statements of general principles and recommended actions, the Charter was designed to promote the goals of full participation and equality.

Progress has been made, in some countries more than others, in achieving these aims. But much remains to be done. RI 2000 sets out, clearly and simply, the major issues which RI intends to address over the remaining years of this century. Starting from where the world is now in terms of disability and rehabilitation, RI 2000 outlines RI's vision, RI's mission and the core values underlying RI's work in the future. It then sets out the major goals to be achieved and how it is intended to achieve them.

## The Vision

More than five hundred million people in the world today are disabled. In most countries at least one person in ten is disabled by physical, intellectual, psychiatric or sensory impairment.

They share the rights of all humanity to grow and learn, to work and create, to love and be loved, but they live in societies that do not yet fully protect those rights of their citizens with disabilities. They are too often denied the opportunities and responsibilities which should be theirs.

More than three hundred and fifty million people with disabilities live without the help they need to enjoy a full life. They live in every nation, in every part of the world, but by far the greatest number live in areas at early stages of economic and social development. Here poverty joins with impairment to poison the hopes and diminish the lives of children, of adults and of families.

An estimated twenty-five percent of the members of any community are prevented by the existence of disability from the full expression of their capacities. This includes not only people who are disabled, but also their families and others who assist and support them.

Any society which fails to respond effectively to these problems accepts not only a huge loss of human resources but a cruel waste of human potential.

Throughout history, humanity has erected barriers both physical and social which exclude from full participation in its communities those judged to be different because of physical or mental variation.



Buildings and transportation are mostly inaccessible to many people with disabilities. Information and beauty do not reach those whose sight or hearing or comprehension is impaired. The warmth of human association is withheld from children and adults whose physical or mental capacities are different from those of the majority. Education, productive employment, public service, recreation and other human activities are denied to many or permitted only in segregation. For people with the most severe disabilities, who are unlikely ever to be capable of independent activity, there is often total neglect, or insufficient effort to assist their personal development and improve the quality of their lives.

The knowledge and skills now exist to enable each country to remove barriers which exclude people with disabilities from the life of its communities. It is possible for every nation to open all of its institutions and systems to all of its people. What is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. A nation failing to respond to this challenge fails to realize its true worth.

It is more than a matter of equity. It is a matter of rights – the human rights of people with disabilities.

RI dedicates itself to strive for the creation of a world in which people with disabilities have the opportunity and the right

- to influence and shape relevant public policy at all levels
- to develop and fully use their abilities, talents and skills
- to work, both for pay and voluntarily, in environments appropriate to their needs
- to make full use of technology and personal assistance to support their independent living
- to enjoy equality and full participation
- to make informed choices on issues
- to participate in, and receive support from, national and international organizations which effectively represent their interests
- to have a system of support sufficient to ensure a reasonable level of life in their local community.

## RI Values

RI's values are the particular qualities or beliefs which the organization emphasizes in its work.

There are many values which RI members wish to have reflected in what RI does. Chief among them are

- equal participation
- member commitment
- financial stability
- achievement of results

## Equal Participation

People with disabilities have rights equal to those of all other people in their societies, including the right to participate in and contribute to all aspects of economic, social and political life.<sup>1</sup> Removing barriers to equal participation applies not only to the physical environment, housing and transportation but also to educational, training and work opportunities, cultural and social life.

Of particular importance is the right of people with disabilities to participate in those decisions which concern their own lives, including their own rehabilitation and rehabilitation policies by governmental authorities and other organizations.

In a growing number of countries, people with disabilities are channelling their efforts to improve their life situations through organizations of people with disabilities. RI welcomed and encouraged this movement in Charter for the 80s, and would like to see a growing partnership between such organizations and itself as a way of achieving goals which are common to all.

All services of RI will be examined to see how they might be more effectively developed and delivered to promote and achieve equal participation.

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<sup>1</sup> United Nations General Assembly Resolution 3447 (XXX) 'Declaration on the Rights of Disabled Persons', adopted 9 December 1975.

## Member Commitment

RI derives its authority from its members. A shared vision, a shared mission and shared values are strengthened by the diverse cultures and languages, knowledge, skills and experience of the world membership from which they come. And it is to the needs, goals and objectives of these members and people with disabilities in their respective countries that RI must address itself.

This process is two-way. Commitment to members requires commitment from members. Member organizations will need, and if necessary be assisted, to identify, prioritize and articulate how best to contribute to and be assisted by RI. RI itself – the Assembly, Commissions, Executive Committee, Secretariat and regional structures – will work to develop, plan and deliver programs which address key needs coherently, effectively and efficiently.

## Financial Stability

Every organization is required to pay its way: RI is no exception.

RI goals, objectives, programs, projects and other activities agreed by the Assembly will, in future, have their respective resource requirements determined so that meaningful plans can be drawn up, priorities assigned and budgets established.

RI activity is dependent on its income. To the extent that members wish RI to develop and implement additional activity, additional resources will require to be generated. Avenues for raising such additional funding will need to be explored as a matter of some urgency.

The basis on which membership dues are determined, and the process of dues collection, will be reviewed as a matter of priority. Particular attention will be given to difficulties experienced by developing countries and to under-resourced organizations in areas such as Central and Eastern Europe.

A major drive to expand membership to strengthen and broaden RI's representative capacity would also create the potential for a more equitable sharing of the financial burden.

Effective financial planning, procurement and control is an essential precondition to the fulfillment of RI 2000.

## Achievement of Results

RI will succeed only to the extent to which it achieves its mission, and to which the key values agreed by members are reflected in that process.

The strategic planning exercise, to which so many members actively contributed, shows that members are not unrealistic in what they expect and hope for from RI. They recognize that a greater commitment to RI will be necessary if the mission they have given to the organization is to be achieved.

In return for that commitment they expect, and are entitled to, clear and consistent policies, meaningful and well-planned programs and activities, effective and efficient management, and regular information on pre-determined and measurable results.

## Key Goals, Objectives and Strategies

Reflecting the main values, members have identified seven key goals towards achievement of the Mission:

- global networking
- international cooperation
- disability prevention policy
- membership expansion
- leadership in rehabilitation
- financial stability
- equalization of opportunities

Objectives and strategies at an international level have been established in respect to each of these goals.

Each RI Region will determine for itself specific regional objectives and strategies which are appropriate to its own regional membership and circumstances in achieving these key common goals.

Similarly, within each Region, each Member Country will develop objectives and strategies which take account of their respective national and local situation.

RI Commissions have been asked to take account of agreed key goals, objectives and strategies in determining their programs of activity. Closer liaison between Commissions and possible joint approaches will be valuable when addressing cross-Commission issues such as the training of rehabilitation professionals and rehabilitation research and development.

As progress is made and as circumstances change, goals and objectives may be added and/or modified. The Assembly will each year review this plan and amend it where necessary so that it continually reflects the priority needs and wishes of members.

RI's mission is to improve the quality of life of people with disabilities throughout the world through rehabilitation, the prevention of disability and the equalization of opportunities within society. Through RI 2000, members have committed themselves to work individually and collectively to achieve this common essential purpose.

## Goal 1 Global Networking

### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	Provide members with regular information on rehabilitation developments throughout the world
1997-2000	Examine possibility of planning and establishing clearing houses/information centers on regional basis

### Strategy

- Consider feasibility of establishing a communications/networking group in each region
- Review current RI publications/newsletters to assess usage and value to members
- Explore suitability, appropriateness and cost-effectiveness of various information exchange mechanisms
- Consider sharing/partnership arrangements with other organizations
- Consider development of expertise databank

- Use Commissions more effectively to help improve global networking

## Goal 2 International Cooperation

### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	Develop and implement priority cooperation programs (training periods, study visits, visiting experts, study scholarships, etc.)  Set up RI liaison links with other international organizations
1997-2000	Review cooperation effectiveness and intensify/improve activity where necessary

### Strategy

- Review exchange programs currently available from international and other agencies
- Investigate how best to coordinate international programs and activities in the interests of people with disabilities
- Review funding possibilities for international cooperation
- Consider RI international cooperation newsletter
- Commissions to be used to contribute towards meeting this goal
- Monitor implementation of international conventions
- Assign higher priority to cooperation and liaison and report on specifically at Assembly meetings
- Develop liaison machinery with other relevant international organizations including consumer organizations
- Review role of international members
- Examine possibility of program for extended visits of experts to countries with particular needs

### Goal 3 Policy on Prevention of Disability

#### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	Develop clear RI policy on prevention and establish activity plan to implement that policy
1997-2000	

#### Strategy (To be considered in the light of RI policy)

- Consider establishment of Commission on Disability Prevention/Health Promotion
- Include prevention as priority topic in all major RI Conferences
- Develop media plan to create and maintain public awareness
- Consider RI fellowships to train/exchange personnel to work on prevention
- Cooperate with other international organizations working positively in this field

### Goal 4 Membership Expansion

#### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	Determine specific action needed to ensure more representative membership and set targets/timetable for such action
1997-2000	Review membership

#### Strategy

- Develop plans for structured and representative expansion
- Review constitutional provisions on membership to see whether any changes might be required to expand and broaden membership base

### Goal 5 Leadership in Rehabilitation

#### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	Explore how RI might adopt a more proactive role in influencing policy and practice
1997-2000	Evaluate RI effectiveness in influencing policy and practice

#### Strategy

- RI to make better use of national and international media in implementing policy and achieving goals
- Consider how to contribute more actively to international organizations in which RI is represented
- Review RI public relations policy and practice
- Consider ways in which RI membership and activity would be more valued and publicized

## Goal 6 Financial Stability

### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	<p>Establish and maintain a 5-year budget cycle reviewed at one-year intervals</p> <p>Create an annual financial plan tied to an annual activity plan</p> <p>Review the dues assessment process and collection policy</p> <p>Consider the possible use of entrepreneurial activity as an additional funding source</p> <p>Give fund raising special priority while respecting the integrity of people with disabilities</p> <p>Give expansion of membership special priority</p> <p>Review cost effectiveness of all Secretariat functions</p>
1997-2000	Review financial policies and practice

### Strategy

- Appoint Planning and Finance sub-committee(s) to assist Executive Committee
- Set Targets and timetables for membership growth in conjunction with Goal 4
- Develop policy on fund raising
- Consider feasibility of member assistance to Secretariat through means such as staff secondment or sponsorship

## Goal 7 Equalization of Opportunities

### Specific Objectives to Help Achieve this Goal

Year	International
1993-1996	<p>Enable the full participation and equal opportunity of people with disabilities in activities on the basis of merit and ability</p> <p>Promote the UN Standard Rules on Equalization of Opportunity for people with disabilities</p> <p>Promote the Human Rights of people with disabilities</p>
1997-2000	Review progress

### Strategy

- Develop partnerships with other International Disability Organizations
- Develop closer working relationship with the UN and the Disabled Persons Unit
- Utilize World Assemblies as forums for discussion on the rights of people with disabilities
- Utilize the Executive Committee to review policies and procedures and report to the World Assembly
- Encourage Member Countries to increase the numbers of people with disabilities attending Assemblies
- Ensure a balance between concerns of service providers and consumers when developing RI sponsored or supported conferences
- Promote programs to break down the barriers of prejudice and ignorance against people with disabilities



## Rehabilitation International in Brief

- RI is a worldwide network of people with disabilities, service providers and government agencies working to improve the quality of life of people with disabilities.
- To ensure that disability issues are a priority on the agenda of United Nations agencies, RI maintains consultative status with the UN Economic and Social Council, UNICEF, the International Labor Organization, the World Health Organization and UNESCO. Similarly, RI has official relations with the Organization of American States, the European Union, the Council of Europe, and UN regional bodies in Asia/Pacific, Africa, Latin America and the Arab States.
- Founded in 1922, RI has a long history of achievements including: created the International Symbol of Access and first international standards of environmental accessibility for people with disabilities; wrote and promoted worldwide the “Charter for the 80s”, the first consensus statement of global priorities for disability prevention, rehabilitation and full participation of people with disabilities in their societies; founded with UNICEF a technical support program to activate childhood disability services in more than 35 developing countries; organizes state-of-the-art world congresses and conferences on disability and rehabilitation policies and practices; and publishes the world’s most comprehensive collection of disability periodicals, comparative studies and conference reports.
- RI policies, programs and budget are determined by annual Assemblies of its member organizations. The RI Executive Committee, composed of disabled and non-disabled leaders from throughout the world, is elected by the Assembly. RI programs are administered by a Secretary General (appointed by the Executive Committee) who oversees a small staff at the New York headquarters. Seven technical and scientific Commissions advise RI on matters within their respective areas of expertise.

## RI Strategic Plan 1993-2000

RI's Futures Committee began by writing this vision of the future:

### RI Vision Statement

We, the members of the Rehabilitation International (RI), dedicate ourselves to strive for the creation of a world in which people with disabilities have the right to:

- effective political power to influence all levels of government in shaping public policy;
- development of opportunities fully commensurate with their present or potential abilities, talents and skills;
- the opportunity to work, both for pay and voluntarily, in environments appropriate to their needs whenever they choose;
- readily available technology and personal assistance to support their improved health, employment and independent living;
- support from strong national and international organizations who clearly and forcefully represent their interests;
- equalization of opportunity and full participation;
- make informed choices on issues;
- a system of support sufficient to ensure a reasonable level of life in their local community

RI aspires to accelerate society's recognition of the full potential of people with disabilities. We believe society should consistently reinforce that potential through actions at many levels with the aim of equalizing opportunities and full participation for people with disabilities everywhere.

### RI's Opportunities

Vision opens our eyes to opportunities. Normal, recurring activities, pursued year after year, no matter how valuable in themselves, will not serve as inspiring goals. RI needs fresh inspiration to release new energy and excitement, even among those most dedicated to the cause.

The RI Futures Committee developed a long list of opportunities. The Committee then consolidated the list. Priorities were established. The final list appears below:

### Priority Opportunities for RI

#### Policy

- To facilitate the establishment of rehabilitation standards
- To establish a means of measuring program outcomes
- To develop partnerships which will involve outside agencies in RI goal achievement
- To support empowerment of people with disabilities
- To encourage use of well recognized preventive programs against disabling diseases and accidents

## Communications

- To collect and disseminate information which will affect the lives of people with disabilities
- To identify information requirements

## Political

- To generate awareness of and skill with political techniques as a means of achieving desired outcomes globally, regionally and locally
- To achieve consumer involvement in the establishment of the agenda of change
- To normalize the work place for people with disabilities who desire employment
- To identify and enable present and future leaders with disabilities to inform and influence the process of shaping and implementing public policy

## Economics

- To encourage funding of development programs
- To manage RI's own resources effectively
- To use joint activity to multiply RI's resources
- To establish clearly the role of people with disabilities as economic citizens
- To support the development and implementation of effective community based rehabilitation programs

## Education

- To employ dissemination of knowledge as a means of supporting informed choices by people with disabilities
- To identify educational needs which will support integration

## RI's Values

Organizations strive to achieve two kinds of goals -- quantitative and qualitative. Quantitative goals describe what the organization seeks to accomplish. These goals generally flow directly from the Mission Statement. They define what must be achieved in terms of people served, revenues, products introduced, return on investment, and other common, quantitative indicators of success.

Qualitative goals describe how or in what manner the organization wants to perform. They define success in terms of the values of the organization. In this sense, values are operational qualities which an organization strives to express in its work.

The Futures Committee identified three key values to move RI forward in the 1990s and beyond. Those values and their definitions appear below:

## RI Values and Definitions

### Member Focused

Continuously striving to identify and respond to the individual and collective needs of the members of the organization.

### Financial Stability

Continuously striving to increase, conserve and utilize available sources of income judiciously, and at all times to achieve and maintain fund balances which will make possible the accomplishment of our stated mission on a firm and sustainable basis.

### Results Oriented

Continuously striving to identify meaningful goals and conducting planned activities to accomplish them on time within resources budgeted, with desired, predetermined and measurable results.

## RI's Strengths and Weaknesses

Vision, Mission and Values define aspirations. RI's speed in moving toward those aspirations is defined, in turn, by its strengths and weaknesses.

In keeping with the systematic approach of strategic planning, the Futures Committee reviewed strengths, weaknesses and issues to be resolved in the following five components of RI's operations.

as RI's self-analysis of its five components shows vividly. No amount of exhortation or even dedication can offset the weaknesses listed above. Continual effort to compensate for structural and systemic weaknesses wears out even the best intentioned people. In such a situation, growth and dynamism seem impossible.

However, dedicated effort can radically change this picture. That effort begins with the setting of clear, dynamic goals.

## RI's Goals, Objectives and Strategies

Goals are broad, general outcomes sought by an organization. Objectives are measurable results to be achieved by a specific time. The Futures Committee's goals are generally for the 1993-2000 period. Its objectives concentrate on the 1992-95 period.

The RI Goals and Objectives are listed below as they were endorsed by the Executive Committee. Dates, where listed, indicate completion deadlines.

## RI Goals and Objectives

### Member Focused

Goal: To involve the membership directly in creating programs and projects of the organization and in the setting of priorities.

Objectives:

- Determine the desires, needs and priorities of membership by questionnaire (30 July 1993).
- Determine the capacity, resources and expertise of membership (1 December 1993).
- Secretary General to initiate the project within 10 days after approval of this plan.

- Establish a regular means of internal communication to provide data, share current experiences, encourage growth and change.

### Financial Stability

Goal: To involve the membership directly in creating programs and projects of the organization and in the setting of priorities.

### Education

Goal: To conduct and/or support educational activities as a means of changing attitudes, influencing opinion, increasing proficiency and obtaining support of RI and its mission.

Objectives:

- Create specific information goals in support of the empowerment of people with disabilities. These objectives would include but not be limited to investigating/ establishing an international index of disabilities and rehabilitation to measure how nations and regions are progressing on a range of issues of concern to people with disabilities.
- Translate those goals into a plan of action to include internal and external publications, seminars, lectures and public relations activities and the like.
- Originate and execute a sequential program of education at the RI Assembly for rehabilitation professionals, including an annual theme.
- Identify key decision makers and opinion leaders in fields of expertise vital to RI.
- Conduct and/or support specific programs of training, information and influence to stimulate participation in RI; support of people with disabilities, or support of the programs and goals of RI and people with disabilities.
- Identify educators as a category for special attention to inform them of the educational and social potential of students with disabilities, and to support their efforts to obtain equipment and specialized training.

### **Longer-Term Strategies**

- Based on better information from members, review existing products and services, eliminate the obsolete, upgrade remaining offerings, and introduce new ones.
- Continually strengthen management structures, systems and skills to deliver better products and services.
- Support the above efforts with additional resources obtained from more efficient dues collection, payments for supplementary services and fundraising.

### **Resources Required**

Because funding is not available, this RI strategic plan deliberately does not rely on heavy cash expenditures in its first stages. However, it does assume that RI's staff and volunteers will be willing to invest time and effort to move the process forward. It also assumes that initial steps will establish the habit and reputation for success upon which organizational funding activity must be based.

### **Summary & Conclusion**

RI's Vision of the future is not only possible, it is inevitable. With or without RI, desirable progress will occur. However, with a dynamic and forceful RI, progress will accelerate.

This plan's value rests upon several key factors. It represents the results of significant research into the operating environment of the organization on a worldwide basis; the intellectual genesis of its contents contains experience from several continents, professions and viewpoints; it emphasizes the responsibilities of membership; it is keyed to outcomes supporting meaningful independence of people with disabilities, and it is long-term enough to have lasting value and influence, short-term enough to encourage regular review and built-in protection against collective mind set.

The plan gives the group direction. It will also permit the careful evaluation of present systems of governance, resource development, organizational structure, and research against an established set of measurable goals.



## RI 2000 The Way Forward Adopted by 1993 Assembly Meeting

### Original Article in International Rehabilitation Review



### Transcription

RI 2000 -- the Way Forward, a strategic direction for the future of the organization, was adopted by consensus by the 1993 annual Assembly which met in Atlanta, Georgia USA in October. RI 2000 encompasses a mission statement, descriptions of the organization's vision and values and a global set of goals and objectives. More specific objectives and strategies are now being developed by the RI Regions and Commissions. An overview of the document appears on page 3.



*Australian Assembly delegates Janet Braithwaite, John Leggo and Simon Haskell.*

## RI Regional Workshop in the Arab Region to Promote the Rights of Women with Disabilities 2005



*Figure 1: Many participants in the workshop also attended the RI Arab Regional Conference.*

### Summary

Rehabilitation International (RI) and its network in the Arab region organized a regional workshop to promote the rights of women with disabilities, in collaboration with the Office of the UN Special Rapporteur on Disability and with the generous support of UN DESA. The workshop was held on 12-13 November 2005 in the Kingdom of Bahrain, with the participation of 50 women, including many women with disabilities and their assistants, from 11 Arab States (Annex 1). In addition to this training, the participants were invited to attend the RI Arab Regional Conference, which took place in Bahrain from 14-16 November and included a special session on women with disabilities.

The workshop had two main objectives:

- raising awareness on the rights of women with disabilities at the national, regional and international level and highlighting ways to achieve these rights, including by promoting and implementing a new UN Convention on the Rights of Persons with Disabilities
- building capacity of the participants, particularly with training on communication skills and networking, in order for them to improve the living conditions in their country or region and contribute to the UN Convention process

As indicated in the attached workshop program (Annex 2), participants heard presentations and were engaged in discussions on a broad range of issues. The entire workshop was conducted in Arabic, and papers presented at the workshop were distributed to all participants in Arabic. The documents which were originally in English were translated and distributed in both English and Arabic (Annex 3).

At the start of the workshop, participants learned about the broad scope of human rights as well as the specific rights for persons with disabilities in various legal instruments. For example, the women were informed about the right to work and right to education, among others, as well as the principles enshrined in the Standard Rules for the Equalization of Opportunities for Persons with Disabilities. The participants stressed that there was a lack of special legislation on women with disabilities in their countries, noting that even where legislation exists, these laws are either annexed to legislation on women or people with disabilities in general.

The discussion also focused on the shift from a medical approach to disability to the rights-based model, underlined by the negotiations toward a UN Convention on the Rights of Persons with Disabilities. While the current global movement reflects this paradigm shift, participants discussed the actual situation for women and girls with disabilities in the region, identifying their particular concerns and barriers. In this regard, the participants discussed the inability of women with disabilities to get their legitimate rights – including education, health, political participation, marriage, employment, among others – due to the discrimination against women with disabilities within their societies.

Another session concentrated on the gender implications of disability, especially in the Arab context, and explored the regulations and expectations placed on men and women (with or without disabilities) and the special needs of women with disabilities. The participants felt that the needs of women with disabilities were ignored in their communities due to their own lack of information of the causes of disability as well as broad discrimination within their societies. For example, one of the common barriers facing women with disabilities in the region was the belief that women with disabilities were inferior, which was underscored in the education system.

The women also heard presentations on the role of various organizations in promoting disability rights and began discussing how their own organizations could work together to achieve a more unified and louder voice. They participated in

role play exercises to develop better skills in communications, event planning and advocacy. One of the key outcomes was the interest among the participants to form a network of women with disabilities in the region, in order to strengthen their voice and continue to exchange information and good practice.

## Recommendations

At the close of the meeting, the participants adopted the following recommendations:

1. Establish a network of Arab women with disabilities, which would be vested with follow up and implementation of the other recommendations
2. Submit a recommendation to the Ministers of Information in Arab countries, calling on them to improve the image of persons with disabilities in general and women with disabilities in particular
3. Organize continuous awareness raising campaigns using all audio-visual media
4. Consider this workshop as the beginning of a series of annual activities organized for women with disabilities, mainly to follow up on the latest developments
5. Organize training and rehabilitation sessions on the various subjects related to women with disabilities
6. Establish a database to track statistics on women with disabilities in the Arab region
7. Call on governments to issue special legislation to require physical access to government, private, and public premises, and promote the enforcement of these new regulations
8. Provide assistive devices for people with different kinds of disabilities using modern technology
9. Pledge to provide public libraries, schools and universities with all necessary material for workshops and training sessions, typed in Braille
10. Enhance the learning and use of sign language in all government and educational institutions

11. Work to disseminate the culture of “nothing about us without us” at all levels
12. Stress the principle of equalization of opportunities and the rights of women with disabilities, to ensure that women have the same rights as all others, namely in the fields of education, health, insurance, rehabilitation, work and employment
13. Work to protect women and avoid their exploitation
14. Ask the Office of the UN Special Rapporteur on Disability to follow up with Arab countries on the implementation and compliance of these recommendations
15. Request the Ministries of Education to include the issues related to women with disabilities in school curricula
16. Establish forums, sports and leisure clubs for women with disabilities
17. Organize workshops and training programs which build the capacity of women with disabilities, rather than lecture them
18. Ensure that persons in charge of the training sessions for people with disabilities are qualified and specialized in the field of disability.

In light of the strong interest from the participants in the workshop to continue to raise awareness and build capacity in the region, RI and its Arab regional network would like to pursue follow up activities, including the establishment of a communications network among participants and further skills training and capacity building targeted for women with disabilities in the region. RI would be happy to discuss with UN DESA how it might continue to support the rights and inclusion of women with the disabilities in the Arab region.

A financial report of the project expenses is attached (Annex 5).

## Conclusion

As a result of this workshop, women with disabilities in the Arab region became more informed about their rights and the process toward a UN Convention on the Rights of Persons with Disabilities. The workshop also empowered these women with the communications and advocacy skills to continue to promote the rights and inclusion of persons with disabilities within their communities, with a greater sense of solidarity with other women with disabilities from the region.

To further raise the visibility of this project, a brief summary of the workshop and outcomes was featured in the latest version of the International Rehabilitation Review, RI’s magazine on disability issues (Annex 4). This was distributed widely during the 7th Session of the Ad Hoc Committee on the UN Convention on the Rights of Persons with Disabilities (January-February 2006), and was mailed to all RI members and partner organizations.

## RI Foundation Board Inaugural Meeting 2007

### **Inaugural RI Foundation Board Begins a New Phase for RI Ambassador Luis Gallegos of Ecuador Elected Chair of the Board**

(New York, 19 February 2007) The Board of Directors of the RI Foundation, a subsidiary body of RI, met in New York yesterday to continue the mission of advancing the rights and inclusion of people with disabilities worldwide through RI and its partnerships, Regions, Commissions and members.

The Foundation has the potential to actively progress the equal rights and opportunities of persons with disabilities worldwide, in harmony with the UN Convention on the Rights of Persons with Disabilities (UN Convention) adopted by the UN General Assembly in December 2006, by creating a solid financial base for RI initiatives.

The Board unanimously elected Ambassador Luis Gallegos, current Ambassador of Ecuador to the United States, as the first Chair of the Board. Other distinguished members of the inaugural Board of Directors of the RI Foundation include M.B. Lee of Hong Kong; Ken Aitchison, Lex Frieden and Phyllis Magrab of the USA; RI President Michael Fox of Australia; Anne Hawker of New Zealand; Il-Yung Lee of South Korea; and Pekka Tuominen of Finland. Il-Yung Lee, Pekka Tuominen and Lex Frieden were elected Vice Chairs of the Asia-Pacific, European and North American regions respectively. Ambassador Luis Gallegos, who served as the initial Chair of the Ad Hoc Committee on the UN Convention,

said, “The RI Foundation creates a new and important opportunity to raise awareness and advance the rights of the 650 or more million persons with disabilities around the world, with an estimated 80% living in developing countries.”



## Presentation of One of the First Plaques with the International Symbol of Access, Adopted by RI in 1969



*Presentation of one of the first plaques with the International Symbol of Access, adopted by RI in 1969. Pictured (l-r) Anne Hawker, RI President-elect; Jerome Belson, President, United Cerebral Palsy of New York; Leslie Park, Founder, Disabled and Alone; Tomas Lagerwall, RI Secretary General; Michael Fox, RI President; and Rex Davidson, President, Goodwill Industries of New York/New Jersey.*

RI is currently composed of over 700 members and affiliated organizations in nearly 100 nations, in all regions of the world. RI has well-established partnerships with the UN and its agencies as well as other international and regional organizations.

RI also works closely with other disability organizations, actively participating in the [International Disability Alliance \(IDA\)](#), a coalition of the world's largest international organizations of and for people with disabilities.

### What We Do

RI and its members develop and promote initiatives to protect the rights of people with disabilities and improve rehabilitation and other crucial services for disabled people and their families. RI also works toward increasing international collaboration and advocates for policies and legislation recognizing the rights of people with disabilities and their families, including the establishment of a UN Convention on the Rights and Dignity of Persons with Disabilities.

As a federation of local, national and international organizations and agencies, RI provides an open forum for the exchange of experience and information on research and practice.

## How We Work

RI is a democratic organization governed by an Assembly - representing its member organizations - which meets annually to discuss the general policies of the organization. Members elect a President, currently Michael Fox of Australia, and Executive Committee every four years. The Executive Committee then appoints the Secretary General, currently Tomas Lagerwall, who is a native of Sweden. RI's headquarters are based in New York City, New York, USA.

RI is a matrix organization, with regional leadership in Africa, the Arab region, Asia, Europe, Latin America and North America as well as thematic commissions in particular fields of expertise, which assist in developing and expanding program activities in accordance with RI's strategic goals. Commissions include:

- Education Commission
- Health and Function Commission
- International Commission on Technology and Accessibility (ICTA)
- Leisure, Recreation and Physical Activities Commission
- Policy and Services Commission
- Social Commission
- Work and Employment Commission

## Our Activities

RI and its members, Regions and Commissions are involved in a range of programs and projects, including:

Working with the UN, governments and disability organizations to promote implementation of existing international agreements, such as the UN Convention on the Rights of Persons with Disabilities and the UN Standard Rules for Equalization of Opportunities for People with Disabilities;

Providing training and technical assistance to governments, professionals and persons with disabilities on accessibility and technology, education, rehabilitation and habilitation, health, national policies and services, employment, social inclusion and participation, and sports and leisure activities, among other issues;

Implementing projects to fulfill RI's mission, particularly in developing countries, to fulfill RI's mission, such as:

- Raising awareness of HIV/AIDS and disability rights among disabled youth in Africa;
- Promoting the rights and inclusion of women with disabilities in the Arab region;
- Promoting the production of assistive technology in Latin America, Africa and Asia; and
- Promoting work and employment for persons with disabilities;
- Organizing World Congresses and Regional Conferences - most recently in Oslo (June 2004) and Bahrain (November 2005) - and international meetings on disability-related topics;
- Publishing comprehensive periodicals and reports on disability issues including the International Rehabilitation Review and One in Ten; and
- Distributing information and audiovisual materials for public education and training in more than 150 countries.

# Section 1.2

## **RI CRPD Advocacy – Collections from Anne Hawker**

# The UN Convention on the Rights of Persons with Disabilities



## Why Do We Need a UN Convention on Disability Rights?

Throughout the world, there is ongoing discrimination against persons with disabilities.

There has been a shift from a medical model to social and rights-based approach to disability.

**Medical model:** Views disability as a result of a physical condition.

**Social model:** Views disability as a result of exclusion and barriers in society (whether intentional or not).

- Emphasis on empowerment and inclusion, and the need for society to adapt.

## What is a Convention?

A convention is another word for treaty, which is an international legal agreement between countries or international organizations to create or limit rights and responsibilities.



## A Rights-based Approach



- Persons with disabilities are viewed as holders of rights
- Its final aim is to empower persons with disabilities, and to ensure their active participation in political, economic, social, and cultural life in a respectful way.
- Existing human rights instruments are not sufficient.
- It is necessary to change both attitudes *and* laws.

## How Did It Start?

*1981:* International Year of People with Disabilities

*1982:* World Program of Action

*1983-1992:* International Decade of People with Disabilities

*Late 1980s:* Initiatives by Italy and Sweden for a Convention



## Toward the UN Convention

*1993:* Standard Rules of Equalization of Opportunities

- Not legally binding
- Represent the moral and political commitment of Governments to take action and develop disability-friendly policies
- Important tool in raising awareness on disability rights
- Established a monitoring mechanism

*1999:* RI Charter for the New Millennium

- Calls on governments to support a UN Convention on the Rights of People with Disabilities as a key strategy
- Urges the creation of compassionate policies that respect the dignity of all people
- Promotes access to treatment, information about self-help techniques, provision of adaptive and appropriate technologies

*2001:* UN Convention proposed by Mexico in the UN General Assembly

*2002 - 2006:* Negotiations in the UN Ad Hoc Committee

## Adoption of the UN Convention

*December 13, 2006:* The UN General Assembly unanimously adopts the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol (OP).

*March 30, 2007:* The Convention and Optional Protocol are opened for signature; 81 countries sign on the first day

*July 2007:* The Convention receives its 100th signatory.





## Turning the Convention into Law

The difference between signature and ratification

- *Signature:* When a country signs, it agrees with the principles and purpose of the Convention. The country also agrees not to take any action against the principles of the Convention. By signing, a state does not have official legal responsibilities.
- *Ratification:* Ratification is a formal legal process (usually by Parliament). Once a country ratifies, it is called a State Party and must take the necessary steps to make sure that citizens in its country will enjoy the rights in the Convention.



20 ratifications are needed for the Convention to become law. This is known as “entry into force”.

The treaty will only become national law in the countries which have ratified the Convention.

A Committee of Experts will monitor the implementation of the CRPD.



## Reservation vs. Declaration

When ratifying, countries may make a reservation or a declaration:

- *A reservation* is a legal statement made by a country which accepts a treaty, but does not want to apply certain aspects of the treaty. Reservations cannot go against the purpose of the treaty.
- *A declaration* is a way for a State to clarify its understanding of a certain provision in the treaty. It does not change the legal significance of the treaty.

## What is “Disability”?



According to the CRPD, a “person with disability” includes those who have long-term physical, mental, intellectual or sensory impairments which hinders their full and effective participation in society on an equal basis with others. (Article 1)

- Recognizes that disability is always changing and is a result of the interaction between a person’s impairment and obstacles such as physical barriers and attitudes that prevent participation in society.
- Notes that most people will experience a disability - either temporary or permanent - at some time in their life.
- Also recognizes that some people are born with a disability.

## General Principles

According to Article 3 of the CRPD:

- Inherent dignity
- Individual autonomy including the freedom to make one’s own choices, and independence of persons



- Non-discrimination
- Full inclusion and participation of persons with disabilities as equal citizens in all aspects of life
- Respect for difference and acceptance of disability as part of human diversity and humanity
- Equal opportunity
- Accessibility
- Equality between men and women
- Respect for evolving capacities of children and respect for the right of children with disabilities to preserve their identities.

## What Rights are Included in the Convention?

### Civil & Political

- Equal protection before the law
- Liberty and security of the person
- Freedom from torture
- Right to life
- Respect for privacy
- Liberty of movement and nationality
- Protection of the integrity of the person
- Right to participation in public life
- Freedom from exploitation

### Economic, Social, Cultural

- Freedom of expression
- Respect for home and the family
- Right to education

- Right to work
- Right to an adequate standard of living
- Right to health
- Right to live in the community
- Habilitation and rehabilitation
- Right to participate in cultural life

## What is Optional Protocol?

The Optional Protocol (OP) is a legal instrument which gives individuals the ability to submit complaints after they have already followed all possible legal actions in their countries.

- The OP must be signed and ratified separately from the CRPD.
- This individual complaints process only applies to those countries that have ratified the OP.
- Individual complaints would be sent to the Committee of Experts (who are elected by States Parties).



## The Role of NGOs

Over the five years of negotiations, 300 representatives of disabled peoples' organizations participated; unprecedented in a treaty process.

Two particularly important groups involved were the International Disability Caucus (IDC) and the International Disability Alliance (IDA).



Vision:

- A world free of barriers of all kinds, a world where each person's voice is heard and respected and their rights honored



Objectives:

- To obtain a Convention which protects and promotes the human rights of all people with disabilities, regardless of the type of disability, in all parts of the world
- To achieve a Convention which is based on full participation, respect for human diversity, self determination, non-discrimination and equality between men and women

## International Disability Caucus

International Disability Caucus

- Ensured that the views of people with disabilities were taken into account in all stages of the negotiation process of the Convention
- Composed of over 70 international, regional, and national disabled peoples' organizations and allied NGOs



## International Disability Alliance

Network of 8 democratic global organizations of people with disabilities: Inclusion International, International Federation of Hard of Hearing People, World Blind Union, Disabled Peoples' International, RI, World Federation of the Deaf, World Federation of the DeafBlind, World Network of Users and Survivors of Psychiatry.



Currently expanding membership to include regional representation

IDA's motto: "Nothing about us without us"

Voice of the international disability movement in global policy matters

Facilitates cooperation and the exchange of information between the international disability organizations

## RI's Role in Negotiations



- Argued for the need for a Convention
- Facilitated NGO participation in negotiations
- Consulted at national and regional levels
- Conducted Daily Summaries Project (accurate and neutral record of meetings)
- Participated in IDC and IDA
- Maintained and reported on negotiations to RI network
- Organized side events on issues such as HIV/AIDS, poverty and disability rights, children with disabilities, rehabilitation, inclusive education and implementation of the treaty
- Organized seminar on Implementation of CRPD, held in NY just one day after treaty was finalized.

## Next Steps

Ratification and implementation by States

Once 20 States ratify, the CRPD becomes international law

Within 6 months, there will be a Conference of States Parties, who will elect the Committee of Experts

Development of national action plans and policies

Collaboration among governments, disability Community, NGOs, and service providers to turn plans into action



## RI's Focus

RI is committed to playing an active role in promoting ratification and implementation of the Convention.

Implementation involves:

- Adopting broad national laws to fulfill legal obligations
- Developing action plans and policies
- Training relevant actors
- Raising awareness of the Convention

RI will continue to promote cooperation between governments, disability organizations, advocates, and service providers.

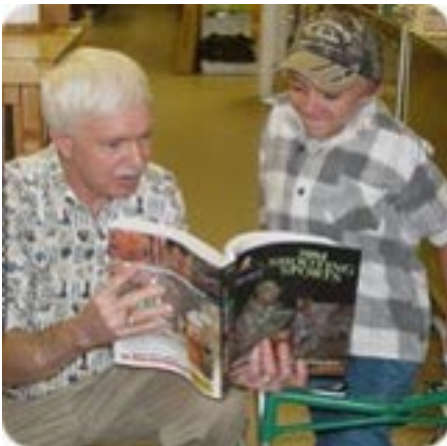


- Urge governments and businesses to adopt disability-friendly policies
- Raise awareness of disability rights through media and trainings
- Carry out projects or actions in your communities



## Resources

- [Rehabilitation International \(RI\)](#)
- [UN ENABLE](#)
- UN Office of the High Commission on Human Rights



## What Can You Do?

- Advocate for governments to ratify and implement the UN Convention, without reservations or declarations
- Identify key partners in government, NGOs, experts, parliamentarians and professionals and consider how to work together
- Develop regional, national and local action plans



## Overview: Convention on the Rights of Persons with Disabilities



After five years of negotiations, the first human rights treaty of the 21st century, the Convention on the Rights of Persons with Disabilities (CRPD), was adopted by the United Nations General Assembly on December 13, 2006. The negotiations toward the CRPD included an unprecedented participation from civil society, particularly disabled peoples' organizations. To date, more than 115 countries have shown their commitment to the human rights of persons with disabilities by taking legal steps- signature and ratification - to adopt this new international legal instrument into their national laws. After 20 states have ratified the CRPD - that is, after 20 states have adopted the Convention through national legal procedures - the treaty can be applied in those countries.

This document provides an overview of the legal rights and principles in the CRPD to better assist disabled peoples'

organizations and other members of civil society in their advocacy efforts. This overview may also be useful for service providers, professionals, parliamentarians, journalists and persons with disabilities in understanding, promoting and implementing the Convention.

### Purpose of the Convention (Article 1)

The purpose of the CRPD is to “promote, protect and ensure” the human rights and fundamental freedoms of all persons with disabilities and to promote the respect for their dignity. The CRPD does not define disability, but Article 1 states that “persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”





## Definitions (Article 2)

The Convention explains some of the terms in the text including:

- Communication;
- Language;
- Discrimination on the basis of disability;
- Reasonable accommodation; and
- Universal design

## General Principles (Article 3)

The eight general principles of the CRPD form the basis for the legal rights. These principles are:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

## General Obligations (Article 4)

Article 4 of the Convention explains the following obligations of States where the CRPD has already become national law:

- To take legislative, administrative and other steps to implement the rights in the Convention;

- To modify or abolish existing laws, regulations, customs and practices that discriminate against persons with disabilities;
- To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programs;
- To stop doing any act or practice that is inconsistent with the CRPD;
- To take steps to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- To promote the research, development, availability and use of universally designed goods, services, equipment and facilities; and to promote universal design in the development of standards and guidelines;
- To promote the research, development, availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;
- To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, as well as other forms of assistance, support services and facilities;
- To promote the training of professionals and staff working with persons with disabilities in the rights in the Convention.

## Rights Addressed by the Convention (Articles 5-32)

Equality and non-discrimination, as articulated in Article 5 of the CRPD, form the basis for many of the other rights in the treaty. This article recognizes that all persons with disabilities are equal and are entitled to equal protection and equal benefit of the law. Article 5 also prohibits all discrimination because of disability. Due to a history of multiple discrimination and neglect, the CRPD also includes specific articles on women and children with disabilities (Articles 6 and 7 respectively).

The Convention is a comprehensive human rights treaty, covering civil, political, economic, cultural and social rights. Civil and political rights – such as equal protection before the law, liberty and security of the person, right to life, protection of the integrity of the person and right to participation in public life – are to be implemented by the State immediately, while economic, social and cultural rights – including freedom of expression, right to education, right to work, right to an adequate standard of living, right to health and the right to participate in cultural life – can be implemented over a period of time (which is called “progressive realization”).

Below is the list of civil, political, economic, cultural and social rights addressed in the Convention:

- Article 8: Awareness-raising
- Article 9: Accessibility
- Article 10: Right to life
- Article 11: Situations of risk and humanitarian emergencies
- Article 12: Equal protection before the law
- Article 13: Access to justice
- Article 14: Liberty and security of the person
- Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment
- Article 16: Freedom from exploitation, violence and abuse
- Article 17: Protection of the integrity of the person
- Article 18: Liberty of movement and nationality
- Article 19: Living independently and being included in the community
- Article 20: Personal mobility
- Article 21: Freedom of expression and opinion, and access to information
- Article 22: Respect for privacy
- Article 23: Respect for home and the family
- Article 24: Education
- Article 25: Health
- Article 26: Habilitation and rehabilitation
- Article 27: Work and employment
- Article 28: Adequate standard of living and social protection
- Article 29: Participation in political and public life
- Article 30: Participation in cultural life, recreation, leisure and sport
- Article 31: Statistics and data collection
- Article 32: International cooperation

### **National and International Monitoring (Articles 33-40)**

At the national level, the government actors monitoring the implementation of the Convention will vary from country to country. The Convention requires that there be at least one government focal point with this responsibility, and encourages that there be a mechanism within the government to coordinate actions undertaken in different sectors and at different levels. Each country will also create an independent body, such as a national human rights or disability commission, responsible for examining how the country has put the CRPD into national laws. The Convention also provides that NGOs, particularly organizations of persons with disabilities, will fully participate in the national monitoring process.

As part of their treaty obligations, countries will be required to submit reports to an international Committee of Experts that includes persons with disabilities and others who are elected by States that have ratified the treaty. These reports will present States’ progress made toward meeting the requirements of the CRPD. States must send an initial comprehensive report, with subsequent reports every four years. The Committee will make observations and recommendations on each report, and may request further information from the

State. In addition, the Committee may, from time to time, issue General Comments for further explanation of treaty provisions. The monitoring body (or Treaty Body) will not be able to make or enforce any judgments, but its recommendations generally carry strong international support. Thus, governments will feel political pressure to comply.

The country reports and Committee recommendations and comments are to be made available to the public. The Convention encourages cooperation between the Committee and the States and with other relevant bodies, such as the other UN agencies or experts.

Another mechanism for discussing implementation of the CRPD is the Conference of States Parties, made up of all States that have ratified the treaty. This forum provides an opportunity for States to share good practices and consider key challenges in implementation.

NGOs are expected to take an active role, by participating in consultations during the nomination and election of members of the Committee, and by submitting independent country “shadow” reports on progress toward implementation. As the precedent has been set in other treaty processes, NGOs can also participate in the Conference of States Parties.

## **Entry Into Force, Reservations and Other Provisions (Articles 41-50)**

The UN Secretary General invited countries to sign and ratify the CRPD as of March 30, 2007. The Convention can also be adopted by regional organizations that have authority over any rights covered by the Convention. For example, the European Community signed the CRPD.

The Convention will enter into force 30 days after the 20th country has formally deposited its ratification documents at the UN. At the time of ratification, the Convention allows countries to make reservations (a legal statement made by a country which accepts a treaty, but does not want to apply certain aspects of the treaty). However, reservations cannot go against the nature and main purpose of the treaty. Countries may choose to withdraw reservations at any time. The CRPD can also be amended by the Conference of States Parties, as long as two-thirds of the states who are have ratified the CRPD and who are present at the meeting agree.

The CRPD is the first treaty to require that the text of the Convention be made available in accessible formats (Article 49). The CPRD is also translated into the six official UN languages, and all translations are considered to have the same legal value.

## **The Paradigm Shift**

The entire Convention reflects the shift from a medical model to a social model and now to a rights-based approach to disability. The rights-based approach serves to empower persons with disabilities, and ensure their active participation in political, economic, social and cultural life in a respectful way.

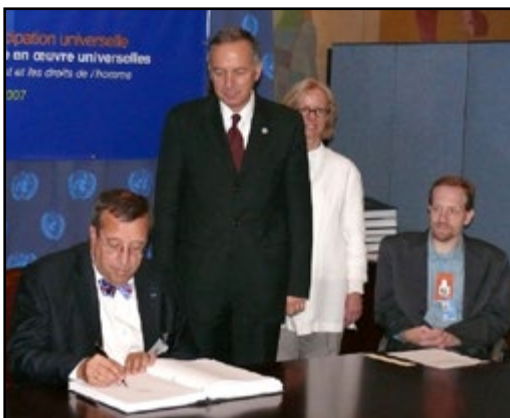
## **The Optional Protocol**

States are also encouraged to sign the Optional Protocol, a legal instrument that gives individuals the ability to submit complaints to the Convention’s monitoring body after they have already followed the complaint process in their countries without success. The Optional Protocol will take effect after it is ratified by ten countries.

# Frequently Asked Questions

## 1) Why Do We Need a Treaty?

The Convention on the Rights of Persons with Disabilities (CRPD) complements and strengthens other core UN human rights treaties that have not fully protected the rights of people with disabilities. As a binding legal document dedicated solely to disability rights, this Convention has the power to hold governments accountable for discrimination and inequality. The new Convention reflects a paradigm shift to a human rights approach to disability, emphasizing that persons with disabilities should enjoy the same rights and opportunities as others in society, regardless of age, gender, geographic location or type of disability.



## 2) What is the difference between the Disability Rights Convention and the Standard Rules?

The main difference between the Convention and the Standard Rules on the Equalization of Opportunities for Persons with

Disabilities (Standard Rules) is about its legal enforcement. The Convention is a legally binding instrument, meaning that countries that ratify the Convention have certain obligations. The Standard Rules, on the other hand, provide guidance, meaning that countries do not have to comply. Both instruments have a monitoring body, a group of experts in the disability field who track how countries make progress in implementation. (See question #13).



### 3) Will the Standard Rules Be Amended and What Will Be Their Status When the Convention Enters into Force?

There is limited political will from governments to update or revise the Standard Rules, since the Convention was more recently negotiated and provides legal protections (while the Rules serve as non-binding recommendations).

However, since not all countries will ratify the Convention, at least in the immediate term, the Standard Rules will still serve as an important tool in advocacy efforts, and in giving guidance to governments.



### 4) What Is the Optional Protocol?

The Optional Protocol is a legal instrument that gives individuals the ability to submit complaints to the Convention's monitoring body after they have already followed all possible legal actions in their countries. The monitoring body (or Treaty Body) will not be able to make or enforce any judgments, but its recommendations generally carry strong international support. Thus, governments will feel enormous political pressure to act according to the monitoring body's recommendations.

### 5) Is There a Definition of Disability and Who Is "Covered" By the Convention?

There is no universally accepted definition for disability in the Convention. However, Article 1 of the CRPD states: "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in

interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." The concept of disability may be addressed by national legislation and/or by the monitoring body (or Treaty Body).

### 6) What Types of Laws Does the Convention Address?

The CRPD is a comprehensive human rights treaty, covering civil, political, economic, cultural and social rights. Civil and political rights – such as equal protection before the law, liberty and security of the person, right to life, protection of the integrity of the person and right to participation in public life – are to be implemented by the State immediately, while economic, social and cultural rights – including freedom of expression, right to education, right to work, right to an adequate standard of living, right to health and the right to participate in cultural life – can be implemented over a period of time (which is called "progressive realization") (See question #15).

### 7) What Does It Mean for a Country to Sign the Convention?

By signing the CRPD, a country shows a commitment to eventually ratify and its agreement with the principles and purpose of the Convention. That country affirms that it will not take any action to violate the main idea of the Convention, and that it is interested in becoming a State Party in the future. By signing, a state is not obligated to comply with the Convention.

### 8) What Does It Mean for a Country to Ratify the Convention?

Ratification is the process that countries undertake to formally adopt the CRPD. Each country has its own laws and procedures for ratification, which usually involves parliamentary approval. The ratification must then be formally deposited with the UN Secretary General. Ratification means that a country becomes a State Party and is legally bound to the Convention, and must comply with the treaty.



## 9) When Does the Convention and the Optional Protocol Become Law?

The CRPD and its Optional Protocol will enter into force on May 3, 2008, which means that the treaty will officially become international law. However, the Convention and its Optional Protocol are binding only for the countries that ratify it. 20 ratifications of the Convention and 10 ratifications of the Optional Protocol were required for them to become law.

## 10) Can Individuals or Organizations Sign or Ratify the Treaty?

No, only countries or regional organizations such as the European Community may sign or ratify the Convention. Individuals and organizations can help by urging their governments to sign and ratify.

## 11) What Are Reservations and Declarations?

A **reservation** is a statement that allows a state to accept a multilateral treaty as a whole, while allowing that state to choose to not to be bound to certain provisions of the Convention. Reservations cannot be incompatible with the object and main purpose of the treaty. A **declaration** is a way for a state to clarify their interpretation of a certain provision in the treaty. It does not exclude or change the legal significance of the document. Other States can object to a reservation within 12 months. States may decide to withdraw a reservation or declaration at any time.

## 12) How Have Disability Organizations Been Involved in the Process Toward the Convention?

The Convention is an unprecedented document because of the high level of participation of persons with disabilities and their organizations in the treaty negotiation process. The challenge was to bring together the various civil society participants. Eight democratic global disabled peoples' organizations formed the International Disability Alliance (IDA) in 1999. IDA members and other NGOs formed the International Disability Caucus (IDC), so that they would be able to speak with a unified voice at the treaty negotiations. In fact, in keeping with the IDC motto "Nothing about us, without us" much of the Convention's text was actually written by IDC

members. The IDC grew to a coalition of over 70 international, regional, and national disabled peoples' organizations and allied NGOs, communicating primarily through the internet. The IDC achieved its objective of a Convention that (i) protects the human rights of all persons with disabilities in all parts of the world, regardless of type of disability, and (ii) is based on full participation, respect for human diversity, self determination, non-discrimination and equality between men and women.



## 13) How Will the Treaty Be Enforced?

Within two years after ratifying the treaty, a country will have to submit a report covering its progress towards implementation of the treaty. After that initial report, follow-up reports will have to be submitted every four years. Reports will be submitted to the Committee on the Rights of Persons with Disabilities, an international committee of experts, including persons with disabilities. The Committee will then make concluding observations after assessing each report. In addition, the Committee may from time to time issue General Comments or Recommendations for further explanation of treaty provisions. Members of civil society, especially organizations of persons with disabilities, are expected to take an active role in all stages of the monitoring process, including by submitting independent country "shadow" reports and encouraging their governments to nominate experts with disabilities. There is not, however, a penalty for those governments that fail to comply with the Convention. In addition, in some instances, individuals will be able to send complaints to the monitoring body (see question #4 on the Optional Protocol).

At the national level, the government actors monitoring the implementation of the Convention will vary from country to country. The Convention requires that there be at least one government position to oversee how the Convention is put into practice. Each country will also create an independent body, such as a national human rights or disability commission, to examine the Convention's implementation. The Convention also states that NGOs will fully participate in this monitoring process.

#### 14) What Is the Difference Between the Committee on the Rights of Persons with Disabilities and the Conference of States Parties?

The **Committee on the Rights of Persons with Disabilities** will be composed of independent experts who are elected by those states that have ratified the Convention. This Committee will review states' reports on how states implement the CRPD.

The **Conference of States Parties** will be the assembly of all states that have ratified the CRPD. Unlike the Committee on the Rights of Persons with Disabilities, the Conference of States Parties will not have an enforcement role; rather, the Conference of States Parties will provide an opportunity for countries to discuss the implementation of the CRPD and elect members of the Committee. The first meeting of the Conference of States Parties will occur within six months after the treaty takes effect, and further meetings will occur every two years, or as otherwise decided.

#### 15) How Can Developing Countries Comply with the Convention?

The Convention allows for progressive implementation, but only for economic, social and cultural rights – meaning countries will have some flexibility without strict deadlines when to fulfill those rights. Each country though will have act to take steps to use all the resources it can to meet the terms of the Convention. Article 32 of the Convention focuses on

international cooperation and calls for countries to assist each other, such as providing technical and economic assistance where appropriate. In addition, disability NGOs and others in civil society should be consulted through the implementation process to provide input and assist countries work towards full realization of these rights.



#### 16) What Is Accessible Information?

Information is accessible – whether it is audio, visual or in print -- when it is available in formats that can be used by persons with all types of disability. Some examples of making information accessible are to put text in Braille or large print, or adding subtitles for videos. Also, many computer screen readers, used by persons who are blind, cannot read documents in certain formats such as PDF – therefore, all efforts should be made to provide documents in Word or equivalent formats. In addition, accessible information must be in easy to read and understand forms. Arial, Century Schoolbook, Garamond and Verdana are among the generally desired fonts, with Arial and Verdana considered best for screens and Garamond and Century Schoolbook for printed materials.

# Advocacy

## How Can I as an Individual Promote the Convention on the Rights of Persons with Disabilities?



There are many ways in which individuals can promote the signature, ratification and implementation of the Convention in their country. Some suggestions include:

- Write letters, arrange meetings and contact government officials, parliamentarians and other policy-makers at the local and national levels to encourage your government to sign, ratify and implement the Convention and Optional Protocol as soon as possible.
- Organize a press conference or other media activities with local organizations in your community to spread awareness and promote implementation of the Convention.
- Coordinate or participate in campaigns, such as a disability rights awareness day or a letter-writing campaign or petition, and other activities of organizations working to promote the Convention in your community.

- Ensure that your workplace is accessible to persons with all types of disabilities.
- Make a contribution to or volunteer with a disability organization in your community.

## How Can My Organization Promote the Disability Rights Convention?



Organizations can promote the Convention by:

- Assessing the situation: Analyze the current situation facing people with disabilities in your country or region – that includes existing legislation, institutions, policies and practices – and consider what issues are priorities for the disability community and your organization.

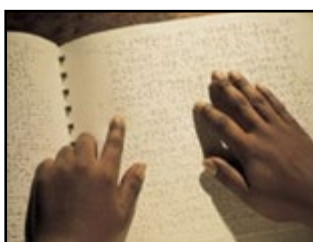
- Developing media campaign(s). Increase awareness of the Convention among partners in the disability community as well as other NGOs, (including mainstream human rights organizations), government officials, policy-makers, legal professionals, and the public through the media. Media outreach may be done by disseminating press releases, holding internet or in-person press conferences, arranging workshops and other meetings, and/or sending a letter or article to newspapers. Provide accessible information (e.g., Word format or large print) on the Convention and/or specific areas of concern to your organization related to the Convention.
- Organizing public events. Raise public awareness of the Convention and the rights of persons with disabilities through meetings, concerts, rallies and other events. Invite well-known and respected individuals to these events to encourage attendance and media attention.
- Expanding partnerships in civil society. Foster the exchange of information and good practices among partners – particularly at the national and regional levels. Explore ways to collaborate with organizations in different movements, such as women’s rights organizations or mainstream human rights organizations, with the aim of greater collaboration and inclusion and mainstreaming of disability rights.



- Monitoring implementation. Once the Convention takes effect, participate in the preparation of your country’s reports. Try to obtain a copy of the current and previous reports from the Foreign Ministry of your country. Conduct research, independent from your government, on the progress that your country makes to implement the Convention. Submit your findings as “shadow reports” to the international monitoring body of the Convention (the Committee on the Rights of Persons with Disabilities). Consider creating or joining an NGO network to jointly submit shadow reports. Shadow reports are valuable tools for the Committee when it evaluates government efforts to meet the obligations of the Convention.
- Strengthening the dialogue with policy-makers. Identify the key policy-makers who can affect the decision-making process in your country, such as the prime minister or parliamentarians. Promote prompt ratification and implementation of the Convention by engaging in dialogue and sharing expertise with government officials, parliamentarians and other decision-makers, while ensuring that disabled peoples’ organizations (DPOs) are consulted throughout this process. Discussions with policy-makers can be carried out through phone calls, in-person meetings, letters, and emails.
- Building capacity. Provide support and technical assistance to persons with disabilities and their representative organizations, particularly in developing countries, to engage in self-advocacy and build alliances with other organizations, legal professionals, and/or government actors.



# Accessibility



used by persons with all types of disability. Some examples of making information accessible are to put text in Braille or large print, or adding subtitles for videos. Also, many computer screen readers, used by persons who are blind, cannot read documents in certain formats such as PDF – therefore, all efforts should be made to provide documents in Word or equivalent formats. In addition, accessible information must be in easy to read and understand forms. Arial, Century Schoolbook, Garamond and Verdana are among the generally desired fonts, with Arial and Verdana considered best for screens and Garamond and Century Schoolbook for printed materials. ([Access by Design: A Guide to Universal Usability for Web Sites](#), Sarah Horton) In addition, large print should be made in at least 16 point font.

- Comparative studies on disability laws show that only 45 countries in the world have disability-specific legislation, including laws related to accessibility. (UN Enable)
- One in five of the world's poorest has a disability, and 82% of persons with disabilities live in developing countries, where accessibility is most often non-existent or extremely limited. (European Commission, 2003)
- The lack of access to the workplace can be a major factor in high levels of unemployment among persons with disabilities. A study in the United States showed that one of the most common reasons for not hiring persons with disabilities was the perceived cost of adapting facilities. A survey of employers, however, found that 73% of their employees with disabilities did not require adaptive facilities, and that the cost of accommodations was usually less than USD 500. (UN Enable)

## Overview

Accessibility is a widely used term to refer to the elimination of barriers to buildings; the outdoors; transport; information and communication, including information and communications technologies and systems, and to other facilities and services open to the public. Accessibility is a vital component in achieving the full participation of persons with disabilities, and it is society's responsibility to reduce the barriers that currently prevent this access. (World Bank) Accessibility also refers to information – whether it is audio, visual or in print -- when it is available in formats that can be



- Only 1-2% of persons with disabilities in Africa have access to health care, rehabilitation services and education. (Disabled People South Africa)
- A survey in India revealed that persons with disabilities face considerable extra costs for assistive devices, appliances, medical reports to certify their disabilities, education and housing modifications. These out-of-pocket costs place many persons with disabilities well below the poverty line. (Mohapatra 2004)
- A Bangladesh study showed that 57% of families with disabled children reported that they also spent between five days and one year's worth of wages on child care, medicine and health care. (Chowdbury 2005)
- Persons with disabilities make up as much as 17% of the Internet-using population of the United States, and between 15 and 30% of the world's population have functional limitations that inhibit the ability to technology products. (Interactive Media Technology Center (IMTC), Georgia Tech)
- In the United Kingdom, 75% of companies listed on the London Stock Exchange FTSE 100 Index do not meet even basic levels of Internet accessibility, thus missing out on more than \$147 million in revenue from the market sector of persons with disabilities. (UN Enable)
- The United Nations Global Audit of Web Accessibility found that only 3% of webpages examined achieved the top level of accessibility. In addition, almost all webpages contained headings that were difficult to navigate and text that could not be resized to improve visibility (UN Enable).

### **Accessibility in the UN Convention on the Rights of Persons with Disabilities:**

Article 9 of the UN Convention on the Rights of Persons with Disabilities (CRPD) focuses on accessibility as one of the chief areas of responsibility for governments. In order to make accessibility a reality, it is necessary to identify and eliminate barriers that exist in society, particularly with regard to the physical environment, public services, emergency services and information and communications systems. Access can be achieved through various means, including minimum standards development, training, and the promotion of new communication technology or product design, among others.

### **Article 9 of the CRPD:**

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- A. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
  - B. Information, communications and other services, including electronic services and emergency services.
2. States Parties shall also take appropriate measures:
- A. To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
  - B. To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
  - C. To provide training for stakeholders on accessibility issues facing persons with disabilities;
  - D. To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
  - E. To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
  - F. To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
  - G. To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

## Accessibility: Situation of Persons with Disabilities

Lack of access to services severely reduces independence and quality of life. In the most extreme cases, lack of accessibility can even be a life and death issue, such as in rural parts of Africa where persons with disabilities don't survive because of the lack of supportive services and resources. Persons with disabilities in developing countries are often forgotten when it comes to designing health and education programs, meaning that most never access even the basic services that are their human rights. Factors such as extra costs, difficulties with transport, inability to enter public buildings and poorly adjusted housing all contribute to the isolation of disabled people in many parts of the world.

### Accessibility affects so many areas of life:

**Education.** Without access to primary and tertiary schools and universities, persons with disabilities cannot attain a decent education and break out of the charity model.

**Public Transportation.** Without access to economical accessible public transportation, persons with disabilities are homebound and unable to participate in any activities or gainful employment.

**Health.** Hospitals and clinics are often not accessible, particularly in developing countries, which has a severe impact on the health care services available to persons with disabilities. For example, health care centers are often located at distances which are too far for persons with mobility impairments. In addition, hospitals do not always provide sign language interpretation and information in Braille, which hinders the ability of persons with disabilities to receive confidential information.

**Employment.** Both public and private sector must provide “reasonable accommodation”, which means that modifications and adjustments are made to ensure that persons with disabilities have equal access to the workplace, without undue burdens on the employer.

**Housing.** Because of limited housing that is both accessible and affordable, persons with disabilities have restrictions on where they can live and the costs associated.

**Sports and Recreation.** Persons with disabilities face challenges to enjoying their right to sports and recreation because the facilities are not always accessible or there are no organized sports for persons with disabilities in their communities. This deprives persons with disabilities with opportunities to improve their strength and confidence.

**Tourism.** Persons with disabilities do not have opportunities to take holidays because of limited access to tourist attractions, hotel accommodations, travel modes, museums, shopping, etc.

**Information.** There are a great number of people who cannot access information and education, through books, videos, the Internet and other technologies.

## Advocacy

- Governments must ratify the UN Convention on the Rights of Persons with Disabilities and fully implement Article 9 as well as other provisions.
- There is a need to increase the public's knowledge about accessibility and how to make it a reality in their own communities and workplaces.
- Primary and tertiary schools, public transportation, workplaces, health care services and sports and recreational facilities, among others, must be made accessible to persons with disabilities.
- Governments and other organizations must be sure to take account of the specific needs of people with disabilities when designing health, education and other services.
- Efforts must be made to ensure that reasonable accommodation is provided to persons with disabilities in the workplace.
- Greater attention must be given to training programs for people to work alongside people with disabilities and as sign language translators and guides.
- More research efforts must focus on accessibility for people with disabilities in developing countries.
- A percentage of accessible housing should be provided to give persons with disabilities a choice of where they wish to live and how much they wish to pay for such accommodation.

- Providing books and documents in Braille and adding closed captioning to videos and television programs would greatly increase the access of persons with disabilities. Simple adjustments to existing software and ensuring that future design is inclusive will not only advance accessibility for persons with disabilities, but will also increase the web traffic on company and other websites, translating into revenue.
- Campaigns to increase awareness and web accessibility are needed to make sure that persons with disabilities are able to benefit from the internet.
- Improve your page organization: use headings, lists, and consistent structure that is easy to navigate for people with visual impairment.
- Provide summaries for graphs and charts.
- Provide alternative content for scripts, applets and plug-ins in case active features are inaccessible or unsupported.
- Use scalable fonts which can be enlarged in the browser.
- Check your work using tools, checklists, and guidelines at: <http://www.w3.org/TR/WCAG>

## What You Can Do

Write letters to and organize meetings with key politicians and government officials urging your country to sign, ratify and implement the UN Convention on the Rights of Persons with Disabilities.

Meet with your key government representatives and local and national human rights organizations to raise awareness about accessibility.

Form or join an organization promoting the rights of people with disabilities, and join with networks of disabled peoples' organizations in other countries and regions.

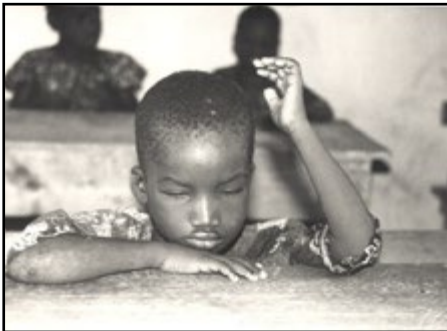
Support local initiatives working on making communities more accessible, particularly with regard to schools, universities, public transportation, health care centers, workplaces, hotels and recreational facilities.

Provide documents and audio-visual materials in accessible formats, such as in large print, Word format or with closed captioning.

- Ensure that your website is accessible to everyone by doing the following: (W3C website)
- Use "alt tags" so that users can access descriptions of images and other visual information by pressing the alt key.
- Provide captioning and transcripts of audio, and descriptions of video.
- Make sure that all hypertext links make sense when read out of context. For example, avoid "click here".
- UN Enable website
- Web Accessibility Initiative
- World Bank
- Interactive Media Technology Center (IMTC), Georgia Tech
- Institute of Development Studies
- Disabled People South Africa
- United Nations Global Audit of Web Accessibility
- European Commission (2003) Guidance Note on Disability and Development for EU Delegations and Services. DG Development, Brussels.
- Chowdhury, J. (2005) Disability and Chronic Poverty: An Empirical Study on Bangladesh. MPhil Thesis, Oxford University.
- Mohapatra, C.S. 2004. Poverty and Disability In India. Paper for the Workshop on Disability Management in India - Challenges and Perspectives, 4 – 5 March.

## Resources

# Education



## Facts

- The second Millennium Development Goal speaks of achieving universal primary education by the year 2015, as 115 million children are currently out of school (United Nations website).
- Researchers estimate that 90% of these children live in low and lower middle income countries, and 40 million children currently out of school have disabilities – thus this goal cannot be achieved without the inclusion of children with disabilities. (World Bank)
- Although statistics are scarce, some data reveals that only 1-3% of children with disabilities are enrolled in education. (Enabling Education Network website)
- UNICEF estimates that 10% of children are born with or acquire a disability, of which no more than 10% receive appropriate rehabilitation. Additionally, in low-income countries, children's disabilities are usually identified when they are 3 to 4 years old, leading to a delay in rehabilitative services.
- The literacy rate in India is 75.85% for males and 54.16% for females, but it is only approximately 45% for people with disabilities. Only 9% of people with disabilities have completed a 'secondary and above' level of education. (ideanet.org)
- UNICEF's 1998 survey suggested that only 2 to 3% of children with disabilities attended school in Vietnam. Following the introduction of inclusive legislation 47.6% of children with disabilities now attend school, according to Vietnam's 2001-2010 Educational Development Strategy.
- In Indonesia, 89% of children without a disability are in school, compared to 29% of those with a disability. (World Bank website)
- A South African study revealed that most schools were physically inaccessible to many learners because of building structure and long distances amongst other factors. The study also found that higher costs apply to education of children with disabilities in separate settings to their non-disabled peers, while inclusive settings incurred lower costs. (NCSNET & NCESS)



## UN Convention and Education

The UN Convention on the Rights of Persons with Disabilities clearly outlines education as a priority area. Education is a right that all people should be able to realize without discrimination and at an equal level. Education is a tool whereby people with disabilities can reach their full potential, develop their personal talents and enable their full participation in society.

It is thus governments' responsibility to ensure that barriers to education are removed, and that children with disabilities are able to access education at the same rate as their non-disabled peers. This education needs to be inclusive, meaning that children with disabilities are not separated from others in the education system, with supportive, individual structures in place to help the child to access the curriculum. This could include the use of inclusive communication techniques such as Braille, sign language and others, as well as ensuring that education providers are appropriately trained. Finally, education does not end with childhood, and States are also responsible for the inclusion of people with disabilities in adult and tertiary education schemes.

### Article 24 -- Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

- a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
- b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- c. Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

- a. Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

- b. Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- c. Reasonable accommodation of the individual's requirements is provided;
- d. Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- e. Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- a. Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- b. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- c. Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.



5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

## **Education for Persons with disabilities: Situation at a Glance**

The right to education applies to everybody. The reality is that there is a very small minority of children with disabilities that are currently accessing education in most developing countries. This is a priority area that has huge effects on both development in general, and the global mainstreaming of disability issues. Children with disabilities deserve an education, and they have a right to an education in the same facilities as other children of their community. Schools “should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups”. (The Salamanca Statement and Framework for Action on Special Needs Education, para 3)

UNESCO reports that many children with disabilities are being left without any education and that inclusive education has not yet been fully accepted in schools and society. Barriers to inclusive education need to be addressed as a part of an inclusive education program. This includes accessibility to school buildings, special materials and equipment, training of regular teachers and support workers, differentiated curricula and assessment strategies that suit the child’s individual needs.

Education really does have the potential to enable millions of children with disabilities to break free of the cycle of exclusion and poverty in which many of them find themselves. It is time these children’s voices were heard.

## **Advocacy Issues**

- Governments must demonstrate their commitment to people with disabilities seeking education by ratifying and implementing the UN Convention on the Rights of Persons with Disabilities, particularly Article 24.
  - There is a need for greater acceptance of the rights of children with disabilities to receive education in inclusive settings.
  - The barriers to achieving fully inclusive education must be recognized and addressed. These include attitudes, physical access, modifying communication strategies in schools, human resources and training, material resources and increasing the participation of people with disabilities in designing education services.
  - Inclusive education must be included in development policies and programs for education.
  - More research into the current educational situation of children with disabilities must take place in developing countries.
- ## **What You Can Do**
- Write letters to and organize meetings with key politicians and government officials urging your country to sign and ratify the UN Convention on the Rights of Persons with Disabilities.
  - Meet with your key government representatives and local and national human rights organizations to raise awareness of the educational needs and rights of people with disabilities.
  - Advocate for the involvement of people with disabilities in the design of educational programs.
  - Join with networks of people with disabilities advocating for inclusive education in other countries and regions.
  - Call on local and national governments to introduce strong laws to ensure that children with disabilities are included in schooling.
  - Involve other institutions besides schools, such as tertiary and adult education facilities.
  - Identify key partners may be interested in these issues (e.g. women’s organizations, health advocacy groups, children’s organizations, etc.) and consider how to work together.

**Resources:**

- UNESCO
- World Bank
- [UNICEF](#)
- UN
- [Disability Knowledge and Research](#)

# Health



## Overview

Article 25 of the UN Convention on the Rights of Persons with Disabilities provides that people with disabilities should have the same access to the highest possible quality of health care and same choices and standards as others without disabilities in their country. More specifically, government officials will take action to make services accessible with attention to the different needs of men and women specifically in health-related rehabilitation and sexual and reproductive health. This includes:

- Particular attention to the specific health needs and necessary services of persons with disabilities. For example, for people with spinal cord injuries or amputations, this means care for skin breakdown or for people with Down Syndrome, extra attention for upper respiratory diseases and cervical weakness. Here the focus is on identifying and getting treatment early for conditions that could be more disabling to the individual, with emphasis on children and older persons.
- Providing health services as close as possible, even if the person lives outside a city area.
- Requiring health care professionals (doctors, nurses, social workers, physical therapists, etc.) to provide the same quality of care to persons with disabilities as they do for others with specific attention to *free and informed consent*: The right of an individual to have all of the information necessary about their health conditions and possible solutions before making their own decision to accept or reject treatments.
- Requiring health care professionals to increase public understanding of human rights, dignity and autonomy for people with disabilities through trainings and by setting public standards for fair health care treatment. As a result, people with disabilities will be knowledgeable about their rights and will be supported to determine their own health care in a self respecting manner.
- Where health and life insurance are permitted by law, people with disabilities will be able to attain them without discrimination. Public or private entities will then provide this insurance fairly.

- Decisions about access to health care, health services or food and fluids will not be made based on an individual's disability. This means that health care professionals cannot deny services based on their assumptions about the person's quality of life because of their disability.

## Text of Article 25

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area sexual and reproductive health and population-based public health programmes;
- Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- Provide these health services as close as possible to people's own communities, including in rural areas;
- Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

## Facts about Persons with Disabilities and Health Care

- Poverty often causes disability through malnutrition, poor health care, and dangerous living conditions. (World Bank)
- In the United States, chronic illnesses affect nearly 12 million people. (US National Center for Health Statistics).
- In New Zealand, the leading cause of disability is a disease or illness (40 percent), followed by an accident or injury (30 percent). (2001 New Zealand Disability Survey)
- An estimated 17 million people in the U.S. use assistive technology devices for mobility, hearing, visual and orthopedic impairments. Almost 5 million people use canes, the single most utilized assistive device. (US National Center for Health Statistics).
- There are an estimated 140 million children with disabilities in developing countries alone. UNICEF estimates that fewer than 4 percent of them have access to services.
- Individuals with disability have equal or greater exposure to all known risk factors for HIV infection. For example, adolescents and adults with disability are as likely as their non-disabled peers to be sexually active. (Yale University and the World Bank)
- Women are at higher risk for becoming disabled due to practices such as female circumcision and through domestic violence or labor-related injuries. Women are also twice as likely to be diagnosed with unipolar depression, which has been predicted as the 2nd leading cause of disability by the year 2020 by the World Health Organization. (WHO)



- The increased vulnerability of women and girls with disabilities encourages more families to keep women with disabilities at home rather than to go out to take advantage of educational or rehabilitation services available to them. (World Bank).
- Women use only 20% of rehabilitation services offered in the Asia Pacific region. (United Nations Economic and Social Commission for Asia and the Pacific)

## Resources

- [World Bank](#)
- [World Health Organization \(WHO\)](#)
- [Disability Knowledge and Research Programme](#)

## What You Can Do

Here are some things you can do to promote implementation of Article 25 of the Convention:

- Write letters to and organize meetings with key politicians and government officials urging your country to sign and ratify the UN Convention on the Rights of Persons with Disabilities.
- Meet with your key government representatives and local and national human rights organizations to raise awareness of the educational needs and rights of people with disabilities.
- Assess what your community and/or country are doing to implement Article 25 (concrete programs, action plans, etc) by talking to persons with disabilities, government officials in the Ministry of Health, health care providers and other relevant actors. Please consider all disability groups when assessing your country's needs.
- Identify what areas need attention in the public and private sector; where are people with disabilities not getting adequate health care and at risk for secondary conditions?
- Develop talking points on two or three pressing health concerns to present to the media, government representatives and health institutions.
- Identify regional and local allies who already have an interest in your targeted issue.



## Non Discrimination



### Facts

- In rural areas of developing countries, 80% of women with disabilities have no independent means of making a living and are wholly dependent on others. (UN Economic and Social Commission for Asia and the Pacific - UNESCAP)
- Comparative studies on disability legislation show that only 45 countries have anti-discrimination and other disability-specific laws. (UN Enable)
- In Hong Kong, the Equal Opportunities Commission found that in the first five months of 2006, over 50% of the discrimination complaints lodged were under the Disability Discrimination Ordinance. (International Labour Organization)
- In 2006, the U.S. Equal Employment Opportunity Commission received over 15,000 claims of disability discrimination. (U.S. Equal Employment Opportunity Commission—U.S. EEOC)
- In Europe, studies suggest that a person between the ages of 16 and 64 years has a 66% chance of finding a job. The chance decreases to 47% for persons with moderate disabilities and decreases further to 25% for persons with severe disabilities. (International Labour Organization)
- One Kenyan study of persons with disabilities found that 75% of those interviewed had faced negative perceptions and attitudes that isolated and discriminated against them in their own communities and the larger society. More than 45% of those interviewed reported experiencing discrimination in their own families. (African Union of the Blind -AFUB)
- A recent survey in the United Kingdom found that approximately 1 in 6 young persons with disabilities reported being turned down for a paid job and were told that it was for a reason related to a disability or health problem. (CSR Europe)

- Only 17% of public buildings in London are accessible to disabled people. (CSR Europe)



- According to a survey commissioned by the US Department of Housing and Urban Development (HUD), persons with disabilities encountered significant levels of adverse treatment when they searched for rental housing, as compared to non-disabled homeseekers. In addition, persons with disabilities are frequently denied their requests for reasonable modification and reasonable accommodation needed to make the available housing fully accessible to them. (HUD)

## Non-Discrimination and the UN Convention on the Rights of Persons with Disabilities

The principle of non-discrimination is one of the guiding principles enumerated in Article 3 of the UN Convention on the Rights of People with Disabilities (CRPD). In addition, Article 5 of the CRPD spells out precisely what the principles of equality and non-discrimination require from States Parties. The Convention recognizes that all persons with disabilities have a right to equality before and under the law, and equal protection and benefit of the law. Furthermore, the Convention prohibits discrimination and guarantees equal and effective protection against discrimination. As a guiding principles, non-discrimination is also implicit in Article 6 (Women with disabilities), Article 7 (Children with disabilities), Article 9 (Accessibility) and Article 12 (Equal recognition before the law), among others.

## Article 5, Convention on the Rights of Persons with Disabilities

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

## At a Glance: Discrimination Against Persons with Disabilities

The international community has long recognized the need to eradicate all forms of discrimination. The principle of non-discrimination is set out in Article 7 of the Universal Declaration of Human Rights, Article 26 of the International Covenant on Civil and Political Rights, and Article 2 of the International Covenant on Economic, Social and Cultural Rights. Although there has been a long-standing commitment to equality and non-discrimination more generally, in many countries persons with disabilities continue to face obstacles to their participation in all aspects of social, political and economic life.

Discrimination may take many forms, and is often built into the institutional structures of organizations. Outdated ideas about the capabilities of persons with disabilities continue to influence the laws in many regions, and have a significant impact on society's attitudes towards persons with disabilities. Identifying and eradicating discrimination in all areas is crucial to ensuring that persons with disabilities have the same opportunities and access to the same resources as other members of society.

Persons with disabilities may face a broad range of ways, including: lack of access to public buildings; limited or no information on health issues such as HIV/AIDS in accessible formats; denial to enjoy school or social and cultural activities because of lack of physical access and social stigma; and barriers to gaining employment and becoming economically self-sufficient.

The Convention has recognized non-discrimination as a guiding principle, because recognizing the equality of persons with disabilities and combating discrimination are the important first steps to ensuring that persons with disabilities are guaranteed all basic human rights.

## Advocacy Issues

- Governments must protect the rights of persons with disabilities by ratifying and implementing the UN Convention on the Rights of Persons with Disabilities.
- There is a need for greater awareness of the ways in which both public and private institutions discriminate against persons with disabilities and the mechanisms available to persons with disabilities to challenge discrimination.
- Persons with disabilities must have equal access to transportation, information and communications.
- Governments must ensure that persons with disabilities have equal access to education and employment and effective legal options when access is denied.
- Governments must recognize persons with disabilities as persons with full legal capacity in all aspects of life. In so doing, governments must ensure that persons with disabilities have equal access to justice in order to protect and promote individuals' rights and autonomy.
- Public awareness campaigns are needed to reduce the social stigma faced by persons with disabilities, and demonstrate that persons with disabilities are productive and important members of society.

## What You Can Do

- Write letters to and organize meetings with key politicians and government officials urging your country to sign and ratify, **without any reservations**, the UN Convention on the Rights of Persons with Disabilities.
- Advocate for more persons with disabilities in leadership positions at the local, national and regional levels.
- Call on local and national governments to introduce anti-discrimination laws and regulations to ensure that persons with disabilities have equal access to social services, public housing, government institutions, health services, education and employment.
- Write letters to employers outlining steps they can take to stop discrimination in the workplace and make jobs more accessible to persons with disabilities.
- Consider that many persons with disabilities also face discrimination on the basis of gender, ethnicity, sexual orientation, age, religion, or economic status. Identify key partners that may be interested in combating discrimination at multiple levels (e.g., women's rights organizations, civil rights associations, community advocacy groups, etc.) and consider how to work together.
- Identify international and regional organizations that can assist you in putting pressure on your national or local government to adopt anti-discrimination laws and effective means of enforcement.
- Write letters to heads of media corporations to increase positive images of persons with disabilities.

## Resources

- [World Health Organization](#)
- [Disability Rights Promotion International](#)
- CSR Europe
- U.S. Equal Employment Opportunity Commission
- U.S. Department of Housing and Urban Development

# Women and Disability

## Facts

- In rural areas of developing countries, 80% of women with disabilities have no independent means of making a living and are wholly dependent on others. (UN Economic and Social Commission for Asia and the Pacific - UNESCAP)
- In a 2003 study in the US, more than a quarter of women with disabilities live below the poverty line. In addition, women with physical disabilities earn an average of \$3,000 less than women without disabilities, and an average of \$7,000 less than men with physical disabilities. (Center for Research on Women with Disabilities, Baylor College of Medicine)
- In several countries, such as Jordan, India, and Russia, reports suggest that vocational training for women with disabilities, when available, often tracks women to lower paying jobs than men with disabilities. (World Bank)
- UNESCO and other international organizations estimate that the literacy rate for women with disabilities around the world is 1%, whereas the global literacy rate for people with disabilities is 3%. (World Bank)
- Women and girls with disabilities are particularly vulnerable to abuse. A 2004 survey in Orissa, India, found that virtually all of the women and girls with disabilities were beaten at home, 25% of women with intellectual disabilities had been raped and 6% of women with disabilities had been forcibly sterilized. (UN Enable)
- Certain beliefs, such as the myth that intercourse with a disabled woman will cure a man of AIDS, places women with disabilities at a higher risk of being sexually assaulted and contracting HIV/AIDS. (World Bank, Dr. Nora Groce)
- Women are at higher risk for becoming disabled due to practices such as female circumcision and through domestic violence or labor-related injuries. Women are also twice as likely to be diagnosed with unipolar depression, which has been predicted as the 2nd leading cause of disability by the year 2020 by the World Health Organization. (WHO)

## Women and UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of People with Disabilities has an entire article devoted to the issue of women with disabilities, as it is noted that women with disabilities may face different obstacles than other people with disabilities. The Convention ensures that all women with disabilities are able to enjoy the rights and freedoms enjoyed by other people in their societies. It encourages national governments to implement and enforce laws that guarantee the rights of women with disabilities, such as the right to attend school and to use public transportation. The Convention's support of women with disabilities represents an important step in working for equality of all human beings. The text of Article 6 is:

### **Article 6, Convention on the Rights of Persons with Disabilities**

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

### **At a Glance: The Situation Facing Women with Disabilities**

It has been said that women with disabilities throughout the world often suffer from a “triple” discrimination: that of having a disability, of living in poverty, and of being female. Women with disabilities, especially in developing countries, are certainly one of the most marginalized groups in the world.

Because of a lack of accessible schools, fear for women’s safety or simple neglect, many women with disabilities do not attend school or vocational training, leaving them unable to support themselves financially. Women with disabilities are often shunned and hidden, especially in more traditional cultures that value a woman on the basis of her family and children. Women with disabilities are often discriminated against as unable to marry or work, and many countries do not recognize the right of a woman with disability to have a family or inherit property. Women with disabilities are also often seen as unfit to be mothers, not only because their disabilities are seen as a “defect”, hampering their efforts in raising children, but also that their disabilities will be passed on to their children (UNESCAP). Thus, women with disabilities are at a higher risk of being sterilized by the government or by family members who view this act as a form of prevention against more children being born with disabilities.

The isolation that many women with disabilities experience can be even more debilitating than the actual disability itself, as it considerably lowers a woman’s self esteem and prevents her from seeking medical attention, rehabilitation services, and education or vocational training. This neglect may also explain why women with disabilities so often suffer from a higher rate of mortality than men with disabilities.

Women with disabilities are also much more vulnerable to physical and/or sexual abuse. In fact, many women with disabilities are targets for sexual predators, because these women are often unsure to whom to report cases of abuse, or may be fearful of having medical care withheld. Furthermore, women with disabilities, especially women with physical disabilities, are often portrayed as “sexless” and do not always receive the same amount of sexual education that women without disabilities may receive, therefore placing them even more at risk for HIV and other sexually transmitted diseases.

### **Advocacy Issues**

- There is a need for greater awareness of the situation and concerns of women with disabilities.
- Governments must protect the rights of women with disabilities by ratifying and implementing the UN Convention on the Rights of Persons with Disabilities.
- Women with disabilities must have access to medical facilities, sexual and reproductive health programs and rehabilitation services.
- Governments and human rights and gender equality organizations must make extra efforts to prevent physical and/or sexual abuse of women with disabilities, such as establishing zero-tolerance legislation for sexual assaulters of women with disabilities.
- Disability and gender must be included as issues in educational policies and programs.
- Greater attention must be given to training and empowerment programs for women, such as access to vocational training or micro-credit loans.
- Public awareness campaigns are needed to reduce social stigmas faced by women with disabilities and to inform families of the importance of education for girls and women with disabilities.
- More research efforts must focus on women with disabilities in developing countries.



## What You Can Do

- Write letters to and organize meetings with key politicians and government officials urging your country to sign and ratify the UN Convention on the Rights of Persons with Disabilities.
- Meet with your key government representatives and local and national human rights organizations to raise awareness of the needs and rights of women with disabilities.
- Advocate for more women with disabilities in leadership positions in the community.
- Form or join an organization promoting the rights of women with disabilities, and join with networks of women with disabilities in other countries and regions.
- Call on local and national governments to introduce strong laws to protect the rights of women with disabilities, including legislation to prosecute sexual predators.
- Support local initiatives dedicated to educating and employing women and girls with disabilities.
- Write letters to heads of media corporations to increase positive images of women with disabilities.
- Identify key partners may be interested in these issues (e.g. women's organizations, health advocacy groups, children's organizations, etc.) and consider how to work together.

## Resources

- [Baylor College of Medicine Center for Research on Women with Disabilities](#)
- Disabled Women's Network (DAWN) Ontario
- Disability World
- [International Labor Organization](#)
- UNESCAP
- World Bank

# Section 1.3

## **International Commission on Technology and Accessibility (ICTA)**

## RI-ICTA Global Chair (2006-2016): Joseph Kwan

Joseph Kwan's journey with RI-ICTA began in 1988 when he attended his first, the 16th Rehabilitation International World Congress held in Tokyo, Japan where he was part of the Hong Kong Delegation led by Sir Dr. Harry Fang, Immediate Past RI President.

At that time as an architect, he was the only ICTA Representative from Hong Kong working in barrier-free access. Other ICTA Hong Kong Representatives from the Rehabilitation Engineering field were Arthur Mak and Eric Tam, and leading the ICTA Hong Kong team was Prof. John Evans, the ICTA Asia Pacific Chair.

At this first ICTA Meeting, he met ICTA Representatives from other Regions of the world, notably Michael Fox from Australia, Joe Manser from Switzerland, Wycliffe Nobel and Margaret Ellis from the United Kingdom. Adolf Ratzka and Tomas Lagerwall from Sweden and Japanese delegates Yoshihiko Kawauchi and Shigeru Yamauchi.

The ICTA Global Chair at the time was Bas Travis from the Netherlands.

Over the years, ICTA had strong representations from all five Regions with over 100 active members globally. Accessibility, however, was still at its infancy in the Asia Pacific Region.

As rehabilitation and accessibility became more developed and flourished during the Second UN Asia Pacific Decades for Persons with Disabilities that began in 1993; RI Asia Pacific (AP) held Regional Conferences in China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Philippines, Singapore, Thailand, and Vietnam.

Accessibility Workshops and Seminars were held at each AP Conference with interchange of knowledge and sharing of experiences prevailing.

During the Second AP Decade 1993 – 2002, with funding from JICA and the Japanese Government, United Nations - Economic and Social Commission for Asia and The Pacific (UN-ESCAP), Social Development Division, Bangkok, Thailand, published a Technical Guideline on "Promotion of Non-Handicapping Environments for Disabled and Elderly Persons in the Asia - Pacific Region", and organized four 14-day "**Regional Training of Trainers (T4T) Courses on the Promotion of Non-Handicapping Environments for People with Disabilities**" in Bangkok, Thailand attended by over 60 participants each time, under the leadership of San Yuenwah and Yutaka Takamine. Fellow international trainers included Maija Konkola, Joseph Kwan, Yoshi Kawamura, Jim Harrison, Judy Wee, Ken Parker, Jamie Silva, Satoshi Kose and Katsushi Sato, and Paradorn Tanyapan.

Outstanding students from these T4T Courses included You Liang from China, Anjlee Agarwal from India, Dr. Asiah Abdul Rahim and Anthony Arokiasamy from Malaysia, DT Van from Vietnam, all of whom after returning to their respective countries became prominent leaders and role models promoting inclusion and accessibility for their country.



*Fig. 1 UN-ESCAP Training for Trainers Course, Bangkok, circa 1995.*

In the following decades, UN-ESCAP conducted Seminars and Training on the promotion of Inclusive Tourism in Asia and the Pacific, beginning in Hanoi, Vietnam in 2003 and later in Sanya, China in 2006 under Aiko Akiyama.

Joseph Kwan was a Resource Person for the UN-ESCAP T4T Courses and also for the Inclusive Tourism Training. He is the current expert to UN-ESCAP on Universal Design and Accessibility along with Satoshi Kose from Japan.

Exchanges continued when Michael Fox became the ICTA Global Chair and later the RI Global President. During this period Betty Dion of Canada and Prof. Dusan Simsik from Slovakia made significant contributions to the Commission as ICTA Global Chair and ICTA Europe Chair respectively.



*Fig. 2 RI World Congress Opening Ceremony, Oslo 2004.*



*Fig. 3 ICTA Members during RI World Congress, Oslo 2004.*



*Fig. 4 ICTA Members fellowship lunch during RI WC Oslo 2004.*



*Fig. 5 Hong Kong Delegates (left to right) during RI WC Oslo 2004: SK Leung, Philip Yuen, Cheung Kin Fai, Joseph Kwan.*



*Fig. 6 Hong Kong Delegates during RI WC Oslo 2004.*



When Joseph Kwan was nominated as the ICTA Global Chair in 2006, accessibility in the Middle East was rapidly developing when the Commission was engaged to prepare the *Qatar Access Strategy* and the *Kuwait Access Strategy* under the guidance of ICTA Arab Region leaders Mrs. Munira Al-Mutawa and Hashem Taqi from Kuwait, and Khaled El Mohtar from Lebanon.



Fig. 7 ICTA Global Chair, Joseph Kwan presenting during RI Arab Region Conference, Dubai 2009.

Fig. 8 RIEC Meeting, New Delhi 2010.



Fig. 9 RI Inter-Country Meeting, New Delhi 2010.



Fig. 10 ICTA Global Chair, Joseph Kwan during Site Visit and Consultation to Railway India, New Delhi 2010.



Fig. 11 RIEC Meeting, Incheon 2011.



Fig. 12 RI and APDF Welcome Dinner, Incheon 2011.



Recent significant ICTA contributions and input in the promotion of accessibility include presentations and participations at the following events:

- UN Habitat III Conference, Quito, Ecuador
- UN Humanitarian Summit, Istanbul, Turkey
- RI Africa Seminar, Addis Ababa, Ethiopia
- Radio Interview, Quito, Ecuador
- RI South America Seminar, San Paulo , Brazil
- Seminars and Workshops in Beijing, Guangzhou, Hangzhou, Shanghai, Shenzhen, China

*Fig. 13 RI Latin America Regional Congress, Sao Paulo 2011.*



*Fig. 14 RI EC Members, Sao Paulo 2011.*



*Fig. 15 RI EC and RI Members with Latin America Delegates , Sao Paulo 2011.*

*Fig. 16 RI World Congress Opening Ceremony, Incheon 2012.*



*Fig. 17 RI EC Members with RI New Zealand Delegates, Auckland 2014.*



Fig. 18 RIEC Members, Kuwait 2015.



Fig. 19 RIEC Meeting, Hong Kong 2015.

Fig. 20 RI Seminar with Nippon Foundation, Tokyo 2016.



Fig. 21 ICTA Global Chair, Joseph Kwan at Ice and Snow Conference, Yabuli, China 2016.



Fig. 22 RIEC Meeting, Tokyo 2016.







Fig. 23 RI EC Meeting Members, Edinburgh 2016.



Fig. 24 Princess Royal at 23rd RI World Congress Opening Ceremony, Edinburgh 2016.



Fig. 25 RI Commission Chair, the late Simon Haskell (second left) Edinburgh 2016.



Fig. 26 RI EC Members Visit to Special School in Addis Ababa, Ethiopia 2017.



Fig. 27 RI Member with children with disabilities at Addis Ababa, Ethiopia 2017.



Fig. 28 RI Africa Regional Conference in Addis Ababa 2017.



Fig. 29 RI Presentation in Addis Ababa 2017.

Equally important, ICTA has joined the ISO Work Group on Graphic Symbols to discuss the International Symbol of Accessibility (ISA); at the same time, it is collaborating with the UIA (International Union of Architects) to conduct a joint RI/UIA International Symbol Design Competition to seek a new ISA that reflects the current interpretation on disability and Accessibility. It is planned to launch the new RI ISA as part of the RI Centennial Celebration in November 2022 in China.

With the rising economy in China, the China Disabled Persons Federation (CDPF) under the leadership of Chairperson Madame Zhang Haidi and Vice-Chairman Mr. Lv Shiming continue to promote inclusion and accessibility for all in China. Conferences were held in Beijing and Shanghai, and more recently in Shenzhen and the Greater Bay Area (GBA) working closely with Yisha Hou of the Shenzhen Disabled Persons Federation (SDPF).

It has been an honour for Joseph Kwan to be involved in RI-ICTA for the past three decades and he will continue to provide guidance for the Fourth Decade under the current ICTA Global Chairmanship of Hiroshi Kawamura and Vice-chair Mathieu Simard.

The opportunities in working with committed and dedicated professionals and colleagues in the field of inclusion, accessibility and universal design are invaluable.



Fig. 30 RI EC Meeting, Hangzhou 2018.



Fig. 31 RI Asia Pacific Regional Committee Meeting, Hangzhou 2018.





Fig. 32 RI Asia & Pacific Regional Conference, Macau 2019.



Fig. 33 Delegates from Vietnam, Ireland and Hong Kong at RI AP Regional Conference, Macau 2019.



Fig. 34 APDF & General Assembly, Macau 2019.



Fig. 35 RI EC Meeting, Moscow 2019.



Fig. 36 RI Outstanding Achievements Award Ceremony, Moscow 2019.



Their guidance, collaboration and most of all, the friendship with RI colleagues such as Anne Hawker, Michael Fox, Susan Parker, Marca Bristo, Jan Monsbakken, Mark Webber, Joseph Kwok, Madan Kundu, A. K. Mukherjee, Martin Grabois, Eckehard Froese, Friedrich Mehrhoff, Kahled El-Mohter, Hashem Taqi, Demelash Bekele, François Perl, Tone Mork, Roy O'Shaughnessy, Nick Carey, Uma Tuli, Asha Hans, Yueqin Huang, Veijo Notkola, Patrick Fougeyrollas, Clermont Simard, Benny Cheung, Philip Yuen, Cheung Kin Fai, Maria de Fátima Salvador dos Santos Ferreira, Il-Yung Lee and Yeja Lee; Tomas Lagerwall, Leonor Coello, Venus Ilagan, Teuta Rexhepi are irreplaceable

Joseph Kwan sincerely thank Mr. M.B. Lee, RI and ICTA for providing the opportunities to make impactful and meaningful contributions to accessibility and inclusive design that benefit people with disabilities globally.

Congratulations to Rehabilitation International for providing 100 Years of dedicated service to the global community and we wish the Organization continuing success in this Century.



*Fig. 37 RI EC Member, the late Marca Bristo, at Sao Paulo 2011.*



*Fig. 38 RI HQ, New York City 2011.*



*Fig. 39 RI HQ Building, New York City 2011.*



*Fig. 40 RI HQ, New York City, Dr Sandra Lee with RI SG Venus Ilagan, 2011.*



*Fig. 41 RI 23rd World Congress with Susan Parker, RI Treasurer and RI PO Staff, Edinburgh 2016.*



*Fig. 42 ICTA Global Chair, Joseph Kwan receiving RI Distinguished Service Award from RI President, Jan Monsbakken, Edinburgh 2016.*

*Fig. 43 RI Asia Pacific Chair Yeja Lee meeting with women with disabilities group in Addis Ababa, Ethiopia 2017.*



*Fig. 44 RIEC Members with women with disabilities group in Addis Ababa, Ethiopia 2017 (Yeja Lee and Joseph Kwan).*







Fig. 45 RI AP Regional Conference Chairlady, Fatima S. Ferreira, Macau 2019 (centre).

#### Notable Achievements:

- **1968:** Created the *International Symbol of Access*
- **1978:** Setting down a list of policies to govern the use of the International Symbol of Access
- **2000:** Adopted the Beijing Declaration on the Rights of People with Disabilities in the New Millennium
- **1981-2006:** Led the original campaign for the drafting and adoption of the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)*



Fig. 46 RI EC Members Dr. Joseph Kwok and Ar. Joseph Kwan, Moscow 2019.

Fig. 47 RI EC Member Nick Carey and Joseph Kwan with Volunteers in Moscow 2019.



## Appreciation & Acknowledgement of ICTA Members (Past and Present)

### Asia Pacific

Ar. Michael Fox  
 Prof Dr. Qaisar Shahbaz  
 Mr. Nadeem Shafique  
 Ms. Robyn Hunt  
 Mr. Bill Wrihston  
 Ms. Alexia Pickering  
 Ms. Shirley J. White  
 Prof. John Evans  
 Prof. Arthur Mak  
 Dr. Eric Tam  
 Ar. Dr. Joseph Kwan  
 Dr. Handojo Tjandrakusuma  
 Mr. Ryosuke Matsui  
 Dr. Shigeru Yamauchi  
 Mr. Gary Williams  
 Mr. Woon Hwan Na  
 Mr. Sanjeev Sachdeva  
 Mr. Eric Zhang  
 Ms. Naziaty Yaacob  
 Mr. Aqeel Qureshi  
 Ms. Judy Wee  
 Mr. Matthew Rodieck



Fig. 48 ICTA NZ Member, Alexia Pickering, Auckland 2014 (centre).



Fig. 49 ICTA Japan Member Dr. Shigeru Yamauchi 2016 (centre).

### Africa

Mr. Gallus Efuetskeng Fobellah  
 Magistrate Mengalle Vivian  
 Mr. Enongene James Nkumbe  
 Mr. Assan Sinyan  
 Mr. Dion Rademeyer  
 Mr. Phillip Thompson  
 Ms. T. Wentzel  
 Mr. Johan H. Viljoen

### Europe

Dr. Jiri Votava  
 Mr. Kaido Kikkas M.  
 Mr. Tonu Karu  
 Mr. Kalle Konkola  
 Mr. Iikka Saarnio  
 Ms. Maija Konkola  
 Dr. Paul Dollfus  
 Mr. Theo Bougie



Ms. Tone Mork  
 Ing. Alena Galajdova  
 Prof. Dusan Simsik  
 Ms. Cristina Rodriguez-Porrero Miret  
 Mette Granstrom  
 Mr. Jan-Ingvar Lindstrom  
 Ms. Anna Lindstrom  
 Mr. Nills Gussing  
 Mr. Timothy J. Hancox  
 Ar. Joe Manser  
 Ms. Shyngaryova Olena  
 Mrs. Margaret Ellis  
 Mr. Ray Fletcher  
 Mr. C. Wycliffe Noble  
 Mr. C. J. Walsh  
 Ms. Elena Shyngaryova  
 Ms. Alena Galajdova

### Middle East

Mr. Salman Derbas  
 Ing. Mohammed Al-Tarawneh  
 Mrs. Munira Al-Mutawa  
 Mr. Riadh R. Tappuni  
 Dr. Talat H. Al Wazna  
 Ar. Mukhtar Al-Shibani  
 Mr. Tizra Leibowitz

### North America

Mr. David M. Capozzi  
 Mr. Carl Raskin  
 Ms. Nancy Lawand  
 Mr. Chuck Letourneau  
 Mr. Andres Balcazar de la Cruz  
 Ms. Barbara Duncan  
 Ms. Susan M. Daniels  
 Ms. Ilene R. Zeitzer  
 Mr. John Kemp  
 Ms. Katherine D. Seelman, Ph.D  
 Ms. Laurie Ringart



*Fig. 50 ICTA Global Chair, Joseph Kwan and ICTA Arab Region Chair, the late Mrs Munira Al-Mutawa 2011.*



*Fig. 51 RI EC with RI Africa Region Members at Jo'burg 2012.*



*Fig. 52 Warm Welcome by Dr Hashem Taqi & Family to RI Members, Kuwait 2015 (second from right).*



Ms. Ophelia Y. Falls  
Ms. Susanne Bruyets, Ph. D  
Ms. Barbara Leroy  
Mr. John Lancaster  
Ms. Cynthia Waddell  
Mr. Zully JF Alvarado

### **Latin America**

Ms. Veronica Camisao  
Ms. Claudia Sanchez

Dr. Rodrigo Crespo Toral  
Mr. Federico Loreda Fleischmann  
Mr. Pedro Chavez  
Mr. Eduardo Alvarez  
Mr. Luis Jose B. Gutierrez  
Mr. Federico Fleischmann  
Mr. Ricardo Senno  
Ms. Taide Buenfil

\* My sincere apologies should your name has been unintentionally omitted from the above record.



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ICTA Hong Kong Representative  
ICTA Asia Pacific Chair  
ICTA Global Chair (2006-2016)  
Deputy Vice-President Asia Pacific (2017-2022)

# Disability-inclusive Disaster Risk Reduction (DiDRR)

Hiroshi Kawamura, Yayoi Kitamura and Misako Nomuran

## 1. Background

Natural disasters and armed conflicts are growing problems that affect the most at risk members of populations, including persons with disabilities especially in the least developed countries. Studies show that when natural disasters strike, there is always higher mortality rate of persons with disabilities compared to others in the affected communities. Disability-inclusive Disaster Risk Reduction (DiDRR) aims at ensuring the inclusion of persons with disabilities in Disaster Risk Reduction (DRR) planning and emergencies response and ensures that the gender perspective is taken into consideration in all DRR programs.



*Fig. 1 Group homes and a residential facility of a social welfare cooperation for persons with severe autism, Keyaki-no-sato, Kawagoe, Japan, had flooded in 1999 and 2019.*

## 2. Collaboration and Coordination among Multi-stakeholders

Because DiDRR should be achieved not only by agencies on disabilities, but also by agencies on disaster risk reduction, governments, and international organizations, a variety of stakeholders have been worked together with a passionate and sincere coordination of Hiroshi Kawamura since 2001. Rehabilitation International (RI), Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD), National Rehabilitation Center for Persons with Disabilities (NRCPD) and NPO Assistive Technology Development Organization (ATDO) contributed as core members to promote DiDRR by giving professional knowledge and techniques to support persons with disabilities. Not only governmental grant such as Health and Labor Sciences Research Grant from Japanese government for “Research on ICT to Support Persons with Disabilities at Disasters (Hiroshi Kawamura, 2001-2003)”, “Research on Disaster Preparedness and Community Development for Persons with Disabilities (Yayoi Kitamura, 2012-2014)”, “Research on clarifying the needs of people with disabilities and setting standards for reasonable accommodation in disaster preparedness.” (Chikako Yamaki, 2008-2010), and Japan Science and Technology Agency Research Grant for “Research and Development of ICT for Decision Making of Persons with Disabilities. (Shigeru Yamauchi, 2004-2006)“, but also private fundings by Nippon Foundation and Disability Leadership Program by Duskin co. supported the DiDRR activities. International Disability Alliance (IDA), many individuals and family members with disabilities participated to share their experiences and insights in formal and informal meetings.

### 3. WSIS 2003 and 2005



Fig. 2 “Global Forum on Disability in the Information Society” at WSIS on 18 November, 2005.

The screen on the right shows a presentation on “Preparing Persons with Autism and Those who Support them for Times of Disaster: The Past with a Look to the Future.” by Dr. Steven Shore.

The World Summit on the Information Society (WSIS) is one of the most important milestones not only for information accessibility, but also for DiDRR. WSIS was a two-phase United Nations-sponsored summit on information, communication and, in broad terms, the information society that took place in 2003 in Geneva and in 2005 in Tunis. They planned to 1) identify the issues around the Information Society including the digital divide, Internet Governance, intellectual properties, and cultural diversity, 2) create a global multi-stakeholders platform to tackle the issues, 3) declare the principles that are a road map for achieving an information society accessible to all and based on shared knowledge in 2003 Geneva, 4) set out the plan of actions, 5) promote the initiatives of each stakeholders, 6) implement action plans, 7) evaluate the achievements in 2005 in Tunis, and 8) set out revised long term plan of actions beyond 2005. Hiroshi Kawamura was appointed as the Focal Point of the Disability Group for 4 years to achieve the following outcomes.

“The Global Forum on Disability in the Information Society”, a summit event regarding disability held on 12 December 2003 was proposed by the DAISY Consortium and Access for All. Both organizations jointly decided to form an organizing committee and send out a call for participation to all IDA member organizations to create a global platform for further action towards the Information Society for All. Three out of 14 presentations on the use of cases of ICT on persons with

disabilities dealt with the issue of DiDRR. The term of “disability” was included in 4 paragraphs each of the WSIS declaration of Principles and the WSIS Plan of Action.

The second “Global Forum on Disability in the Information Society” on 15 and 18 November 2005 was organized by the Disability Caucus and adopted the “Tunis Declaration on Information Society for Persons with Disabilities, November 18, 2005” which is the basis for article 9 on accessibilities in the UN CRPD. Three out of 15 presentations on the use of cases of ICT on persons with disabilities dealt with the issue of DiDRR. The term of “disability” was included in 6 paragraphs of the report of the Tunis phase of WSIS (Document WSIS-05/TUNIS/DOC/9(Rev.1)-E). UNESCO also held a seminar titled “ICT and Persons with Disabilities.”

Hiroshi Kawamura (Daisy Consortium) worked as the Focal Point of the Disability Caucus. The role of the Focal Point was to discuss the procedures with government bureau through the Civil Society Bureau and to facilitate the management of the WSIS. As a focal point Hiroshi had been administering the mailing lists, supporting the participation of persons with disabilities in the WSIS, proposing and implementing the Summit events, keeping and publishing the records of activities.

#### 4. The Sendai Meeting 2014



Fig. 3 Participants at Sendai Meeting 2014.

Rehabilitation International organized the Asia-Pacific Meeting on Disability-inclusive Disaster Risk Reduction: Changing Mindsets through Knowledge, 22-23 April 2014, Sendai, Japan (the Sendai Meeting in short) in collaboration with the Nippon Foundation and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). JSRPD helped logistics of the meeting and NRCPD helped speakers with disabilities to participate to the meeting. Disability-inclusive Disaster Risk Reduction (DiDRR) not Disability Inclusive Disaster Risk Reduction was firstly used in this meeting by San Yuenwah, who worked for the “Asian Pacific Decade of Disabled Persons”.

The Sendai Meeting showcased an accessible international conference attended by many participants with disabilities. Hiroshi Kawamura, ICTA global chair of RI, as a meeting general manager establish satellite venues in Ateneo de Manila University in Manila City and the Culture Center of the Urakawa Town. Those satellite venues were linked with the main venue in Sendai with high resolution motion picture following IPTV standard. Generous support from the University of Keio, Ateneo de Manila University and the Urakawa Town were arranged with the help of ATDO.

As the achievement of the meeting, Sendai Statement to Promote Disability-inclusive Disaster Risk Reduction for Resilient, Inclusive and Equitable Societies in Asia and the Pacific is published through UNESCAP Website.

[http://www.unescapsdd.org/files/documents/DiDRR\\_Outcome-document.pdf](http://www.unescapsdd.org/files/documents/DiDRR_Outcome-document.pdf)

In addition to Sendai Statement, Sendai meeting established a network on post 2015 framework of actions for Disability-inclusive Disaster Risk Reduction consisting of persons with disabilities, their partners and Disaster Risk Reduction experts which led the network to formulate the “Disability Caucus” in the HFA2 (Hyogo Framework of Action) process. Increased awareness among authorities and opinion leaders on the importance of disability inclusiveness as a major concern of all stages of DRR at all levels through follow-up activities in Tokyo at Cabinet Office, New York at UN, Bangkok at 6th Asian Ministerial Conference on Disaster Risk Reduction, Geneva at 3rd World Conference on Disaster Risk Reduction preparatory process and at the Committee on the Rights of Persons with Disabilities.



## 5. The 3rd World Conference on Disaster Risk Reduction in 2015

Owing to the achievement of Sendai Meeting, the 3rd World Conference on Disaster Risk Reduction at Sendai, Japan had three major outcomes from the view of disability. The first is the accessible support for participants with disabilities, the second is the first official working session on “Proactive Participation of Persons with Disabilities in Inclusive Disaster Risk Reduction for All.”, and the third is the recognition of Disability Group as other important stakeholders.

### (1) Accessible support for participants with disabilities

About 200 participants with disabilities were registered among total of 6,500 participants. The accessible support for participants with disabilities was implemented by ATDO with financial support of the Nippon Foundation as follows;

- Provision of Real-time Captioning in English and Japanese (13-18 March 2015)
- Provision of International Sign interpretation and Japanese Sign interpretation on a demand base (13-18 March 2015)
- Conversion of key documents into accessible electronic document format (February-April 2015)
- Coordinate transportation (including international and domestic) and accommodations for invited speakers with disabilities (February – March 2015)

In addition, ATDO conducted emergency measures to arrange a temporary ramp for the podium and borrow additional wheelchairs for users. Following challenges were found with the evaluation on the conference accessibility support and the accessibility guidelines for organization of a UN Conference were required.

- Inaccessibility of official conference website
- Inaccessibility of documentations. Especially for a document with complex layout such as Hand book, there should be an original Word file before adding complex layout which is easy to convert but it was difficult to acquire such file and had to retype some text.
- Inaccessible design of podiums
- Webcasting screen design which does not accommodate both caption and sign language interpretation on the same screen

- Information provision for captioning and sign language interpretation in advance including speakers list and detailed agenda
- Lack of systematic screening process for participants with reasonable accommodations requirements
- Extremely short time to prepare for accessibility support



Fig. 4 Display image of the web site of the 3rd World Conference on Disaster Risk Reduction.

### (2) Official Working Session on “Proactive Participation of Persons with Disabilities in Inclusive Disaster Risk Reduction for All.”

This session discussed the positive contribution of persons with disabilities to the post-2015 Framework for disaster risk reduction and the necessary requirements to ensure implementation of disaster risk reduction strategies are inclusive for all. Through sharing of good practices and lessons learned, the session drew clear and practical recommendations to facilitate the inclusion of persons with disabilities in disaster risk reduction at all levels, which was crucial for strengthening the resilience of society. Through dialogues and discussions, the session also strengthened multi-stakeholder partnerships between civil society organizations, particularly organizations of persons with disabilities, governments, the private sector and other stakeholders.

[https://www.dinf.ne.jp/doc/english/world/wcdr\\_indexen/wcdr\\_index\\_eng.html](https://www.dinf.ne.jp/doc/english/world/wcdr_indexen/wcdr_index_eng.html)

One of good practices that shared at this session was given by members of Bethel’s House, Urakawa, Japan, who live with severe psycho-social disability. Evacuation drills are necessary for residents, because Urakawa in Japan has the most earthquakes. The upper left map of Fig. 5 shows the location



of Urakawa and the upper right map and lower right photograph show that houses and local government offices are located in a narrow area between the mountains and the sea. The lower left photograph shows that the height of port and sea level were about the same in normal times.

*Fig. 5 upper left: the location of Urakawa in Japan, upper right: the map around Urakawa. Lower left: the port of Urakawa, lower right: the sea shore and mountains at Urakawa.*



*Fig. 6 Group work at a disaster evacuation drill at Urakawa, September 7, 2009.*

*Organized by Bethel's House, neighbourhood agencies, local government, NRCPD, and ATDO.*



*Fig. 7  
Evacuation drills  
at Urakawa  
Bethel's House at  
night.*



The members of Bethel's House have been training themselves with the collaboration of the local government and neighbourhood agencies since 2005 to prepare for Tsunami under the insight of a research group that was coordinated by Hiroshi Kawamura, National Rehabilitation Center for Persons with Disabilities. With 4 evacuation training sessions per year, they use meetings, role plays and maintain evacuation manuals in DAISY multimedia format which is easy to understand and attractive. On 11 March 2011, Urakawa was hit by 2.8 m tsunami. Bethel's House members were first evacuees who led the evacuation of the whole community. While the economic damage of the town was large but there was no human casualty thanks to timely evacuation of everybody. The participants from Bethel's House at this working session showed their role play performance. Hiroshi Kawamura and his fellows planned and coordinated the working session.

*Fig. 8 The  
performance by  
members of  
Bethel's House at  
the official  
working session of  
the 3rd World  
Conference on  
Disaster Risk  
Reduction on the  
17th of March,  
2015.*



### **(3) Major Groups and Other Stakeholders (MGoS)**

As mentioned above, during the procedure of consultation at WSIS, it took a great effort to organize the Disability Caucus. The same issue was merged during the process to participate in the preparatory process and the World Conference itself, because the Disability Group was not included in the 9 major groups that are supposed to compose a civil society, as defined by Agenda 21, the Rio Declaration on Environment and Development and the Statement of Principles for Sustainable Management of Forests in Rio de Janeiro, Brazil, 3 to 14 June, 1992.

With a sincere effort, the Disability Group was recognized as the first other important stakeholder group and 4 Focal Points were assigned: Tchaurea Fleury (IDA), Hiroshi Kawamura (The Nippon Foundation), Valerie Scherrer (DiDRR Network), and Matthew Rodieck (RI).

## 6. Plenary Session on Disability-inclusive and Disaster Risk Reduction and Management at RI Asia and Pacific Regional Conference, 2019 Macau

Good practices on DiDRR in Macau, Japan, Indonesia, Philippine, Thailand and China were shared and discussion was moderated by Kit Sinclair and Huang Dongfeng.

Nantanoot Suwanawut, academic officer of Ministry of Education at Thailand who attended the 3rd World Conference on Disaster Risk Reduction as a volunteer for accessibility, presented their project on DiDRR for special education schools with the collaboration of Japanese researcher, special education teachers and service providers for persons with disabilities.

<https://www.rimacau2019.org/daily-program-v2/>



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# Section 1.4

## **RI Policy and Services Commission**



## Chair of RI Policy and Services Commission (2009-2016): Veijo Notkola

I served as the chair of the Policy and Services Commission during the period 2009-2016. In that time, I worked as general manager of Rehabilitation Foundation of Finland. Foundation has long tradition to work for RI Global. The former chair of Medical Commission RI Global and the President of Rehabilitation Foundation Antti Huunaan-Seppälä gave me good advices how to proceed in my work. It was the great pleasure to work together with Susan Parker, Martin Schmollinger and Mark Webber, who were the permanent members of commission almost all the time.

As a part of RI Global strategic process, we developed the mission of the commission early 2010. The mission of the commission was the following “The Policy and Services Commission’s task is to identify and describe emerging development of new policies and programs in each of the world’s geographic regions. For example, what policies and programs are in development at a particular point in time to implement the Convention on the Rights of people with Disabilities”.

In practise, the work of the commission was based very much on regular meetings of the commission members. In very early stage we introduced the system that in the commission meetings, we also had seminars about different topics. In addition of that, we followed the rehabilitation policy development in those countries, where we had members. In our Dubai meeting 2009 we had three presentations given by Veijo Notkola (Aging Population of World and Challenge of Rehabilitation), Martin Schmollinger (Addressing the Challenges of the United Nations’ Convention on the Rights of Persons with Disabilities in the Federal Republic of Germany)

and Jan Monsbakken (Rehabilitation Policy in Norway). We continued this system in Copenhagen 2010. The seminar was open for all. Susan Parker gave presentation about “Competitive employment for employees with significant disabilities: public and private sector resources work to together” and for example Doctor Tiina Pensola spoke about “Occupational and Socio-Economic differences in disability pensions in Finland”. Sometimes these meetings or small conferences were organized together with other commissions. This kind of seminar was organized in Wellington 2014. The topic of my presentation was “Mental Health Policy in the European Union”. In Hong Kong 2015 the topic of the seminar was “Return to Work”.

The commission also had the possibility to organize seminars and invite researchers to come to Helsinki. The Rehabilitation Foundation of Finland arranged rehabilitation conference every year in Helsinki. Together with the Foundation the commission organized seminars since 2011. In these meetings and seminars, we were able to invite researchers from different countries to Helsinki. The topic of the workshop during the year 2013 was community-based rehabilitation. The president of RI Jan A. Monsbakken had presentation in this workshop. In 2014 the topic was “Rehabilitation among children and young adults – Transition to work”. The key presentation was given by Professor Alain Roulstone “The Challenges for Disabled Young People in a European Context”. In 2015 RIFI (Rehabilitation International Finnish Committee), RI Policy and Services Commission, and RI Work and Employment Commission arranged a workshop in Helsinki about “Return to work practices in different European countries”. Conclusion from this seminar was that rehabilitation with the link to retain



employability of the working population should become the key issue in all European countries. By the help of these seminars, meetings, and conferences the commission was able to identify and describe emerging development of new policies and programs in each of the world's geographic regions.

In addition of these “normal activities” described earlier the commission had some special tasks to do. One of those was to take care of the RI membership applications and introduce those in general meetings. In most cases this was not a very challenging task, since the number of members was not increasing very much during the period 2009-2016. The commission organized membership survey during the year 2012. The results were presented in the assembly. The content of the survey was developed by EC Rehabilitation Foundation and the survey was finalized by professor Veijo Notkola from Finland and Siobhan Barrey from Ireland. The data was collected by Rehabilitation Finland by using “surveyopal”. The number of participants was 46 and answers were got from 22

countries. The main question was that how well RI had succeeded in its work. According to the results, in promoting UN convention, RI had succeeded quite well, and RI had been able to raise awareness of disability rights. From the other hand, European countries were not satisfied, how we have been able to marketing accessibility and raise up poverty issues. It was hoped that communication in all levels could be improved. In addition, RI was not succeeded in marketing its work. The results of this survey were used when RI was developing new activities and improving the value of RI membership.

The strength of commissions is, that they can plan their work quite freely. Based on my university and research background, I chose to organize research seminars. The idea was that the new research results could provide new tools, ideas, and innovations for those working in the field of rehabilitation. I have to say that it has been the great honor to work for RI Global.



**Author: Professor Veijo Notkola**

Professor Notkola (PhD University of London) is an epidemiologist and demographer who has conducted extensive research in occupational mortality, disability, and rehabilitation. In addition, he has studied mortality and fertility in Africa (Sub-Saharan Africa) and mortality among those affected by HIV. He has been working at the University of Helsinki (professor), Institute of Occupational Health, Statistics Finland and in Rehabilitation Foundation Finland as the General Manager during 2001-2015. The Rehabilitation Foundation is an independent non-profit organization that specializes in developing rehabilitation in Finland by devising new operating models for rehabilitation work, assessing the effectiveness of current practices, and providing up-to-date information on rehabilitation to both experts and the public. He was the chair of Policy and Services Commission in RI Global during the years 2009-2016. After retirement 2016 professor Notkola has continued his studies in mortality and disability issues at work in different projects. Historical demography in Sub-Saharan Africa is one of the ongoing research issues of Professor Notkola. He is the president of HCP Golf in Finland. The aim of the organization is to promote golf playing among disabled persons. In part of this work, he has been leading several projects about accessibility and golf in Finland. Notkola is the member of the board of The Uudenmaa Neuromuscular Disorders Association. He is Adjunct Professor of Demography, University of Helsinki and Adjunct Professor of Sociology, University of Eastern Finland.

# Section 1.5

## **Social Commission**

# RI Social Commission: Personal Responsibility and Its Relationship to Social Rehabilitation

Anne Hawker

## Introduction

To be able to explore this topic it is important to get some handle on the definition of the terms.

**Personal:** Personal is defined in the Oxford English Dictionary as: “one’s own; individual, private.” Implicit in this definition is the identity of a person and all that involves.

**Responsibility:** Is a very interesting aspect. According to Oxford English dictionary this is:” Charge for one is responsible. Being responsible. “Therefore it is important to define responsible. Responsible has been defined in the Oxford English dictionary as “Liable to be called to account; answerable; morally accountable for actions

Consequently when we start to put these two definitions together it raises the questions of the accountability as an identity a person has. This accountability is environment specific because we are talking about “social rehabilitation”

**Social Rehabilitation** defines the context of that accountability. Rehabilitation can be variously defined, but the essential elements are that it is a team process in which the central player is the person with the impairment. Rehabilitation is about a new life with new hopes and dreams.

**Social** implies that starting life anew is within Society and not apart from society.

Taking the question as a whole this implies that what is important, especially for a person as they adjust to a new identity, is how they interact with society in this new role and their ability to have a significant amount of decision making as this occurs. This concept will have significant impact on the current roles and relationships within the rehabilitation process.

## The ICF Model

The ICF model provides a theoretical framework in which to explore some of the major tensions that arise when one starts to look at the very issue of personal responsibility and the whole area of social rehabilitation

Sir William Osler said it is “far more important to know the person than to know what sort of disease the person has. “ I think all those involved with rehabilitation will acknowledge that while the impact of the impairment is important initially, it is not what allows a person to return to participation in society.

While the ICF model has honed discussion onto the two crucial areas of community participation and functional activity or limitations, the relationship between these requires further refinement. Most of tools that have been used to assess a person’s needs for community participation have taken as their basis functional limitation. Many therapists are much more comfortable talking about functional limitation than truly coming to understand the aspirations of the person.

For social rehabilitation to be truly effective it can only be in the context of person's aspirations, without this social rehabilitation has no meaning to that person. This implies that it must also have meaning, in a cultural sense. This brings with it challenges when most of the tools and the thinking about rehabilitation has been driven in a very mono-cultural context.

It is interesting to note that Jenny Morris and Michael Oliver in their discussions on rehabilitation highlight the impact of these different perspectives. The Independent Living Movement is a classic example of some of the differences and some of the challenges that still exist if disabled people are to be fully included in society. The Independent Living movement was a response to the pressure from people involved in the rehabilitation process to get people as "independent as possible in their functioning." The impact of this was that many people were unable to do any other activities other than get up in the morning and get dressed. What was important for disabled people was being able to make decisions about who provided them with what support so they could have fulfilling and meaningful life roles.

Many governments at both a national and an international level have been involved in developing strategic plans that state quite clearly that central to a new vision for people with disabilities is nothing about us without us and that people should be able to determine their own aspirations. While this may well be accepted at a strategic level it will be interesting to see how it impacts at a community; service provider and funder level.

## Values

Implicit in the discussion on personal responsibility is the various values that the players bring to the team process. Where there is an element of ableism, then the person with the impairment may be perceived as having little value in terms of the social roles that they play. Therefore their aspirations may well be contained not by their vision but by the beliefs of others.

The importance of values can not be underestimated especially where people are considered to have little ability to make their own decisions. Attitudes to disabled people have shaped the current rehabilitation process. If this is to endorse and operationalise these changes, then significant changes will need to be made to the current assessment tools which have as their basis a functional abilities /limitations approach. This is an important area of change if a truly inclusive society for people with disabilities is to exist.

When one considers values, there is an assumption that those values are explicit. Often the most discriminatory beliefs are those that are implied. For disabled people these are often the most difficult to address especially in a decision making process. A true client centred approach will require trust and a change in the power relationship for many involved in the rehabilitation process. Without this change then many people will not be able to exercise nor benefit from the advantages of personal responsibility.

## Questions Raised by The Exercise of Personal Responsibility

### Starting from a strategic level:

What role does RI and DPI play in initiating this changed approach to rehabilitation at both an international, regional and national level?

Is this approach not consistent with the vision contained in the Charter for the Disabled?

How will this change be reflected in a change in the ICF model?

### From a funding perspective:

How will the impact on the current funding mechanisms be explored? It is interesting to note that there are some international trends that may will help accelerate these changes. These include:

- Shortage of trained staff
- Increased self management of people of their own health

### From an operational level:

How will the inevitable change in current practice especially around assessment be managed?

What will be the responses of those who have an investment in maintaining the current processes, tools and especially power relationships?

How will a less mono cultural perspective be reflected in both the rehabilitation processes and tools?

**From a disability movement perspective:**

How will the movement raise the aspirations of people with disabilities especially where they themselves may have been implicitly involved in ableism prior to them becoming disabled or where they have been historically impacted on by ableism?

How will the speed of these changes be monitored and by whom?

What strategies will be put in place to address potential sabotage?



# RI Social Commission: Culture & Rehabilitation

Anne Hawker

When starting to explore the dimensions of the topic, its breadth was almost overwhelming. In creating some structure to the topic, the starting point was to define the terms, the characteristics/ components of culture and the values underpinning rehabilitation. From an analysis of the terms, the potential relationships can be identified and the impacts on rehabilitation practice and policy can be highlighted.

In defining the term culture a point of clarification arose. Is culture being defined in terms of the wider community or in terms of the disability community? Culture needs to be considered in both contexts, as both contexts impact on rehabilitation practice and policy.

“In the analytical sense, culture is the total body of broadly shared tradition transmitted from generation to generation, specifically the norms, values and standards by which people act and it includes the ways distinctive in each society of ordering the world and rendering it intelligible...It provides us with a definition of reality.”<sup>1</sup>

“The arbitrariness of cultural elements does not mean that they are without rhyme or reason, only that the meanings are humanly imposed, vary from society to society, and are not absolute or natural.”<sup>2</sup>

In looking in more detail at culture, Beatson has defined five faces of culture. These are:

- “Knowledge - the cognitive component of culture.
- Ethical or moral domain of social norms, roles and values

- Lifestyle
- Icons and rituals
- Language”<sup>3</sup>

These five faces of culture assist in defining the purpose of culture. Banja has identified three purposes of culture. Banja has taken these purposes and started to relate their impact in terms of the impact on rehabilitation.

“First, they determine are social relationships such as the way professionals relate to their clients; their nature of gender relationships; and family, vocational and community relationships.

Second, they assist individuals to explain life or reality. In medicine, this is very important because a significant dimension of life and reality is one’s health, illness and disability. Cultural beliefs affect how professionals, as well as health care consumers, in a given society interpret

A third function, of cultural beliefs and practice is that they differentiate one social group from another.”

The WHO classification on Impairment and Functional Capacity has long recognized the importance of environment in impacting on the rehabilitation process.

Implicit in the acceptance by The WHO of environmental factors has been the acknowledgment of the cultural context in which a person operates. The implicitness of this relationship has often meant that rehabilitation practitioners and policy makers have not been explicit regarding the cultural context of both their practice and policy. Further, this implicitness is particularly important and may help explain the difficulties in defining community participation. “The lack of appreciation for cultural variability is in part structured by Western cultural blinders.”<sup>4</sup>

“Perceptions of and attitudes towards disability are subject to cultural interpretations which can and do depend upon values, contexts, socio-historical time, and perspectives or status of observers. Disability and its definition, that is the social construct of disability varies from society to society and from time to time.

While the WHO definitions provide a world wide accepted standard, what is disability in one society may or may not be a disability in another, even though virtually every society recognizes disability of some sort.”<sup>5</sup>

The 1980s International Decade of Disabled and the Asia Pacific Decade of the Disabled helped focus attention within the rehabilitation process of the importance not only of a person’s wider cultural context but also the importance and significance of the disability culture.

“One of the major contributions of anthropology to disability studies has been to confirm that disability is a cultural category rather than a biomedical “fact” grounded in functional characteristics.”<sup>6</sup>

“In contrast to its biomedical, the sociopolitical definition of disability connects people with the broadest range of disabilities to each other by locating disability in the interaction of the person within her or his environment, rather than solely within the individual.”<sup>7</sup>

When looking at the relationship between the culture of the wider community and the disability culture, it is realistic to describe the disability culture as a “subculture which shares many elements from the larger culture but which also contains cultural elements that are distinguishable from the larger culture. People with disabilities do have some distinct norms, values, and symbols; there are no distinct language, although there are elements of a jargon...Unlike the culture of a society, this type of cultural system is not conservative (in the sense of

conserving the social order) but is rather potentially disruptive, it is the culture of people who do not accept the legitimacy of the existing social order.”<sup>8</sup>

Thus the disability culture has as an explicit construct, the rights of people with disabilities to equal opportunities. This perspective has important ramifications for the rehabilitation process.

The last of terms to define is rehabilitation.

The UN Standard Rules define rehabilitation as “a process aimed at enabling a person with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functioning levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a functional or functional limitation.”<sup>9</sup>

Rehabilitation is a unique personal experience. Rehabilitation is about disabled people living a new changed life as a result of a disability and the impact that has their dreams and hopes for the future. Rehabilitation is about enabling a person to engage in their world in a meaningful way. This is the essence of rehabilitation irrespective of culture. However the content of the role of rehabilitation is culturally determined.

No one should presuppose where a person is at. Because the experience is unique and the dreams and hopes are unique to that individual, any interaction with people needs to take cognizance of that fact.

Rehabilitation is usually not solely based around the individual but often encompasses a personal support network. Often the person is afraid of the reaction of a partner or family member to their rehabilitation. The extent of the involvement of the family is often determined by a person’s cultural context.

Responsibilities and expectations exist for both the person and their personal support network and providers. Rehabilitation aims to assist a person to develop their own resources through the provision of the below mentioned skills. Rehabilitation and its services can have a significant impact on a person’s attitude to their changed life.

To assist the person take responsibility for their rehabilitation, service providers have a crucial role in facilitating a disabled person's acquisition of the below mentioned SKILLS

- Staying power
- Knowledge
- Information
- Learning to change
- Love yourself
- Support
- Sense of humor

Implicit in this model is the underlying value structure of rehabilitation. Values and Value Structure in Rehabilitation<sup>10</sup>

Altruism:

- Individual dignity
- Individual worth
- Self actualization process

Choice:

- Community participation
- Integration
- Least restrictive environment
- Mainstreaming normalization

Empowerment:

- Independence
- Self-control
- Self-determination

Equality and Individualism:

- Autonomy
- Freedom
- Responsibility
- Self-reliance

One statement in Howard Rusk's book stands out for me and reinforces the interrelationship between rehabilitation and culture. "To believe in rehabilitation is to believe in humanity."<sup>11</sup> To believe in humanity is to accept the cultural diversity that exists within society.

In looking at the relationship between culture, both at a societal and disability level and rehabilitation many facets can be explored. However I want to just examine a few. These include:

- Language
- Relationships
- The rehabilitation tools
- Rehabilitation services

## Language

"Language is a powerful instrument. How something is called has important implications for the way it is spoken about and how it is handled ...Cultural sensitivity for the differences in use of language use is important for a correct understanding of a phenomenon. In work with people of different cultural backgrounds, a different cultural content of the phenomenon "disability" will be communicated. Such cultural content has an impact on the way messages are communicated and on their understanding."<sup>12</sup> The importance of checking that everyone has the same understanding of the written or spoken word is often forgotten but very important to ensuring that all members of the team are working towards the same goals.

"The development of generic terminology is also culturally inspired. The tension between an emphasis on the individual differences on the one side and the societal control has historically had an influence on the attitudes and expectations towards persons with disabilities."<sup>13</sup>

Many of the words contained in the values of rehabilitation will be interpreted by different cultures and by the disability culture and the majority culture in different ways. One such word is independence.

Independence the term underpinning much of New Zealand's social policy can be viewed in a variety of ways... "Michael Oliver for example rejects a common professional definition of independence as "self care in looking after oneself." He proposes instead that we use the term independence as defined by the disabled, which is...the ability to be in control of and make decisions about one's life rather than doing things alone and without help. Hence it is a mind process not contingent upon a normal body. Independence here is about autonomy and self-determination, but it does not imply doing things by oneself. In fact, all of us are interdependent in families, whanau and community. We are not independent of the actions or care of others. Therefore being supported is a normal and valued human experience."<sup>14</sup>

One of the factors that may have driven this view of independence is the attitude of the western society to the individual as opposed to the collective norms and collective self-definitions that are more evident in indigenous cultures.

In New Zealand, "the Maori self is regarded as a part of the whanau (family), not as independent.... If a Maori person has a severe disability, he or she may well remove themselves to "reduce" the burden to the whanau, as the whanau takes precedence over individuals. On the other hand, the whanau may well provide a great deal of care to the individual."<sup>15</sup> This understanding of both self and responsibility need to be understood if effective policy and purchasing strategies are to be developed.

In looking at both rehabilitation practice and policy it is important to take cognizance of the fact that the very words we use may communicate different meanings and consequentially different expectations because of gender, race, age and culture.

## Relationships

"Culture is extremely important because it will influence the content of a person's engagement with the world; but if culture distinguishes how we engage in the world, rehabilitation will universally address the form of that engagement, ie. It's physical, behavioral and/or cognitive manifestations."<sup>16</sup> This statement shows the important relationship between culture and rehabilitation and the potential of complexity of the relationships that exist between the various individuals within the rehabilitation process.

"Culture is not just a rational system; it is emotionally powerful as well as cognitively encompassing. ...it determines gut level reactions."<sup>17</sup> This is important given that rehabilitation begins in the mind ...people learn approved ways of being ill. Culture influences are beliefs about a range of factors - reaction to pain; cause of illness, our response to illness or disability eg "should individuals go to rehabilitation, have surgery, become resigned to their illness, do penance; or start a new life?"

People bring with them into the rehabilitation process a range of expectations and experiences, many of which are shaped by their culture. This is important for others involved in the rehabilitation process to accept and understand and appreciate those differences.

For example: "the professional assumes the person is going to be compliant, while they may be nodding out of respect while totally disagreeing with what has been said."<sup>18</sup>

This has implications for providers of rehabilitation. As Howard Rush states "Rehabilitation is one branch of medicine in which the patient has more power than the doctor in setting the limits and possibilities. The doctor can tell the patient what to do, but only the patient himself can decide how much he's going to do. In making these decisions, patients are constantly teaching us doctors about rehabilitation by proving that they can do more than we presumed possible."<sup>19</sup>

Howard Rusk in his book "A World to Care For" stated "With time our concept of rehabilitation has grown, and we realize it was not enough just to treat a man's physical needs. We worry about his emotional, social, educational and occupational needs as well. We had to treat the whole man. And we also had to teach his friends and family how to accept him and help him in his new condition."<sup>20</sup> Further he wrote "If a patient came to me with a leg off and he was suffering from a deep emotional anxiety as a result of it, and I couldn't get him the proper attention for his emotional disturbance, I wouldn't be a good doctor. If rehabilitation is to ignore the emotional problems of the disabled, then I'll go back to internal medicine."<sup>21</sup>

Another important relationship, which is often forgotten, is the role of the family especially where they may continue the rehabilitation. What are the respective expectations of duties and responsibilities, what is the cultural relationship view of disability and of a person with a disability...how is a person with a disability valued?

Some disabilities by their very nature can bring shame to not just to the individual but also to the family - TBI for some cultures is seen in that context. This may well have an impact on how the reactions and attitude of others in the rehabilitation process are perceived. Further there may be attempts to hide the extent of the brain injury. An understanding of culturally determined reactions to disability is important in effectively managing the rehabilitation process and for people with disabilities these aspects are often not considered.

Cultural differences are complicated by other factors for people with disabilities such as attitude towards males and females may well vary within society. This difference is an additional complication especially for women with disabilities and has resulted in women having less access to opportunities. Equity of access may well be comprised by culture attitude not to disability but to gender. This has policy implications that have not been fully explored.

For children from different cultures they may have to cope with different cultural responses and expectations to their disabilities in the school and home environment.

This provides additional pressures for children as they attempt to make sense of their world. The whole area of the impacts of cultural on children with disabilities has received very little attention. How can policy and purchasing decisions be adequately made in this area without this knowledge?

## Rehabilitation Tools

In the “Cross Cultural Assessment of Functional Ability” states “culture and environment are known to influence performance of activities of daily living. Few functional assessments currently used in rehabilitation address the issues of cultural validity or relevance of the tools that are used for assessment purposes.”<sup>22</sup>

They go on to state that the issue of cultural diversity is not only relevant between countries but also within countries. “This is an area of great concern, and interest, especially because cultural differences may act as a barrier to the provision of services, making it imperative that health practitioners learn how to deal with clients of different cultural backgrounds.”<sup>23</sup>

If the tools used to assess needs are not culturally sensitive, then how reliable are they outside of the cultural construct for which they were developed? Have these tools inadvertently created barriers of access to services?

In children the consideration of culture is important when making assessments. In assessing children it is important to take into “account what the child’s culture considers normal behavior and appropriate interactions. One must question how to assess a child with a handicap without mistaking cultural differences for deficits simply because they deviate from majority values.” These are important and very thought provoking questions, which have not been truly explored.

Which culture or sub culture should one be using to determine if one is in harmony with an individual’s values in the example of the child who is striving to function in the culture of his peers but is guided by the culture of his/her family?”<sup>24</sup>

## Rehabilitation Services

There is a saying that people with disabilities do therapy everyone else does art. The disability arts has challenged this approach. “Disability art may transcend its initial habilitative or rehabilitative origins: it provides a training ground from which professional, product oriented artists or crafts people may emerge.”<sup>25</sup> Secondly it has an important role in contributing to the cultural identity of people with disabilities.

Services may well need to be developed which transcend the therapeutic and if the aim is to promote equal access then who should fund - disability services or arts funding?

The cultural attitudes that exist within countries may bring with them different attitudes to and expectations from services. This may be having particular importance in promoting vocational and home based rehabilitation services. What are the expectations of people with disabilities and how does the immediate system see its role? These are important policy and ultimately purchasing decisions, which are often not recognized, and often service delivery models are based on a mono cultural perspective.

## Conclusion

Cultural has a significant impact on the way the people view the world. Given the importance of attitude within rehabilitation it is important that if rehabilitation is to be truly holistic, individualistic and needs based then it must understand and reflect the person’s cultural dimensions. Further this may mean that for many cultures the service delivery mechanisms may need to change to reflect a much more collective approach. This may well also have implications for policy and funding decisions.



Work in this area has begun but it needs to be coordinated so that account not only of how services are delivered but the various tools that are used to assess people's needs and determine their access to services.

Finally it may make us all examine the language we use to ensure that the words are being interpreted in the same way and a consensus is achieved. Without this various parties involved in the rehabilitation process will have differing expectations.

This provides an excellent challenge and opportunity, which the debate around the ICF model has helped facilitate.

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# RI Social Commission Terms of Reference 2008

Joseph Kwok

## 1. The Definition of Social Rehabilitation

“Social rehabilitation is a process the aim of which is to attain functioning ability. This ability means the capacity of a person to function in various social situations towards the satisfaction of his or her needs and the right to achieve maximum richness in his or her participation in society.”

## 2. The Terms of Reference of the Social Commission

It was agreed that these should be the consideration of social rehabilitation and equalization of opportunities in its social aspects.

Equalization of opportunities means “the process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.”

Two important principles are:

- a. Society should be designed to enable full participation by all citizens: it should be seen as a defect of the society if people with disabilities are unable to participate in any activity they wish.

- b. People with disabilities should be enabled to determine the goals of their rehabilitation and to exercise the same choice as others about their human relationships, the community and the environment in which they wish to live.

# RI Social Commission Terms of Reference 2016

Joseph Kwok

Being a professional commission of Rehabilitation International, the terms of reference of Social Commission is to advance knowledge and evidence based practice to support the psychosocial functioning of people with disabilities so as to achieve maximum richness in participation in society as citizens; and capacity building of groups and communities in various situations to promote and implement the Convention on the Rights of Persons of Disabilities (CRPD), and disability inclusiveness of, and full accessibility in, general systems of society.

Social Commission upholds the principles set forth by CRPD, and emphasizes that:

- a. Society should be designed to enable full participation by all citizens: it should be seen as failures of the society if people with disabilities are unable to participate in any activity they wish.
- b. People with disabilities should be enabled to determine the goals of their rehabilitation and to exercise the same choice as others about their human relationships, the community and the environment in which they wish to live.

Social Commission supports and promotes UN policy goals as proclaimed in various specialist UN systems, and high-level intergovernmental platforms, including: The Incheon Strategy of Asia and Pacific Region (2012), the WHO CBR Guidelines (2010), the WHO and World Bank World Disability Report (2011), the Outcome document of the high-level meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond (2013).

Members of Social Commission, and through them their colleagues and networks at various levels, are encouraged to actively engage in promoting good practices at national, regional and global levels in various programme areas, including but not limiting to the following:

1. Psychosocial support to persons with disabilities (PWD) and their families to enhance family relationship and functioning, and supporting PWD to secure valued social roles in family
2. Social protection measures with affirmative support to PWD and family carers, especially those with significant needs,
3. To support PWD to access and actively manage the personal assistance necessary to live their lives with self-determination and dignity,
4. Reviewing and modernizing mainstreaming policies and legislations in line with CRPD,

5. Capacity building for PWD and organizations of and for PWD to be engaged in access audit relating to built environment, information communication technology systems, and public and private services ,
6. Capacity building for PWD and organizations of and for PWD to be engaged in promoting sign language, and accreditation and licensing of sign language interpreters,
7. Disability inclusive measures in realizing full community participation, including volunteer and mentorship programmes, including multi-media and school based CRPD public education programmes, and supporting PWD to secured valued social roles in community,
8. Community support measures for users and survivors of psychiatric services, such as peer support, social clubs and community mental health centres with reaching out supporting professional teams,
9. Measures promoting deinstitutionalization with the aim of maximizing community involvement,
10. Social enterprises supporting vocational training of and providing open employment for PWD,
11. Supporting corporate social responsibility of the private sector in promoting diversity and inclusion with a focus on those supporting PWD especially in areas of internship and employment opportunities,
12. Disability public trust for families for purpose of effective management of financial resources to support surviving members with disabilities,
13. Measures in dealing with public prejudice and disability discrimination,
14. Measures promoting disability disaster inclusiveness and risk reduction, and post-disaster community development rehabilitation measures interacting with macro transformational development measures.

# International Classification of Functioning, Disability, and Health (ICF) and its Practical Implication, RI Asia and the Pacific Regional Conference, Osaka, Japan, October 2002

Hsiao Sato

In May 2001, the World Health Assembly of the WHO approved the final version of the new International Classification of Functioning, Disability and Health (ICF). It was more than 20 years since the first version, the ICIDH, the International Classification of Impairments, Disabilities and Handicaps, was published in 1980. And more than 10 years since the inception of the revision activities of the ICIDH initiated by WHO with the first experts meeting on the ICIDH held in November 1990 in Strasburg, France. Now an acronym ICF is officially used instead of ICIDH or ICIDH-2, the latter has been widely used to designate various draft versions for new ICIDH, but now abandoned.

ICF has moved away from a “consequences of disease” model of ICIDH to a “man and environment interaction” model in understanding the disability phenomenon. ICF reflects not only the negative aspects (Disability) but also the positive aspects (Functioning) of human being. The neutrality of ICF assures equal priority for physical and mental impairments/disabilities.

ICIDH had impacted disability policies and direct intervention through its (a) separation of disability and disease, (b) identification of three dimensions of disablement, and (c) understanding the “relative independence” (Satoshi Ueda) between dimensions. ICF inherited these strengths.

With many improvements such as introduction of Environmental Factors in the model as well as the classification, use of positive terms, operational definitions in each of more than 1400 categories, etc., ICF will have more great impact. And ICF will hopefully be used not only as the model but also as a tool to describe the detail situation of persons with a disability. In this paper I will discuss on ICIDH and its revision process, conceptual framework of ICF, classifications of Body Functions and Structure, Activities and participation and Environmental Factors, and application of ICF in policies and rehabilitation.



# Section 1.6

## **RI Work and Employment Commission**

# A View Backwards Towards Future

Dr. jur. Friedrich Mehrhoff

It is an honour to serve in the lead of this important commission from 2008-2022, first as Vice-Chair and lately as Chair. Over these years, I have acted as part of a very productive team: Professor Dr. Madan Kundu (U.S.A./Baton Rouge) and Dr. Friedrich Mehrhoff (Germany/Berlin). Together with its members, the WEC prepared mainly four essential products passed by the RI Executive Board and decided by the RI Governing Assembly:

- 2012: RI Policy Paper on Work and Employment
- 2014: Position Paper of Employing Persons with Disabilities
- 2016: From School to Work (together with RI Education Commission)
- 2021: Guidelines on Accessibility in Private Enterprises

The vision of the WEC: Establishing cross-commission activities. *Panta rei*: Everything is connected with everything on earth as well as in rehabilitation affairs. Jobs for persons with disabilities without health care or educational skills will fail. Medical, vocational and social rehabilitation must be offered in a holistic manner. An inclusive society will only be realized by a zero-barrier strategy – in enterprises as well as in schools or buildings.

Networking with other international organizations brings mutual profit. Therefore the RI Board has transferred tasks on WEC in communicating with GLADNET (USA), NIDMAR (Canada), Abilympics (Japan) and ISSA (Geneva) as counterpart. Representatives attended the WEC meetings like other active RI members from New Zealand, Australia, Finland, Norway, Denmark, Poland, Russia, Brasil, Japan and South Africa, Ireland and Belgium.

The RI engagement from Germany looks back to a long tradition, from the very early stage of the RI foundation in 1922. Under the RI Presidency of Professor Dr. Kurt-Alphons Jochheim two RI Global Congresses took place in Berlin just after the unification of Germany in Berlin 1991 and in Aachen 2002. Two RI National Members shared their international activities in Germany: BAR ([www.bar-frankfurt.de](http://www.bar-frankfurt.de)) and DVfR ([www.dvfr.de](http://www.dvfr.de)).

The provision of rehabilitation services is based on legal mandates. Social security carriers and state-run authorities pay for measures of medical, vocational and social needs of persons with disabilities with the aim of including them in the first labour market as independent parts in an inclusive society. Without work and employment life goes on, but not with happiness and value. All states and enterprises must enforce their engagement.

One of the social insurance organizations in Germany invested lots of manpower, money and know-how to RI: The German Social Accident Insurance, responsible for work accidents and occupational diseases. The umbrella organisation in Berlin (DGUV) is a member of BAR and DVfR. And DGUV ([www.dguv.de](http://www.dguv.de)) supported RI over the last twenty years. I am thankful for the opportunity to serve RI by acceptance of DGUV, BAR and DVfR.

This engagement and German inputs should go on!



Author: **Dr. jur. Friedrich Mehrhoff**

Dr. jur. Friedrich Mehrhoff acted as director of strategic rehabilitation issues in the German Federation of Insurers against Work Accidents (DGUV) in Berlin (Germany) until his retirement October in 2018. Many stakeholders ask for his recommendations as “mister rehabilitation” nationally and internationally how to increase the employment rate of persons with disabilities and to retain their employability. He chaired the group, who prepared the ISSA-Guidelines (Geneva) on return to work and he promoted like a father the Disability Management movement in Germany and advertised this program as an economic and social investment worldwide. He is member of the Executive Board of Rehabilitation International (RI) since 2008 and chairs the Commission on Work and Employment. In 2021 he received the Federal Cross of Merit on Ribbon from the Preside

# RI Global Guide on Accessibility in Enterprises

## Part I. Introduction

The following guidelines are based on an international study of DGUV ([www.dguv.de](http://www.dguv.de)) in 2019, which was commissioned for the German Ministry of Labor and Social Affairs. These golden rules are dedicated to enterprises in the private and first labor market regardless of size and branch of the companies. They are divided into two sections. The first ten rules, explained in part II, are addressed to the stakeholders within enterprises, preferable the senior management. The following seven rules in part III are dedicated to stakeholders in the society, preferable the government and responsible ministries. The guidelines are published by Rehabilitation International ([www.riglobal.org](http://www.riglobal.org)) after a brought discussion at latest during the World Congress on Rehabilitation in September 2021 in Aarhus/Denmark ([www.riworldcongress2021.com](http://www.riworldcongress2021.com)). They are transferable also to the public sector, which is even more accessible than in the private enterprises in most jurisdiction in the world. In any case a progress in accessibility increases the chance of employing persons with disabilities in the first labor market around the world and contributes to the implementation of article 27 UN-CRPD.

## Part II. Ten Golden Rules for Stakeholders within Private Companies

### 1. Integrate accessibility in the enterprise's diversity strategy

Most of the enterprises representing best practice examples in

order to reduce barriers in working life integrate accessibility in a superordinate strategy, which comprises diverse social elements within a company. Three major approaches are relevant: Corporate Social Responsibility, Sustainable Development Goals and Health and Safety. Regardless of age, sex, religion and nationality - these enterprises reflect an inclusive society from outside in an inside of their organization. Part of this diversity strategy contains the occupational inclusion of persons with disabilities. Such inclusive enterprises intend to retain employability by preventive oriented means of health and safety measures. And they point out their social and environmental responsibility of enterprises for the society. Extending the requirements of accessibility as part of these approaches provides a synergetic effect. The personal and financial resources that are required in order to make a sustainable and comprehensive change within an enterprise can combined with progress in making working-places more accessible and inclusive for persons with disabilities. FLEX ([www.flex.com](http://www.flex.com)), an American enterprise in China, represents one of these kind of best practice companies in the world. They integrate a sheltered workshop, which in most countries are provided outside of enterprises, within their own company: Inclusiveness pure!

### 2. Convince the top management to consider inclusion as a business case

Regardless of bigger and smaller enterprises the support of the top management in companies is one of the key factor when it comes to formulating a proper enterprise's structure in order to tackle accessibility in a holistic manner. The understanding of accessibility as part of a business case and not only as a charity

approach encourages entrepreneurs/top managers to tap the potential of persons with disability in their role as employees, experts and customers. Retaining the employability and the satisfaction of skilled workers cause a return on investment in many countries. Costs for providing accessible working conditions for workers with special needs are efficient related to the outcomes, especially for these enterprises which are working with clients in the private services sector. Around 20 per cent of the population in each country, including elderly persons, is disabled and need the same accessible infrastructure than the workers. Lloyds Banks Group, an English Bank like other banks and insurance companies worldwide, represents one of the best practice examples by using a strategy of providing workplace accommodation using the expertise of an external service provider ([www.microlinkpc.com](http://www.microlinkpc.com)).

### **3. Collaborate with competent external service providers**

Particularly small and medium enterprises might not be able to provide the expertise and manpower needed to approach a successful inclusion and accessibility progress in a holistic manner. Therefore, external service providers might be an option to get the support for enterprises required. Based on their experiences and their resources, external service providers could assist mainly small and medium enterprises both in identifying barriers in the operational processes or the working environment and in solving their challenges. Especially some characteristics of disabilities need a specific support from outside like persons with psycho-social disorders/mental diseases, whose behavior seems strange for colleagues without knowing the symptoms and who need sheltered working conditions for being included in an accessible open labor market. Shekulotov ([www.s-tov.org.il](http://www.s-tov.org.il)), an enterprise using a comprehensive service concept for these disability group in Israel, represents a best practice example, which could be transferred in other enterprises/countries.

### **4. Create a position for a person in charge for accessibility**

Promoting accessibility in enterprises does not work out by initiating merely single initiatives or short-term campaigns. Making a profound improvement within enterprises requires the implementation of structures and the determination of responsibilities in order to mobilize personal and financial resources as well. Setting up a position on the top management level helps to include the matter of accessibility in the

decision-making process from the very early beginning. If accessibility is included in any kind of the decision process in a company, it will avoid or reduce the need of reasonable adjustments in a single case in a later stage, what makes investments mostly more costly. Scandic ([www.scandichotels.com](http://www.scandichotels.com)), a hotel chain based in Sweden, appointed one expert in a high ranked position in order to care for accessibility and accommodate working surroundings in the hotel buildings for a long time. In all enterprises with more than five severe disabled workers at least one representative should be elected as member of the work councils, a participation tool in Germany. She/he is responsible for all disability-related issues at work including accessibility.

### **5. Initiate awareness-raising trainings for senior management and colleagues**

In-house events, where top managers get the chance to share best practices and existing experiences in a sheltered and interactive space, reduce stereotypes against persons with disabilities and illustrate the potential that comes along with persons with disabilities. The conviction of the top-management is important, but the understanding of the workforce is at least equally important, especially of colleagues who work directly with persons with disabilities. Misunderstandings, prejudices or uncertainties endanger the performance of the entire company and the goal of being inclusive. Personal experiences and open dialogues create an atmosphere where close collaborations are enhanced. Lots of service providers from outside, like using disabled persons as teachers, can raise and change an internal awareness of the productiveness of persons with disabilities by breaking down barriers. Capgemini ([www.capgemini.com](http://www.capgemini.com)), a French consulting firm in private businesses in Krakow/Poland, is one of them cooperating closely with the Krakow university.

### **6. Involve persons with disabilities in fundamental decision-making processes**

Nothing about us, without us! This global slogan started during the legislative process of CRPD. It is inevitable having the perspective of persons with disability included in all decisions which provide services for workers with disabilities in a company. In order to improve accessibility within enterprises and to make decisions about the improvement of employment of persons with disabilities, the experience and expertise of the respective persons must be included. This kind of peer-approach also helps by educating colleagues to understand the needs and abilities of their disabled co-workers



with respect to the previous golden rule 5. Fond-Deystvuv ([www.fond-deystvuy.ru](http://www.fond-deystvuy.ru)), a service provider in Russia, trains employees in various enterprises how to manage the communication for example with blind or deaf co-workers so successful, because the trainers themselves are blind or deaf. The American firm in China (Zhuhai), Flex (see above), employs a special team with knowledge in sign language as part of its own staff, who knows the needs of stakeholders within this enterprise.

### **7. Utilize technical innovations to create new forms of working**

Technical innovations, especially electronic communication equipment, can open up new business fields for persons with disabilities, particularly for people, who can work from home using their accessible and familiar living conditions. Of course, technical innovations bring also risks to persons with disability and that is why the utilization of those innovations has to be deliberated well. Otherwise, technical innovations often are supposed to reduce structural barriers in buildings. Therefore, the needs of persons with any kind of limitation has to be considered in order to avoid the creation of new barriers. One of those best practice enterprises was found in Malaysia: Genashtim ([www.genashtim.com](http://www.genashtim.com)). It represents a firm, which systematically hire persons with disabilities and provides an inclusive communication among employees in order to avoid segregation and isolation for those, who work from home. By taking this challenge into account tele- and homeworking can easily increase the number of accessible working places and the rate of employed persons with mostly mobile limitations. This kind of digital working from home has been obvious for many persons around the world during corona-pandemic 2020.

### **8. Re-design business processes with the help of consultants**

Analyzing and streamlining business processes within enterprises is usually not a common social consultancy. Traditionally experts from unemployment agencies are knocking at the door of a company to ask for hiring a person with disabilities. Since some years the Inclusive Unemployment Agency in Netherlands (UWV) started a paradigm-shift ([www.uwv.nl](http://www.uwv.nl)). Well trained experts open the door of enterprises, mostly in the health care sector like hospitals, to offer concrete methods to analyze the workflow. The goal: Breaking down barriers that arise from not suitable tasks by fitting to the personal needs. This might be an opportunity to relieve skilled workers from tasks that are not

assigned to the original task description. Furthermore, employers' benefit from this new method of finding accessible workplaces as well since tasks are conducted in a more efficient way, whereby additional resources for skilled workers arise. The evaluated result: More unexpected workplaces can be delivered for persons with disabilities for increasing their employment rate with a high rate of acceptance by the staff.

### **9. Define accessibility by determining criteria and assess the status quo**

In order to break down barriers affecting persons with disability in the private sector, it is important to locate them in each of the companies with specific conditions. Therefore, it is helpful to define criteria that assist in identifying potential barriers and in determining the status quo in order to formulate goals and concrete measures based on it. Assessing the status quo facilitates the creation of a concrete action plan in accordance with the superordinate strategies mentioned above in golden rule 1. Without defining the status quo and the defining the concrete measures by using a project management no progress in accessibility at working-places in a company can be evaluated. The DGUV, a private umbrella organization of work accident insurers in Germany ([www.dguv.de](http://www.dguv.de)), as well as other enterprises in Germany provided and published such an action plan for making their engagement in accessibility transparent, measurable, and sustainable. An overview in German language: [www.einfach-teilhabe.de](http://www.einfach-teilhabe.de).

### **10. Use experiences of other enterprises in a structured exchange**

Exchanging good measures and best practices worldwide is a great opportunity to benefit from existing experiences in a multi-professional way. Creating and promoting accessibility in enterprises is a cross-sectional task which demands the effort and the perspective of economy, politics and society. In order to face these challenges, it needs a common approach, which has to be in alignment with the interests of various stakeholders. Multi-professional events that allow and encourage open discussions providing a frame which attracts enterprises by speaking their language, is a format which needs to be initiated. Based on the experience made in the past, it is supportive to have an initiator or moderator, who is independent and covers the responsibility of the required organization. However, an association of enterprises could also be the actor and initiator of those events and ensure an exchange on a regular basis. MyAbility in Austria ([www.myability.org](http://www.myability.org)), initiated by the ESSL-Foundation ([www.essl-foundation.org](http://www.essl-foundation.org)).

[esslfoundation.org](http://esslfoundation.org)), brings employers together nationally and collects inclusive projects provided by a bi-annual international award ([www.zeroproject.org](http://www.zeroproject.org)).

## **Part III. Golden Rules for Governments and Civil Societies to Promote Accessibility**

### **1. Assure foresighted legislation for general accessibility**

Accessible working environment in the private business is a human right and a condition for prosperous countries. Without accessibility in the working world, no real inclusive society and no anti-discriminating access to the employment of persons with disabilities will be realized. There are several legal options for making enterprises liable for accessibility, for example for realizing the European Accessibility Act in European countries. A first comparative legal study for selected jurisdictions has been designed by Dr. Delia Ferri (Ireland), available by the author of these guidelines. Anyway, a preventive, systematic and foresighted strategy to make enterprises more accessible should generally be preferred instead of investments in single cases based on the most frequent used legal term “reasonable accommodation”. This backward-oriented step-by-step progress in accessible working places used by nearly all countries in the world, mostly supported by social welfare/security institutions, must be overcome in the future. The change of jurisdiction and investing money in this kind of infrastructure is necessary for modern countries.

### **2. Lift enterprises in the focus of action as recipients of social welfare/security**

Enterprises act mostly in the shadow of social services, which are dedicated nearly always to individuals with disabilities. Enterprises should be lifted in the center of a federal and cross-ministry action plan conducted by the government in collaboration with social partners, like employers’ associations and, if available, trade unions as well as service providers in social welfare. Regional and local administrations should start best-practice models for a consensus-based approach by searching for win-win-situations for enterprises and the population. Ministries must collaborate mutually, like the ministry of Social Affairs with the Ministry of Labor and Economics. Additional joint agreements among groups of employers and disabled persons deliver the soil for a fruitful

awareness raising process. The responsibility of institutions for health and safety at working places accepted by enterprises mostly in any part of the world can be used as an opener for an advanced progress of accessibility in the working-life.

### **3. Encourage enterprises through incentives**

Do not let enterprises stay alone for investing in accessibility. Accessibility is a return on investment, especially in the private service business, where services must be accessible not only for the employees but also for the customers. Mostly 20% of the customers are older and disabled. In some jurisdiction enterprises, which do not fulfil the quota of employment of persons with disabilities, are punished by paying a sum of money in a kind of a state fund. This tool provides an approach aiming to increase the employment rate of persons with disability. Despite quota, there are still a lot of enterprises not employing the legal-based number of persons with disability worldwide. Therefore, encouraging enterprises through financial incentives like tax benefits and other state subsidies combined with an enterprise-ranked system like in U.S.A. ([www.disabilityequalityindex.org](http://www.disabilityequalityindex.org)) can initiate a paradigm shift from punishment towards positive-based activities within enterprises. This approach underlines the value of accessibility as a business case (see [Part II, 2](#)).

### **4. Provide enterprise-centered experts in accessibility**

Most of the employers worldwide communicate the need of professional support and concrete contact persons accompanying the journey of being accessible and inclusive. Most employers face a lack of opportunities when it comes to creating and financing accessibility. Governments should care on the provision of qualified experts serving in or for the enterprises and establish a strategy of a closer consulting and managing accessible issues by using a concrete contact person for enterprises. This kind of one-stop-shop service helps to overcome a fragmented social welfare system and interfaces. A need of an additional tool for the employment of persons with disability is obvious: Efforts in qualifying them for the first labor market remain very important. Additionally, experts in accessibility or rehabilitation must fulfil the needs and speak the language of the enterprises. These experts/managers need skills not only in order to advertise persons with special abilities to employers, but also to ask for chances of a re-design process within enterprises (see [Part II, 8](#)) for breaking down barriers and creating new jobs for persons with disability. The universities must be convinced to offer and

expand more competence centers in accessibility issues for enterprises.

### **5. Create systematical designed cooperation among enterprises**

Legal tools such as agreements or cooperation contracts between enterprises and foundations or external service providers assist in establishing and formalizing collaborations. The practice worldwide proved that external experiences and expertise coming from various actors involved in rehabilitation and participation is particularly valuable for enterprises and saves resources of enterprises as well. A national and regional platform of exchange of experiences for accessible enterprises can offer solutions for other enterprises. Sharing best practices and talking about good experiences in a multi-professional setting can raise awareness in terms of accessibility and inclusion. Getting showcased and demonstrated how competitors tackle issues and challenges in this context might be inspiring for other companies as well mostly within the same industrial branch. Learning from each other and talking to persons who face similar tasks is a great way to extend the own horizon and to build up new notions. Beside the conviction of the management, the understanding and awareness of the entire workforce is important as well.

### **6. Find methods towards an open-minded society by long-term campaigns**

Raising awareness and reducing prejudices are long-term aims that require broad-spread campaigns on different levels. Hence, it is crucial to establish structures and appoint experts dedicated to chase this goal. Initiating a paradigm shift in people's mind of a country is an action that would not work out over night by adopting one single initiative. In the opposite, it is a long-term process, where all actors affected need to be involved to include various views and built up a holistic plan, which must be paid by a multi-stakeholder concept, accompanied by a state-enterprise taskforce and be evaluated after a certain time-period - based on analyzing the situation of accessibility in the business sector in a country from the very beginning of a plan. By the way: Consulting firms in economic issues, like KPMG or other global players, should implement accessibility as a cross cutting topic in the consultation to their enterprise-clients. Training the top-management how important accessibility is for their economic success brings additional awareness in countries' campaigns.

### **7. Use the potential of worldwide experiences and ideas**

Implementing the article 32 UN-CRPD, which focus on the duty of international cooperation, means to offer a national platform of international experiences of accessible enterprises and government strategies. This platform must be established mainly by the state and additionally by civil society organizations. All existing national events dealing with innovations within enterprises and congresses of social welfare and social service providers must enriched by some examples of good practices in other countries. Best practice example: Germany started the international study (see [Part I](#)), which began in 2018 and finished in 2019, with the goal of finding enterprises and strategies worldwide not as comparison, but in order to copy some appropriate results for enterprises located in Germany. These examples are value also for other enterprises in various countries regardless of different culture and jurisdiction.

## **Part IV. Outlook**

Might these golden rules contribute to some more enterprises and states to invest in accessibility not only in public transport or dwelling houses, but also in accessible worksites, where disabled and older persons find jobs easier than by facing lots of obstacles. Barrier-free working places realize an inclusive working life in an inclusive society. Not only employers are responsible for providing accessible working conditions. Inclusive work must be increased by state-based financial support and incentives. Enterprises and their architects should be aware that each building or workplace planned or renovated could easily designed accessible, which is also important for costumers, clients or patients. Accessibility is not only a social concern, but mainly an economic issue!

Why Rehabilitation International engages in accessibility of working life in the private sector? First of all because rehabilitation means job-retention or occupational reintegration. If societies invest in preventive instruments of an inclusive working life in general, the money spent for adopting working conditions merely for one person with a disability becomes obsolete. A political strategy in a country or in a community focused on accessibility also in working life leads to a win-win-situation: Persons with disabilities earn

their own life-needs, the enterprises get motivated employees and the social security institutions safe money for compensations. Not only one single method is suitable. Some societies need a strict liability for employers, others smart voluntariness for realizing accessibility-goals.

Rehabilitation International offer a consultation for their members or other state-run institutions or top managers in enterprises who are willing to learn more about transforming some golden rules mentioned in these guidelines into practices of their business. If officials from the state or employers as well as of unions are interested in an accessible-oriented legislation and jurisdiction or in finding solutions for a global-player producing or serving in various countries, please contact the RI secretariat or directly the current chair of the RI Work and Employment Commission ([drmehrhoff@gmx.de](mailto:drmehrhoff@gmx.de)). If you want to learn more details from the best practice examples mentioned in the guidelines, please directly contact Marlon Becker [marlon.becker@dguv.de](mailto:marlon.becker@dguv.de).

## Ten Golden Principles of Including Persons with Disabilities in the Competitive Labor Market

The following principles are based on a survey among members of Rehabilitation International (RI), which underline the existing international experiences and practices. They must underpin the policy by all the relevant stakeholders in rehabilitation including actors such as policy makers in the areas of social security, persons with disabilities (pwd), private and public enterprises, professionals and practitioners operating in vocational fields.

1. Preventive measures for job retention and return-to-work avoid that employees with disabilities are falling out of the working life. Suitable occupational health and safety regulation could support this early intervention goal.
2. During sick-leave a rehabilitation management should be started timely on the level of enterprises and by the social security institutions using appropriate job coaches who realize the needs of pwd.
3. Statutory obligations for employers to employ a specific number of pwd (target system) should be combined with an effective bonus-malus system. Enterprises should either pay or be supported by the target-fund.
4. Providing vocational rehabilitation benefits in social security law increases the engagement of enterprises to employ pwd. This means to pay workplace accommodation, assistive devices, wage subsidies or to reduce taxes.
5. Funds for evidence-based capacity building education by training-on-the-job or in retraining centers empower pwd in keeping or enriching their individual working-skills close to the enterprises' demands and interests.
6. Awards and recognition for good practice in private and public enterprises ensure that innovative and successful models could be published and copied by other enterprises on the national and international level.
7. Professionals who assist jobseekers with disabilities should use the suitable language of the employers. Conversation tools should be combined with disability-specified and pro-active job-coaching concepts
8. Short-term employment or internship of jobseekers with disabilities assist the productivity of pwd to the employers in co-operation with chambers of commerce and other local business partners using common websites.
9. Job coaches or disability managers need evidence-based skills including certificates for qualification and quality assurance reviews based on international standards and consensus of the state and social partners.
10. Research on appropriate and effective tools to get and keep more pwd into the competitive labor market should be initiated and financed by international organizations in cooperation with Rehabilitation International. The results need to be transferred into practice.

*These guidelines highlight some suitable experiences and express some good practices in some countries, which want to increase the number of paid jobs for pwd. This framework does not intend any prediction of the value of sheltered workshops for individual pwd.*

RI Executive Meeting in Auckland (New Zealand) on April 13, 2014



# Policy Paper on Work and Employment 2012

## Early Intervention

Rehabilitation starts by identifying the needs and potentials of disabled persons at an early stage, in most cases during the conduct of acute medical treatment in order to open immediately a way back to work, preferably to the recent workplace. Since most disabilities develop during the course of an individual's lifetime, particularly during working age, it is important that employers, insurers and physicians implement effective disability management policies and return-to-work programs (RTW). Each medical intervention and evaluation must focus on this goal. Employers also have an important responsibility in relation to health and safety at work-places and the welfare of employees, which must be linked to RTW programs.

RI calls for effective policies and supports to assist employers in their engagement in rehabilitation, especially on the worksite level. National employment services have an important role as a source of effective support on workplace accommodations and effective disability management guidance, which must be based on a social solidarity and consensus between employers' and employees.'

## Quality Criteria

Rehabilitation in the broad sense of this paper requires criteria to define what services are high-grade or low-grade in order to define structures, processes and outcome elements. Service users, funders and providers must be involved in developing evidence-based methods, benchmarking tools or other

programs of quality assurances as well as assessments, which indicate the time and the extent of worksite-based individual case management, including work-readiness.

RI calls for the development, adoption and implementation of quality criteria on an international level. RI believes that, for the benefit of the, global population, occupational rehabilitation must be effectively and efficiently delivered within an outcome focus related to each health and social service measure. One example of global standards which respect diversity, transparency and national consensus, supports people with disabilities is the Code of Practice for professionals in Disability Management ([www.idmsc.org](http://www.idmsc.org))

## Social Tradition

Rehabilitation is part of the welfare state provision in each country, some of them articulated in the constitution as social rights. Many states have already ratified the UN Convention on the Rights of Persons with Disabilities (CRPD). RI supports the implementation, mainly of Article 26 (Habilitation and Rehabilitation), which is closely connected to Article 27 (Work and Employment). RI believes that rehabilitation is best advanced through effective policies and legislation as part of a country's comprehensive health, education and employment services for its population. The individual should be central in shaping their personal plan.

RI calls for diverse vocational provisions, which take into account the individual needs of persons with disabilities and their relatives. National policies must prioritize access to the

community-based open labor market including self-employment. Transition from sheltered work places to open employment must be promoted.

## **Economic Value**

Without specific preference for any of the various definitions of rehabilitation, rehabilitation means more than just wellness or medical care. Access to services on a community based level can play a vital role in advancing rehabilitation, including integration into education, work and social life, as part of an inclusive and productive society.

State, employers and employees as well as payers, like insurers, benefit from investing in rehabilitation. include vocational rehabilitation with a focus on effective support. Research in many countries proves that investing one Euro in rehabilitation will return five. That means rehabilitation is more than “nice to have”.

RI calls for a strategic approach to ensure rehabilitation services are funded and supported to deliver effective outcomes for individuals, particularly supporting participation in employment activities. National strategies and programmes need to include vocational rehabilitation with a focus on effective support systems based in the community and on statutory measures.

## **Holistic approach**

In order to be effective, Rehabilitation requires co-operation between stakeholders. Governments need to address the full spectrum of needs which cross different ministries such as health, labor and social issues. They must mainstream goals for employers, insurers, physicians and other service providers for them to collaborate interdisciplinary and act comprehensively focusing not only on making disabled persons fit for all-day activities, but also fit for work – preferably in the open labor market.

Payers have to collaborate among each other and together with service providers in order to avoid gaps between medical care and vocational rehabilitation. Prevention, co-ordination and a person-centered approach to individualized planning must be intrinsic parts of comprehensive case management delivering best outcomes for individuals. RI calls for effective structures which support holistic assessment of individual needs and abilities based on the ICF (WHO), which can provide better quality of support for integration into the working life.

# Policy Paper from School to Work: Guidelines on How to Support People with Disabilities in Education and into Working Life 2016

*Drafted by Commission on Work and Employment of Rehabilitation International and adopted by the RI Executive Committee on October 22/23, 2016 in Edinburgh/Scotland*

## Introduction

These guidelines highlight the need for all Rehabilitation International member countries and organisations to promote equal rights and equality of opportunity in education for children and youth with disabilities. Furthermore it stresses the importance of applying methodology and practices that support children and youth with disabilities in the transition stages from primary to secondary education as well as from education to working life. In order to increase independence and self-sufficiency of people with disabilities education should provide knowledge and skills that are recognized also in the working life.

The original idea of sharing experiences on this topic came in a cross commission meeting of Rehabilitation International held in Hong Kong 2015. The participants of the meeting felt it would be important to share ideas and practices on how one can support and promote children and youth with disabilities as they are in schools, colleges and universities and what should take into account when supporting them as they move on to working life.

## Perspectives on Current Situation

The UN Convention on the Rights of Persons with Disabilities states on article 24 – Education, that signed parties should recognize the right of persons with disabilities to education and ensure an inclusive education system at all levels including general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

To be more specific, article 24 states that

- Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- Reasonable accommodation of the individual's requirements is provided;
- Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

The parties should also enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To do so, those who have signed the UN Convention should facilitate the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring. Furthermore they should facilitate the learning of sign language.

The current situation of children and youth with disabilities is quite contrary to the aims of the Convention. A study from 2011 found out that youth with disabilities are amongst the most marginalized and poorest of all the world's youth. It estimated that 98% of children with disabilities in developing countries do not attend school and 99% of girls with disabilities are illiterate. It also stated that youth with disabilities face dual disadvantages as individuals with disabilities and are more likely to live in poverty even in developed countries. ([Youth with Disabilities, 2011](#)).

The same study suggests that the number of children and youth with disabilities is likely to increase in the future. The youthful age-structure in most developing countries and medical advancements promote higher survival rates and life expectancy after impairment-causing diseases, health conditions, and injuries. More over young people are at an increased risk of acquiring a disability through road traffic accidents, injuries from sport activities, violence and warfare.

Even in the developed countries the educational situation of children and youth with disabilities is alarming. An EU statistical study from 2011 found out that the rate of early leavers from school and education was much higher for disabled people than for those not: 31.5 % compared with 12.3 %. Also twice as many young people with disabilities than those without are neither in employment nor in education and training: 30.7 % compared with 15%. These problems with the lower level result that nearly two out of 5 people with disabilities only attained pre-primary, primary and lower secondary education levels, while less than 30 % of those without a disability were in this situation. ([Disability statistics - access to education and training](#))

A study from 2007 'Inclusive education for young disabled people in Europe' states that the commitment to education for all and also a growing commitment to inclusive education, has increased opportunities in mainstream education in all

countries. However the study found out, that inclusion is not equal for all. For example in Germany and Sweden access to mainstream education tends to be easier for children with specific learning difficulties (e.g. dyslexia etc.) or speech impairments than for those with other impairments like cognitive impairments. In addition most reports of the countries included in the study indicate that countries still want to invest in special schools rather than inclusive surroundings. It also suggests that right for inclusive education is better realized in primary education than in secondary or higher education. There is a great need also in Europe to map best practices and policies that promote equal and inclusive education to all.

### Resources:

1. Youth with Disabilities Fact Sheet, UN High Level Meeting on Youth, 2011
2. Report on equality of educational and training opportunities for young disabled people in European countries, ANED, 2010
3. Disability statistics. [http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability\\_statistics\\_-\\_access\\_to\\_education\\_and\\_training#Young\\_people\\_neither\\_in\\_employment\\_nor\\_in\\_education\\_and\\_training:\\_twice\\_as\\_many\\_among\\_persons\\_with\\_disabilities\\_in\\_the\\_EU-28](http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_access_to_education_and_training#Young_people_neither_in_employment_nor_in_education_and_training:_twice_as_many_among_persons_with_disabilities_in_the_EU-28)

### Guidelines

The need to improve equal opportunities and inclusion in education for children and youth with disabilities is great. Education is a gateway to inclusion in also other areas of life and a necessity for gaining opportunities to attend working life.

In order to promote and fulfill the aims of the UN Convention all RI and its members should actively inform various stakeholders of their responsibilities and opportunities to improve equality and inclusion in education. They should also promote activities, projects, policies that increase the numbers of children and youth with disabilities in all levels of education.

RI members should be active in informing and disseminating best practices and methodologies to support learning and transition from education to working life.

### **1. Children with disabilities and their parents are provided with sufficient support and help**

It is very important that professionals learn and gain knowledge on how they can help families with disabled children to promote the child's own self-assurance and trust on their own capabilities. When a family or community of the child believes in his/her possibilities in learning and coping it helps the child to gain self-assurance and trust.

The studies show that when a child and the family is provided with such supports he/she is more likely to cope in society and find suitable education and work.

Families can be provided with peer support, different courses to help them adjust and cope with the child's disability and various therapies and rehabilitation for the child.

Support services can be provided by public organizations, but also by NGO's.

### **2. Day-care and primary school staff, teachers and support workers have knowledge and skills to work with children with disability**

Children with disabilities should have a right for personal assistance and support when attending day care or school.

All staff and care takers should have at least a basic knowledge on special education methodologies and practices. All children with disabilities have a right for basic education even when it is known that the educational aims might not meet the national standards. Nevertheless a special curriculum can be applied and more time can be provided for learning.

Methodologies and best practices of teaching children with disabilities should be widely disseminated and accessible to all.

### **3. Right for secondary education and support for transition from primary education onwards**

Many children with disabilities have difficulties entering the secondary education. This however is very important since the working life often demands vocational training before employment. Too often children and youngsters with disabilities are seen as automatically outside the labour market and therefore no effort in supporting them to find suitable secondary education and pathway to employment is taken.

Schools should have knowledge and staff to support transition to secondary education and ways to encourage and motivate the child to learn and set targets also for the working life.

The young are entitled to choose the school they want to apply to and all schools have the responsibility to provide the support they need.

Secondary and vocational education should support young people with disabilities according to their needs, the staff should be skillful and methodologies innovative. The teachers, counsellors and support persons should also have knowledge on further educational opportunities and they should be free of biased thinking when guiding young people with their career plans.

### **4. Personal support should be provided for finding and keeping employment**

Young people with disabilities face many barriers when trying to find employment. Even though the labour markets and employment services differ greatly from country to country there is common understanding that personal support and guidance is essential to find and keep a job.

All people with disabilities who are in need or want employment, should be provided with a support person or a job coach.

The job coach service has taken many forms in around the world and there has been some discussions on how to implement the service most effectively. However there is a great unanimity that having a support person that can individually help the person with a disability to find a job and also help the workplace to include the person in the job is essential. The job coach or support person can work in many transition stages along the way.

There have been several projects proving that a support person, counsellor or equivalent can make a great difference when a person is looking for either best suitable education or best internships during secondary training and then ultimately a best work place.

### **5. Careful skills mapping and Individualized support**

In order to help people with disabilities or other barriers in the working life it is important that we know how to support their own will and help them to reach the goals they have set.



There is evidence that it is important to help people with disabilities with career planning and with identifying skills. This helps them to set their own individual goals. Being able to take part in one's own goal setting seems to strengthen motivation. Furthermore it is important to provide social support and peer support when finding out possibilities and interests in one's career.


### **6. Co-operation between different stakeholders**

When promoting equal education and inclusion, it is important that the person with disability, his/her family and different support workers and professionals aim for common goals and work in good co-operation.

Many studies show that collaboration between stakeholders, combination of different measures and seamless chain of tailored services is one way of enabling people to find employment or continue working.

### **7. Attention to teacher training and skills of support workers**

Having skillful and well trained teachers is a key issue when it comes to promoting equality of opportunities in education. Many countries value their teachers' skills and training high and provide university degree training to teachers' education in all levels. From the point of view of people with disabilities it is important that they are provided with training that takes into account their special needs and knows how to use innovative communication and learning methodologies and how to build self-esteem and trust for one's own skills.



**Section 2  
Together  
Fighting  
COVID-19**

# Section 2.1

## RI Global

## Protecting Life Against COVID-19 — An Interview with Mme. Zhang Haidi, President of RI

**Editor:** The COVID-19 outbreak is a public health crisis never seen before. Every one of us is a witness of this crisis. What are your main concerns as RI president?



**Haidi:** Our fellow people and their situations worry me most at this moment. The epidemic broke out at a time when we Chinese people were celebrating our lunar New Year. All of a sudden, our bustling life quieted down. We were seized with fear at first, but gradually we calmed down, and followed the call of social distancing. Staying at home, we felt like living on isolated islets. The virus made us apart, but we were even closer at heart.

The distance between China and the rest of the world also seems shortened. I have received many emails from around the world. I'm moved by the care shown by the RI EC members to my fellow people in China.

In times of emergency, persons with disabilities face even greater difficulties. This worries me very much. I feel relieved that, persons with disabilities and debilitated elderly are included in the epidemic control plan of our government. This means they will receive proper care and assistance. My colleagues at China Disabled Persons' Federation and I have mobilized local disability organizations across the country to help our fellow people. One day late at night, when we learned a disabled child needed urgent help, we called the local disabled persons' federation to help him at once. We also call on the whole society to ensure disease prevention for our fellow people.

Whether persons with disabilities can live in peace depends on how much assistance we provide to them. They must not be neglected in the epidemic containment, nor shall they have passive treatment if infected.

Science is a sword to protect us against illnesses, and humanitarianism is a shield to defend human beings. With these two combined, hope and light will be with us. Under the shadow of the virus, we need all the more to provide humanitarian aid, and bring warmth, confidence and strength to numerous people haunted by illnesses.

**Editor:** What has RI done as the whole world is fighting the virus that is spreading in over 200 countries and regions?

**Haidi:** I have sent emails to the RI EC members and all RI members, and called for solidarity to help our fellow people against the virus. RI should play a bigger role at this special moment. On behalf of RI and CDPF, I have written to President of the UN General Assembly Prof. Bande, UN Secretary General Guterres, ESCAP Executive Secretary Dr. Alisjahbana, Chair of the Bureau of the Conference of State Parties to the CRPD Mr. Gallegos, and heads of other international agencies. In these mails I called on the international community and all countries and regions to show more care to persons with disabilities in this anti-virus fight.

President Bande replied that he will continue to work with, and call on Member States to take measures to halt the spread of the disease, while mitigating its social and economic impact, particularly on persons with disabilities, who are among those disproportionately affected. Secretary General Guterres called on the governments of all countries to protect the rights of and interests of persons with disabilities, and guarantee their equal access to healthcare and lifesaving procedures during the pandemic.

On May 15, I took part in the ESCAP webinar themed “Protecting and Empowering Persons with Disabilities in the Context of the COVID-19 Pandemic.” I briefed the webinar audience what RI and CDPF have done against the virus, and made proposals for protecting our fellow people’s equal rights and interests.

I have also written to WHO Director General Dr. Tedros. I proposed that WHO convene a video conference for its member states and international disability organizations such as RI, and urge proper protection of persons with disabilities in the global anti-pandemic campaign.

I have exchanged views with people from other international disability organizations, and invited rehabilitation experts to give guidance to persons with disabilities by video on how to fight the virus. Our members from many countries have shared their policies, measures and experiences.

RI has decided to allocate US\$200,000 on joint programs with ESCAP to help persons with disabilities against the virus. We will strive to earnestly protect the rights and interests of the 690 million residents with disabilities in this region. I hope RI can deliver tangible benefits to those in need.

**Editor:** While bringing disasters, the virus also opens a window for everyone to observe the outside world. What do you see through this window, as Chairperson of CDPF and a writer?

**Haidi:** For centuries, humans have never ceased struggling against diseases. In China we have a story about a legendary herbal master who tasted all kinds of plants to look for useful ones to treat diseases. Our ancestors found the first medicinal herb in the wild, and gradually established a grand system of traditional Chinese medicine. The progress of western medicine has expanded the vision of researchers to the microcosmic world. From the discovery of bacterium to that of penicillin, human beings have kept moving on with exploration.

The human struggle with diseases is a war without smoke of gunpowder. The 1918 flu infected nearly half of the world’s population and took the lives of millions. That was during World War I, and it grew into a disastrous global public health emergency due to lack of cooperation among countries. It was a horrible memory to human society. It made the world realize that fighting virus is not an issue of any individual country, region or nation. We have to shelve our bias and disputes, and face it together.

As RI president I call for solidarity, mutual support and mutual help. Let’s work together to beat the disease!



**Editor:** During the war against the pandemic, we have read news about inadequate protection of the disabled people, which at times challenged the bottom line of morality. These are happening in both developing and developed countries. Could you share with us your views on the protection of this disadvantaged group?

**Haidi:** Whether you treat persons with disabilities equally: this is an indicator of civilization of the people in any country and region.

There are 1 billion persons with disabilities around the world, and 85 million of them live in China. They are a group with special difficulties. When an emergency occurs, they are the most vulnerable and face the biggest risk.

This is true with COVID-19. The case fatality rate among the elderly, including persons with disabilities, is the highest. So the government must pay due attention to the persons with disabilities, take targeted measures, care for them, and ensure their basic needs are met. They must increase community services, home care and nursing of those with severe disabilities.

I have one good example in China. There are 2,000 persons with disabilities living in over 100 care centers in Zhumadian, a city in Henan Province, and none of them have been infected so far. This proves that proper protection brings safety.

**Editor:** An epidemic often worsens the inequality faced by persons with disabilities and poses lasting threats to them. What shall we do to prevent or mitigate such negative impacts?

**Haidi:** When an epidemic breaks out, it is very important that we respect persons with disabilities and protect their life and health. The COVID-19 has brought great shocks to the global economy, and this will remain so for a long time to come. They are having grave problems with their living conditions, rehabilitation and employment. I have three proposals to make:

First, we should treat every life equally with due respect. We must ensure that persons with disabilities, the elderly, women and children in particular, have equal access to treatment and other services against the virus. We should meet their needs for basic living conditions, rehabilitation, education and employment.

Second, all States Parties must fully carry out the CRPD, and incorporate its implementation into their development policies and legislation. We need to set up long-term mechanisms against the virus, and build networks of cooperation among governments, societies and disability organizations, so that we can provide persons with disabilities whole-process protection, treatment, recovery services, as well as jobs in the course of the pandemic response and recovery. When countries make plans for recovery of the economy, they should consider the special problems and needs of this disadvantaged group, and give them special care.

Third, the international community should work to build a global community of health for all, and improve the international governance system for public health security, so as to enhance the capability to address current public health challenges and potential risks.

**Editor:** As an almost century-old organization, RI used to play a leading role in the global disability movement, and stand out as a pioneer among the world's disability organizations, but its influence seems declining today. How can RI reveal itself from many international disability organizations, and play its unique role?

**Haidi:** RI has a glorious history that I feel proud of. Disabilities are a social cost to be borne by society in the process of human development. Protecting, caring and helping persons with disabilities are a consensus of modern society. But 100 years ago, this group had suffered bias and discrimination and was regarded as “social problems.”

RI was founded, and like a ray of sunshine, it lit up the world of persons with disabilities. As one of the earliest international organizations for persons with disabilities, it has greatly promoted humanitarianism and social progress. For instance, the Paralympics was originally a proposal of the RI World Congress in 1951. RI first raised the concept of community-based rehabilitation. It designed the universally applied Symbol of Access and donated it for free use around the world. It was one of the initiators of the UN Decade of Disabled Persons. It has also played an important role in the formulation and implementation of the CRPD and the World Programme of Action concerning Disabled Persons.

Since I assumed RI presidency in 2016, I have made progress with the concerted efforts of all our members. The Global Disability Development Fund and Africa Fund set up by RI are warmly welcomed. We held our EC meeting in autumn of 2017 in Africa. In a nursery courtyard, we listened to a disabled woman telling the miserable life of her and her child, who was also disabled. Her tears dropped on our hearts. It was the first time for many of the EC members to visit such a poor country and find there were so many women and children that need help. I will do my best to lead RI and enable it to play a better role in enhancing the well-being of our fellow people.

In 2019 RI set up the RI Award for Outstanding Achievements at my proposal. The award conferring ceremony was held in Moscow and the winners were Mme. Maria Espinosa, President of the 73rd Session of the UN General Assembly, Sri Lanka Eye Donation Society, and Ethiopia's Alpha Special School for the Deaf. They each received a prize of US\$ 200,000. I wish this award can inspire more people to pass on the spirit of love, convey the idea of peace, bring more hope to persons with disabilities, and motivate more people to care for this disadvantaged group.

The year 2022 will mark RI's first centenary. Together with my colleagues, we will raise the torch of love and light up the road toward happiness for our fellow brothers and sisters around the world.

# Ensuring a Disability-inclusive Response to COVID-19

## RI's Commission on Technology and Accessibility

Since the global outbreak of COVID-19 pandemic, Rehabilitation International (RI) and its members, especially RI commissions, have been following closely on how the pandemic is affecting lives of persons with disabilities around the world.

Our overwhelming priority is to safeguard the wellbeing of our members, their families and the wider communities in which we operate and serve.

As the COVID-19 continues to impact the health of citizens around the globe and create extreme market volatility, we are aware that each day is bringing significant challenges and pressures to the members of our global family.

Social and economic disruptions are impacting communities and families in all corners of the globe while disproportionately impacting the disability community as one of the most vulnerable groups worldwide.

Being one of the largest and oldest global networks focusing on advancing the rights and inclusion of people with disabilities, at a challenging time like this, we are called upon to be vocal leaders, and advocate strongly for the rights and needs of persons with disabilities. During the uncertain and unprecedented time, we should remain steadfast in pursuit of our mission to assist and support the disability community that we jointly serve.

### RI's Commission on Technology and Accessibility (ICTA) Basic Recommendations for Persons with Disabilities during the COVID-19 Pandemic include:

- Always provide information in accessible formats so everybody can understand them.
- Children with disabilities should receive information according to their age.
- Preparedness and response plans, including public restrictions, must be inclusive of and accessible to women and girls with disabilities.
- Persons with disabilities staying at home during quarantine face a higher risk of mental health issues, therefore, governments and other private or social agencies should consider providing adequate measures for stress and anxiety relief.
- Persons with disabilities in need of health services due to COVID-19 cannot be deprioritized on the ground of their disabilities.

- Measures to lessen the impact on the economy of persons with disabilities, their families and their organizations, should be considered, including:
  - Programs for funding civil society organizations to support their employers keeping to jobs.
  - Assistance for self-employed persons with disabilities.
  - Cash delivery mechanisms should be accessible for persons with disabilities.
  - Mobile phones with accessibility features and e-wallets must be promoted to reduce interaction and keep social distancing.
- Deafblind persons rely on physical interaction with others to communicate, therefore special measures are needed during the pandemic, or even afterwards. Some examples are:
  - It's necessary to adopt an extra precaution approach to infection control, along with limiting interactions if possible.
  - Sanitizing between interactions with different individuals who are deafblind.
  - Interpreters also need to take strict sanitizing measures before and after interacting with them.
  - Promote development of innovative technological solutions for communication with deaf/blind persons, besides relaying on touch-based techniques.

# Health Protection Guide for Persons with Disabilities during COVID-19 Pandemic

Dr. Pan Lijun, Chinese Center for  
Disease Control and Prevention

Due to the novel coronavirus epidemic (COVID-19), persons with disabilities have to stay indoors for a long time, doing much less exercise but having much more screen time than before, which inevitably affects their physical and mental health. If they go outdoors or go to a crowded place for shopping or seeing the doctor, inadequate health protection might leave them exposed to the coronavirus that might be on the surface of objects or in respiratory droplets. This paper, in view of the health risks faced by persons with disabilities when staying at home, going outdoors, buying daily necessities and seeing the doctor, puts forward protective measures.

## I. Staying at Home and Doing Outdoor Activities

1. Keep the thermometer, mask, hand disinfectant, qualified disinfectant liquid and other anti-epidemic articles at hand.
2. Do a good job in health monitoring by taking temperature every morning and evening. Should such suspected symptoms as fever, dry cough, fatigue, nasal congestion, runny nose, sore throat and diarrhea appear, the guardians, care givers or family members should be informed promptly.
3. When the environmental temperature is agreeable, windows should be opened for ventilation every day to increase indoor air circulation; windows should be opened twice or three times a day, 20 to 30 minutes each time. Please keep warm and avoid catching cold.
4. To use the split air conditioner, the following steps are recommended:
  - (1) Clean the air conditioner in the first place. We should disconnect the power supply of the air conditioner, and wipe the dust off the shell with a damp cloth without dripping water; follow the instructions to open the cover plate, remove the filter screen, wash the dust off the filter screen with tap water, let it dry in the air or dry it with dry cloth, install the filter screen and close the cover plate. Then we can turn on the air conditioner and use the cool mode to check whether the air conditioner is in normal operation.
  - (2) Ensure ventilation before using the air conditioner. Before turning on the split air conditioner, the first thing is to open the doors and windows for ventilation for 20-30 minutes, and it is recommended that the air conditioner operates at the maximum air volume for more than 5-10 minutes before the doors and windows are closed. After the split air conditioner is turned off, the doors and windows shall be opened for ventilation. For crowded areas (like meeting rooms) that use the split air conditioner for a long time, there should be a 20-30 minute ventilation every two or three hours. Indoor temperature should be kept no lower than 26°C. If the indoor temperature demand can be met, it is suggested that the doors and windows should not be completely closed when the air conditioner is running.



5. Increase the frequency of cleaning and disinfecting toilets and tableware. The disinfectant can be diluted into disinfectant liquid according to the instructions to wipe or soak the sanitary ware. Gloves must be worn before using disinfectant. As the disinfectant is very corrosive and irritant, if there is no glove to block the contact between the skin and the disinfectant, it will cause serious irritation to the skin and mucous membrane as well as slight pain to the hands.
6. Avoid sharing towels with other family members; frequently expose clothes and quilts to the sun; develop a good personal hygiene habit; refrain from spitting anywhere; cover the nose and mouth with tissue or elbows when sneezing.
7. Ensure good nutrition, eat properly, exercise moderately and ensure enough sleep to improve the immune system. The specific suggestions are as follows:
  - (1) Ensure food diversity and have a balanced diet. We should try to have more than 12 kinds of food a day and more than 25 kinds a week. We should take more fresh fruits and vegetables, at least 300 grams of vegetables and 200 grams of fruits every day, and preferably dark vegetables should account for more than a half of the intake. We should increase the intake of aquatic products which should be taken at least three times a week, and we should eat 5-7 eggs a week. The average daily intake of fish, poultry, eggs and lean meat should be 120-200g. We should increase the consumption of milk and legumes, and take 300 grams of liquid milk or equivalent amount of dairy products every day. People with lactose intolerance can choose yogurt or low lactose milk products, avoid drinking milk on an empty stomach, drink many times but a small amount of milk each time, or drink milk while taking grains. We should take 25 grams of soybean products in addition to a proper amount of nuts each day.
  - (2) Keep a light diet and drink enough water. Steamed, boiled and stewed food is healthier than the smoked, pickled, fried food which one should try to avoid. The intake of cooking oil and salt should be respectively no more than 30 grams and 5 grams per person per day. We must drink 7-8 cups of water (1500-1700ml) per day, but wine is not recommended.
  - (3) Maintain a healthy weight and pay attention to chronic disease management. It is advisable to weigh yourself once a week, avoid sitting for a long time, and get up once an hour; make the best use of the home conditions to do physical exercises, and engage in moderate physical activities for more than 150 minutes per week; and monitor the risk factors of chronic diseases such as blood glucose, blood lipid and blood pressure every three months to improve your self-management of chronic diseases.
8. Wash hands frequently. Do not touch your eyes, mouth or nose with the dirty hand. Wash hands with hand sanitizer (or soap) in running water after returning from outdoors, after coughing and hand covering, and before meal and after toilet. We should wash hands in the right way or rub hands with quick drying hand sanitizer.
9. Meat and eggs should be thoroughly cooked before eating.
10. Do not drop in others' home gather, dine together or treat each other to dinner.
11. We should try to avoid going out when feeling sick, avoid crowded places, and wear masks when going outdoors.
12. Keep warm when going out. We should wear masks when we go to crowded public places, take public transportation or come in close contact with other people.
13. While living with quarantined family members at home, we should do a good job in cleaning and disinfection, strengthen personal protection, and wear masks.
14. It is inadvisable to lie in bed for a long time; instead we should move on the ground at appropriate times.
15. We should wear masks during rehabilitation training, and the training should be appropriate in intensity. Hand hygiene should be immediately done at the end of the training.

## II. Shopping for Daily Necessities

### 1. Farm Market

- (1) Before entering the farm market, it is necessary to evaluate the sanitation, ventilation or people flow of the market. If sewage, vegetable leaves and other waste scatter in the market, it shows the market is in poor health management and should be avoided. If the market is found with a dense flow of people, poor ventilation and relatively closed space, it should be avoided as well.
- (2) Wear a mask and take disinfecting wipes with you. In a crowded place or in close contact with others (within 1 meter), persons with disabilities should wear masks, strengthen hand hygiene, carry quick drying hand disinfectant or disinfecting wipes, and cover the nose and mouth with tissue or elbows when sneezing.
- (3) Commodity selection. When selecting goods, we should try to select packed vegetables, fruits or meat in the zone with few people, reduce conversation with the salesperson, keep a distance of more than 1 meter from others when purchasing goods, use non-direct contact payment such as scanning payment, and try to avoid cash payment.
- (4) Make the stay at the farm market as short as possible. We should leave the stall or the farm market as soon as possible after the payment.

### 2. Shopping malls and supermarkets

- (1) Before entering the shopping malls and supermarkets, it is necessary to evaluate the sanitation, ventilation or people flow therein. If there is any strange smell, it indicates that the place has poor ventilation. It is recommended not to enter or reduce trips to the place.
- (2) Wear a mask and take disinfecting wipes with you. Persons with disabilities should wear masks when they are in close contact with others (within 1 meter), like in selecting commodities, queuing for weighing, etc. After selecting the goods or directly touching the frequently contacted objects' surfaces with hands, like the elevator buttons, handrails,

etc., it is necessary to wipe the hands with the quick drying hand disinfectant or disinfecting wipes, and it is necessary to cover the mouth and nose with tissue paper or elbows when sneezing.

- (3) Selection of goods and payment. We should try to buy prepackaged products, choose indirect payment, and try to avoid cash payment.
- (4) Reduce direct contact with the shopping cart, storage cabinet, elevator button, escalator handrail, toilet door handle and other public equipments and facilities. After the unavoidable contact, it is advisable to wash hands in the right way or rub hands with quick drying hand disinfectant.
- (5) After the payment, we should leave the shopping malls and supermarkets as soon as possible.
- (6) Means of transportation. It is recommended to take private cars or ride shared bicycles to shopping malls and supermarkets, and try to reduce the use of public transportation and in particular crowded buses.

## III. Medical Treatment

3. Select the nearest hospital as required, make an appointment for registration online or by telephone in advance, learn about the medical treatment process of the medical institution during the epidemic, get familiar with the location of the department to see the doctor, and immediately leave the hospital after the treatment.
4. Wear a mask throughout the medical treatment, ensure proper personal hygiene, avoid touching the mouth, eyes and nose with hands, and cover the mouth and nose with tissue and elbows when sneezing or coughing.
5. Ensure good hand hygiene, try to avoid touching the door handle, registration machine, ATM and other objects, wash hands in time or rub hands with quick drying hand disinfectant after the unavoidable contact with the objects.
6. When waiting and queuing, we should keep a distance of more than 1 meter from others, and try to choose stairs over elevators. If you take the elevator, avoid the over-crowded elevator.

7. Private cars are preferred. If you take public transportation, please keep a safe distance from other passengers and try to keep windows open for ventilation when you take buses and taxis.
8. After returning home, wash hands in running water with hand sanitizer (or soap) or directly rub hands with quick drying hand sanitizer.
9. After returning home, change the coat immediately and wash the clothes as soon as possible. In case of contact with any one with suspected symptoms in the hospital, it is necessary to disinfect the coat by physical means as soon as possible, namely, to boil it at above 56°C for 30 minutes or dry it for 20 minutes at above 80°C in the dryer, and use chemical disinfectant to soak and disinfect it for further disinfection.

# Build a Strong Psychological Defense Line among the Public

Dr. Peng Kaiping, Professor of Tsinghua University

The positive mindset advocated by psychology is an optimistic and upward psychological state, as reflected in people's positive understandings and emotions. Such a mindset can greatly enhance people's feelings of health, morality, significance, happiness, etc. Especially in the face of major emergencies; when life is at stake, it can greatly stimulate people's initiative, collectivism, heroism and optimism. When people are faced with difficulties and pressures, positive psychology advocates two coping mindsets which are complementary to each other: one is to establish a problem-oriented positive mindset, and actively work to solve practical problems; the other is to establish a positive mindset for emotional regulation, to adjust thinking and cognition, and to seek support from multiple sources.

In order to find an appropriate way to cope with the epidemic, it is necessary to analyze the causes of psychological changes of the public during the epidemic and explore the internal laws. The sudden outbreak of the epidemic has disrupted people's work and life. Some people are not psychologically prepared, have no relevant coping experience in this regard, and are prone to anxiety, confusion, emptiness, depression and other negative emotions. About COVID-19, though we have some knowledge about its pathogenesis, we have yet to develop the measures for treatment, prevention and control of the epidemic as it takes time to conduct in-depth research into the disease, which is also part of the reason for people's emotional and psychological fluctuations.

In the face of the epidemic and its harm, we should be clear-headed and restrain the tendency of over thinking and negative thinking. From the perspective of psychological and

emotional control, when a crisis comes, people will naturally tend to benefit and avoid harm, which is the result of human evolution and natural selection. Therefore, it is normal to have psychological and emotional changes in the face of crisis, but it is unnecessary to worry excessively, otherwise the physical health will suffer. We should use proper ways to relieve pressure and look forward. Life is colorful and full of possibilities. People need to get a sense of fulfillment, engage in society, and win recognition of others.

Although the epidemic has changed the lifestyle and the life tempo, life has and will continue, and we need to go forward. In the face of the epidemic, we can still maintain a proper life tempo, set new goals and make new achievements. If we look farther and relax, we can find many things which tend to be ignored are in fact very important. With such new discoveries, we can have and maintain a positive attitude as there are many meaningful things to do. When we think we share the same circumstances with people from all sectors of society, we will have a more positive mindset.

In a certain sense, human history is a history of constantly fighting against various disasters, accumulating experience and achieving victories. After all, the haze cannot block the sunshine; no matter how forbidding the difficulties are, they cannot stop people from yearning for and pursuing a better life. In front of the epidemic, we must keep a positive attitude and adhere to science-based rationality. Let us all learn to be brave, strong and kind and build a strong psychological defense line, so as to provide a powerful source of strength for combating the epidemic.

# Nobody Left Behind — People with Disabilities, Functioning and Disability during the Coronavirus Epidemic

Prof. Matilde Leonardi from Italy

## Unless governments and communities take action, discrimination against people with disabilities could increase during the COVID-19 pandemic

The COVID-19 pandemic disclosed an epidemic of stigma, discrimination, and prejudice against vulnerable people in particular children, people with disabilities and ageing people. According to the World Health Organization (WHO), more than 1 billion people are living with disabilities world-wide. The COVID-19 pandemic is likely to disproportionately affect these individuals, rising barriers of different types and at different levels and thus putting them at higher risk of morbidity and mortality.

- Barriers to implementing basic hygiene measures, such as hand-washing (e.g. hand basins or sinks may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- Difficulty in enacting social distancing because of additional support needs or because they are institutionalized;
- The need to touch things to obtain information from the environment or for physical support;
- Barriers to accessing public health information.

Depending on underlying health conditions, people with disabilities may also be at greater risk of developing more severe cases of COVID-19 if they become infected.

This may be because of COVID-19 might exacerbate existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes; and barriers to accessing health care.

People with disabilities may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

The barriers experienced by people with disabilities can be reduced if key stakeholders take appropriate actions.

People with disabilities face barriers in all areas of life.

- Education
- Employment
- Social & political life
- Community participation
- Health

## Disabling barriers: widespread evidence

- Inadequate policies and standards
- Negative attitudes/discrimination
- Lack of provision of services



- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence

### Barriers have negative consequences in several life areas

- Lower educational achievements
- Lower levels of employment
- Higher rates of poverty
- Poorer health outcomes

### People with disabilities have to be able to participate in society “on an equal basis with others”

All the barriers increase disability and during the COVID-19 epidemics in all affected countries the barriers faced as well as the needs of persons with disabilities increased. The guiding framework for responding to the needs of people with disability should be the UN Convention on the Rights of People with Disability (UNCRPD). It condemns discrimination and all forms of barriers that prevent accessibility to care and inclusion of all people and many countries ratified the UNCRPD with the engagement to have it implemented and applied. Countries are therefore requested to identify barriers, and take action to eliminate them, as well as to identify needs, and take actions to meet them, so that the participation level of people with disabilities is comparable to the participation level of the general population of a country.



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# How to Help Children with Disabilities Avoid Exposure to COVID-19

China Rehabilitation Research Center  
for Hearing and Speech Impairment

COVID-19 is a new highly infectious disease, and people of all age groups including children are susceptible to it. But the disease can be effectively prevented by reducing going outside in public, maintaining good personal hygiene habits and taking protective measures. This article puts forward some protective measures to keep the disease away from children with disabilities.

## I. How to do a good job in personal protection?

### 1. Minimize the time of staying outside

- (1) Avoid areas severely hit by the epidemic.
- (2) During the epidemic, refrain from visiting or dining together with relatives and friends and try to stay at home.
- (3) Avoid crowded public places and especially places with poor ventilation, such as public baths, hot springs, cinemas, Internet bars, KTV bars, shopping malls, stations, airports, docks, exhibition halls, etc.

### 2. Personal protection and hand hygiene

- (1) Wear a mask when going out. Wear a surgical face mask or N95 mask when going to public places, seeing a doctor, or using public transportation.

- (2) Keep hands clean. Try to avoid contact with public facilities in public places; use hand sanitizer or soap to wash hands in running water or use alcohol-based hand sanitizer after returning from public places, after coughing and covering the mouth and nose with hands, and after using toilet and before meal; avoid touching the mouth, nose and eyes with hands when we are not sure whether the hands are clean or not; cover the mouth and nose with tissue when sneezing or coughing, and cover the mouth and nose with elbows and cloth when there is no tissue paper.

### 3. Do a good job in health monitoring and medical treatment

- (1) Do a good job in monitoring the health of our own as well as our family members. Parents of children with disabilities should take their children's temperature twice a day, in the morning and evening.
- (2) Should any suspected symptoms of COVID-19 appear, like fever, cough, fatigue, sore throat, chest distress, dyspnea, mild nausea, nausea and vomiting, diarrhea, headache, palpitation, conjunctivitis, mild limbs or lump muscles, the patient in concern should wear a mask and seek medical treatment nearby. He/she should try to avoid public transportation like subway and bus as well as crowded places. When visiting the doctor, he/she should truthfully tell the doctor his experience (if any) of travelling to or staying in

the epidemic-hit areas as well as his contact with confirmed cases or suspected cases of COVID-19, in a way to cooperate with the doctor to carry out relevant investigations.

4. Ensure proper hygiene and develop healthy habits

- (1) The windows should be frequently opened for ventilation. At least a 30-minute ventilation a day should be ensured.
- (2) Family members should avoid sharing towels, keep home furnishings and tableware clean, and frequently expose the clothes and quilts to the sun.
- (3) Don't spit on the floor, wrap the mouth and nose secretions with tissue, and then discard them in a covered garbage can.
- (4) Ensure good nutrition and exercise properly.
- (5) Keep at hand such materials as the thermometer, surgical face mask or N95 mask and household disinfection articles, etc.

## II. How to protect children with disabilities in daily life?

1. If possible, we should avoid taking children out, and in particular avoid public places or closed space, like shopping malls, theaters, hot springs, children's entertainment centers, etc. If going out is absolutely necessary, we should try to avoid public transportation and stay at least 1 meter away from other people.
2. During the epidemic, it is suggested to postpone or cancel the routine health examination for children, to avoid going to the hospital, and to cancel the centralized rehabilitation training.
3. Don't take children to visit relatives and friends, to join in parties or to dine together with others. The acquaintances shall not be allowed to touch babies or talk with kids at a close distance. And we should avoid contact with the people with respiratory infection and those who have been to the areas severely hit by the epidemic over the past two weeks.
4. The room shall be kept clean with fresh air and proper temperature. Ventilation should be ensured every day and we must keep ourselves warm in extremely cold weather. The children should be taken away from the room being ventilated to avoid catching cold.
5. Parents and caregivers should wash their hands properly before having fun with or conducting rehabilitation training for the children with disabilities, change clothes and shoes after going home, and wash hands before touching the kids. They should remind or help children to wash their hands with hand sanitizer or soap in running water before meal and after using toilet, playing games, coughing, sneezing, and contacting saliva and secretion.
6. Reduce the chance of infection. Family members should avoid sharing towels and cups; instead they should use serving chopsticks and spoons. We should avoid kissing children, and breathing and panting to them. Moreover, children's toys and articles should be disinfected regularly.
7. Breast milk is the best "medicine" to boost the newborn's immune system. Pure breastfeeding should be ensured for the infants less than 6 months old. It is recommended to continue breastfeeding the infants of more than six months old till they reach 24 months while complementary food is properly fed to them. However, if the mother is a confirmed or suspected case of COVID-19, breastfeeding should be suspended and the mother should be isolated till her full recovery.
8. Between receiving the instruction for reopening the institution after the end of the epidemic and resuming centralized rehabilitation training, all rehabilitation institutions for children with disabilities should do a good job in disinfecting the environment as well as the playing and teaching equipment and tools, formulating the epidemic prevention and control management plan, and stocking anti-epidemic protection materials.

### III. How to protect children with disabilities when they go out?

1. If it is necessary to see a doctor, the parents should make sure the children wear a mask on the condition that they do not suffer any discomfort like breathing difficulty. The super young kids cannot wear masks for the risk of suffocation. If children have to go out, it is suggested to keep them away from unprotected people as far as possible. In principle, masks are not required in open space, but in crowded or closed places, to wear a mask is a must.
2. It is recommended to carry tissue and alcohol-based hand sanitizer when going out. When coughing or sneezing, you should cover your mouth and nose with tissue. The tissue used to cover your mouth and nose or wipe your nose should be wrapped up and discarded into a covered dustbin. When it is inconvenient to wash hands in running water while staying outdoors, parents should use alcohol-based hand sanitizer to disinfect their hands after coughing, sneezing and wiping their kid's nose. Special wet wipes should be used for infants.
3. We should wear gloves when going out and any daily gloves, except wet gloves, are acceptable. We should try to reduce contact with public facilities and certain parts of public places. We should remind children not to touch things here and there when they go out, and ask them to avoid touching the mouth, nose and eyes with their hands when they are not sure whether their hands are clean or not.
4. After returning home, the first thing it to take off clothes and change shoes, and then it is to wash hands and face properly. If the children cooperate, their nose and mouth can be cleaned. The clothes and gloves worn when going out as well as the articles carried along should be cleaned and disinfected in time if they are suspected of being exposed to the virus (like after visiting a fever clinic).

### IV. Points of attention for children to wear masks

1. It is recommended that children choose products that meet the protection standards and are labeled as particulate protective masks for children or teenagers.

2. It is hard for an adult mask to properly fit a small child's face, so it's not recommended for children to wear adult masks.
3. Before helping children put on masks, parents should carefully read and correctly understand the instructions, so as to help the children use masks correctly.
4. Parents should always pay attention to whether the children feel comfortable with the mask. If children feel uncomfortable when wearing the mask, adjustment should be made or the mask should be taken off in time.

### V. What to do when children fall ill?

If a child has cough, fever or other symptoms, and it is confirmed that he/she has not gone outside and has no contact with anyone infected by the epidemic, the temperature of the child can be monitored and his/her condition should be treated as common respiratory tract infection at home. If the fever persists, cough worsens, dyspnea occurs, or the mental state is poor, it is recommended to bring the child to see a doctor at the nearest hospital where pediatric outpatient service is offered. Please refer to the requirements issued by National Center for Disease Control and Prevention or relevant health management department for personal protection precautions when going to the hospital.

### VI. What to do when the children's caregivers show suspected symptoms?

When suspected symptoms of novel coronavirus infection are found in the parents or other caregivers of the children, like fever, dry cough, fatigue, sore throat, chest distress, dyspnea, nausea and vomiting, diarrhea, conjunctivitis, muscle soreness, etc., masks should also be worn at home, and medical treatment should be sought and isolation should be done in time. It is suggested that the children should be kept out of contact with the suspected case until the latter's body temperature returns to normal for more than 3 days. During the isolation period, the children should be temporarily taken care of by other reliable caregivers.

If the parents or caregivers who have close contact with the children are diagnosed as suspected or confirmed cases, the children need to be quarantined at home for medical observation. If quarantine for medical observation cannot be done at home, it can be done at an institution. The medical observation shall last 14 days, starting from the last contact with the case without effective protection. Once the infection is ruled out by the results of case investigation, the medical observation can be terminated.

## **VII. How to do rehabilitation training for children with disabilities during the epidemic?**

Parents should make full use of the rehabilitation knowledge to do home-based rehabilitation, keep in touch with the rehabilitation service institutions, and obtain online professional guidance on rehabilitation provided by the specialized service institutions, so as to reduce the impact of the epidemic on the children's rehabilitation, and improve the effect of the home-based rehabilitation training.



# Guidelines for Assistive Devices Disinfection during COVID-19 Epidemic

China Assistive Devices and Technology Center  
for Persons with Disabilities

With the increase in the elderly population and the number of persons with disabilities, there is a growing demand for assistive devices. Appropriate disinfection of assistive devices is an important measure for epidemic prevention and control.

To cope with the ongoing COVID-19 epidemic, we can use the chlorine-based disinfectant and the 75% alcohol which are easy to obtain and relatively safe to disinfect assistive devices.

In the first place, we should read the instructions to make clear of the range and method of application, expiration date and storage method of the disinfectant, and try to avoid mixing different disinfectants. The chlorine-based disinfectant should be used immediately after being made ready; electricity and fire should be kept away when using alcohol for disinfection. Wipe or wash the surface of the objects to remove disinfectant residual after disinfection has taken effect. In the process of disinfection, the staff should ensure proper personal protection.

The frequency of preventive disinfection should be based on the locality's risk level related to the epidemic and the frequency of using assistive devices.

## I. Disinfection at Home

### 1. Preventative Disinfection:

Heat and humidity-resistant assistive devices such as cushions and bent handle spoons can be disinfected by circulating steam or boiling for 30 minutes. If discoloration and corrosion are not a consideration, chlorine-based disinfectants can be used. It is not the case that the higher the concentration of chlorine is, the more effective the disinfectant will be. Excessive disinfection is not only harmful to human health, but will also cause water, air and soil pollution. The proportion between chlorine and water, and wiping or soaking time shall be determined according to the instructions on using the chlorine-based disinfectant, and then the disinfectant residual shall be wiped or washed away with clean water. When using alcohol-based disinfectant, we should wipe or spray the surface with alcohol for 3 minutes, and do the disinfection twice. For sphygmomanometers, thermometers and other personal medical aids, it is recommended to use alcohol for disinfection; for other assistive devices, such as wheelchairs, crutches, bath chairs, commode chairs and hoists, chlorine-based disinfectants or alcohol can be used for disinfection. If conditions permit, ultraviolet disinfection can also be used, but direct exposure of human body to ultraviolet light shall be avoided, and the assistive devices shall be placed within proper range.

## 2. Terminal Disinfection:

Terminal disinfection is thorough disinfection of the place upon the departure of the confirmed cases and asymptomatic patients.

When there is no visible pollutant, the devices can be disinfected by circulating steam or boiling for at least 30 minutes. If discoloration and corrosion are not a consideration, the devices can be soaked with the disinfectant with a concentration of 1,000 mg/L of effective chlorine for 30 minutes and then be cleaned as usual.

When there is a small quantity of pollutants on the surface of assistive devices, use disposable water absorbing material to dip the disinfectant with a concentration of 5,000-10,000mg/L of effective chlorine to remove the pollutants carefully; when there is a large quantity of pollutants on the surface, use disposable absorbing material to cover the surface completely and then spray the disinfectant with a concentration of 5,000-10,000mg/L of effective chlorine on the water absorbing material, keep it there for more than 30 minutes, and then remove it carefully. After that, we should wipe or spray the disinfectant with a concentration of 1,000mg/L of effective chlorine onto the surface of contaminated assistive devices for disinfection for at least 30 minutes.

The cleaning cloth and disposable absorbing materials used in the disinfection process shall be put into the waste bag to be tied tightly.

We should wash hands and change personal protective materials immediately after the disinfection.

## II. Disinfection at Facilities

### 1. Preventative Disinfection:

Before returning to work, the surface of exposed assistive devices and outer packages should be disinfected as required. Heat and humidity-resistant assistive devices can be disinfected by circulating steam or boiling for 30 minutes. If corrosion of assistive devices is a consideration, alcohol disinfectant is recommended; when the surface of assistive devices is large, chlorine-based disinfectant is recommended. If possible, ultraviolet disinfection can be used.

After disinfection, the assistive devices can be covered with one-off transparent plastic cloth or other things to prevent contact or penetration of droplets, and then the cover can be disinfected with chlorine-based disinfectant or replaced with another one-off cover regularly to prevent the damage of the assistive devices by disinfectant.

### 2. Terminal Disinfection:

The terminal disinfection at facilities is done in the same way as at home.

About the disinfection, a detailed record should be kept, with the information including but not limited to the name of the disinfectant, concentration of disinfectant, disinfection time and disinfection personnel, etc.

# Call for Unitedness of RI Global Family to Deal with the COVID-19 Challenges

Zhang Haidi, President of RI

Dear RI Global Family,

As we confront the global spread of COVID-19, the overwhelming priority of RI is to safeguard the wellbeing of our members, their families and the wider communities in which we operate and serve.

As the COVID-19 continues to impact the health of citizens around the globe and create extreme market volatility, I am aware that each day is bringing significant challenges and pressures to the members of our global family.

Social and economic disruptions are impacting communities and families in all corners of the globe while disproportionately impacting the disability community as one of the most vulnerable groups worldwide.

Being with one of the largest and oldest global networks focusing on advancing the rights and inclusion of people with disabilities, at a challenging time like this, we are called upon to be vocal leaders, and advocate strongly for the rights and needs of persons with disabilities. During the uncertain and unprecedented time, we should remain steadfast in pursuit of our mission to assist and support the disability community that we jointly serve.

Now more than ever, I urge you to provide a helping hand to persons with disabilities near you and around the globe.

As a disabled person who has worked her whole life on advancing disability inclusion, I have witnessed so many heartening examples of how resilient and compassionate people can be. And as your President, I am calling for your unitedness at this challenging time. We are together in this. And I firmly trust, with courage and a caring heart, we will be together out of this.

Yours sincerely,

Zhang Haidi



President of Rehabilitation International

## ESCAP Webinar: Protecting and Empowering Persons with Disabilities in the Context of the COVID-19 Pandemic

Respected Mr. Kaveh Zahedi,

Respected Ms. Maria Soledad,

Ladies and gentlemen,

Dear friends,

It's my honor to attend this webinar organized by ESCAP. ESCAP has played a leading role in promoting disability-inclusive development in the Asia-Pacific region. As COVID-19 spreads, we are much concerned about our brothers and sisters with disabilities. We greatly appreciate ESCAP's special attention and timely action at this difficult time. This webinar is of special significance.

As we were all expecting a good year of 2020, COVID-19 outbreak hit the world. More than 4 million people, including over 80,000 in China, have been infected. While the pandemic causes disruptions in every aspect, people with disabilities have felt the strongest impact, as they face more difficulties and inequality at this challenging time. I care dearly about them, and wish they have timely help.

Soon after the outbreak, we learned a disabled child in Hubei was infected. We asked our local disabled persons' federation to provide immediate help, although it was very late at night. We worked with the governments to offer special care for persons with disabilities at the earliest possible time, especially those with severe disabilities at nursing homes. In Zhumadian city of Henan Province, there are more than 100 care centers for about 2,000 persons with disabilities, and so far none of them has been infected.

We have assisted the government in meeting the basic needs of persons with disabilities, providing care to adults and children in need, and ensuring they have adequate food, drinking water and protection. We have helped children study online, given counseling and advice on home-based rehabilitation, offered psychological health services, and provided vocational trainings so that they would be better prepared to find jobs or start business after the pandemic.

As President of Rehabilitation International, I've worked with my colleagues to promote the protection of the rights and interests of persons with disabilities during the pandemic. On behalf of CDPF and RI, I have written to ESCAP Executive Secretary Dr. Alisjahbana, as well as President of the UN General Assembly Prof. Bande, UN Secretary-General Guterres, WHO Director-General Dr. Tedros, Chair of the Bureau of the Conference of State Parties to the CRPD Mr. Gallegos, and leaders of other international organizations concerned, calling upon the international community to protect the rights and interests of disabled people in the pandemic responses. President Bande replied that he would work with UN member states, and take actions to control the virus and mitigate its impacts on society and economy, especially on persons with disabilities. SG Guterres also called on the governments to protect the rights and interests of persons with disabilities, and ensure their equal access to medical services and assistance.

I have also exchanged views with leaders from other international disability organizations. We mailed protective masks to friends overseas. RI has decided to allocate 200,000 US dollars on joint projects with ESCAP for the protection and empowerment of persons with disabilities in this region during and after the pandemic.

Dear friends, I have three proposals to make today:

First, we should respect and protect disabled persons' rights to life and health. Every life is invaluable. Persons with disabilities also have good aspirations. There should be no discrimination against them and their value. We must ensure that persons with disabilities, the elderly, women and children in particular, have access to treatment and other services against the virus. We should meet their needs for basic living conditions, rehabilitation, education and employment.

Second, we should protect persons with disabilities against the virus. To achieve this, we need to set up a long-term, protective mechanism, and offer targeted guidance based on their specific needs. We need to build networks of cooperation among governments, society and disability organizations, so as to deliver effective protection, treatment and recovery services, as well as to support their poverty relief and employment after the pandemic.

Third, we should enhance international cooperation. The pandemic does not mean suffering of any single country. It is a challenge to all humanity. We must work together to defeat it. In the Asia-Pacific region and beyond, we will coordinate policies, share experience, and learn from each other, so as to better help the world's one billion persons with disabilities tide over the crisis.

CDPF and RI will continue to support and echo the UN and ESCAP's initiatives and actions in the disability-related field, and make our due contribution to disability inclusion. Through solidarity and cooperation, we will surely defeat the virus, and achieve the goal of "leave no one behind"!

Thank you.



# Physical Activity and Sport at Home during COVID-19

RI's Commission on Leisure, Recreation and Physical Activities

Continuing physical activity and sport is especially important at a time when you have to stay at home and cannot go to your usual places to do exercises. The LRPA Commission has already published "[Recommendations on Physical Activity and Sport for People with Disabilities](#)". We would like to add further recommendations for exercising at home:

What options do you have to exercise at home?

1. Prior to taking up new activities at home, you should consult your general practitioner. Consult your doctor before you start to exercise at home and get advice on relevant activities as well as precautions you should take when training alone at home.
2. It is recommended and preferred to take part in "live" sports lessons using video conferencing technology. This is important to get specific instructions and feedback on the exercises from a trainer.
3. Only if this is not available, there are many videos on the Internet with exercises that can be done at home or if possible – and in line with your government recommendations – outside, where you can get some fresh air. Please ensure that the exercises are suitable for you and consult your doctor first. You may look at UFIT. It is an open repository with inclusive activities and exercise sessions targeted at people with disabilities and chronic conditions. Also a lot of national sports organizations have set up training programs for "home use" that can be found on their websites.



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# Self-adjusting of Anxiety during the Pandemic of COVID-19

Yueqin Huang

When COVID-19 is attacking, natural psychological reactions in general population are fear and panic. There is a lot of news about the epidemic situation on the Internet, which makes people confused. Due to the need for prevention and control, people are restricted to work and live at home, lacking communication and entertainment, resulting in making people feel lonely and bored. Some people may have emotional reactions such as anxiety, depression, dejection, despair, self-blame and anger, as well as various physical problems such as flutter, chest tightness, headache, waist and leg pain, gastrointestinal reactions, poor sleep quality, and so on.

In fact, anxiety disorder is a common psychological symptom. The first nationwide epidemiological survey of mental disorders in China showed that the lifetime prevalence of anxiety disorder in adults was 7.57%, indicating that nearly 8% of community residents would develop anxiety disorders in their lifetime. However, if a person does not reach the severity of diagnostic criteria of anxiety disorder, he is considered to be suffering from anxiety symptoms. The essence of anxiety symptoms is the intolerance of various uncertainties. In this case, people do not know what COVID-19 is and how to prevent from infection of it, which has caused widespread anxiety in general population.

What are the solutions to various psychological problems that have appeared in different people after the COVID-19 outbreak? First, changing cognition is the most important priority for relieving anxiety. We should have knowledge of epidemic infectious diseases first, and further understand the relevant knowledge of COVID-19. Antiviral medication, symptomatic therapy, and supportive therapy can cure most

patients effectively. Avoiding going out, wearing masks, washing hands frequently, regular ventilation, good nutrition and more rest can reduce the risk of spreading COVID-19.

Second, accepting reality is a good way to relieve anxiety. Since the environment is difficult to change, we can only accept the reality and learn to coexist with anxiety brought by the epidemic.

Third, we can try to make appropriately emotional expression to avoid mental and physical discomfort. The emotional expression can be described as self-expression, telling others, and delivering to the environment. It also can be sublimated in a higher realm.

Fourth, catharsis can relieve anxiety. Please try to talk about your feeling to your family, intimate friends, close classmates and familiar colleagues. If you want to cry, let it flow with tears. Furthermore, we should cultivate a sense of humor which could ease the tension.

Fifth, emotion transference can relieve anxiety. When anxiety is unbearable, we should take a vacation, read a novel, watch TV, do interesting housework, organize your room, or go to open public park, playground or suburb for exercise. Don't stare at your phone to read the messages and watch TV for searching the news all day long.

Sixth, try to give up properly in order to avoid anxiety. It is now at the stage of epidemic prevention and control, many plans cannot be completed. Change the goals and rationalize the consequences of procrastination, so that we can take it easy and get relax.

Finally, if none of the above approaches work, please go to see a mental health professional for psychological help.

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As professor of Peking University and honorary professor of the University of Hong Kong, she is principal investigator in a series of research projects and international collaborations on mental health. She has published 329 papers including 168 first-author and correspondent-author papers, and is editor-in-Chief of seven books.

# Section 2.2

## **Hong Kong SAR, China**

# Fighting COVID-19: The Experiences of Hong Kong SAR

Hong Kong Joint Council for Persons with Disabilities

The residential homes of Hong Kong Society for Rehabilitation, which provide specialized care and support for persons with stroke, and elderly with dementia have undertaken the following special measures to fight the virus:



Supported by local authorities, all residents and staff of HKSR Yee Hong Height in Shenzhen, China,

[Click Here to Watch Video](#)



## Video Transcript – Fighting COVID-19: The Experiences of Hong Kong SAR

Scene No.	Presenter
Title	Measures and additional considerations needed for people with disability in fighting the COVID-19: Roles and Actions of Hong Kong Joint Council for Persons with Disabilities, and its member organizations.
S1, 10 Sec, Home	<p>Joseph Kwok (in video with caption):</p> <p>I am Joseph Kwok, Vice Chair of RI Social Commission, and Co-Chair of Hong Kong Society for Rehabilitation WHO Collaborating Centre for Rehabilitation.</p> <p>This video is also presented by Mr. Benny Cheung, holder of 4 gold medals in 1996 Paralympics Games.</p>
S2, 10 sec	<p>Benny Cheung (in video with captions):</p> <p>I am Benny Cheung, former RI VP for Asia and Pacific, Chairman of Hong Kong Joint Council for Persons with Disabilities (Rehabilitation Division, Hong Kong Council of Social Service), and Chairman of Hong Kong Society for Rehabilitation. Joint Council is a member of Rehabilitation International.</p>
S3, 10 sec	<p>Joseph Kwok (in video with captions):</p> <p>We are sharing the special measures being taken by Joint Council, its member organizations, and Hong Kong Society for Rehabilitation in fighting COVID-19 outbreak, and additional considerations needed for people with disability.</p>
S4, 10 sec	<p>COVID-19 Hong Kong Statistics Update, as of 4 April 2002</p> <ul style="list-style-type: none"> <li>• Hong Kong SAR Government is supported by an expert advisory group comprising world renowned experts, and works in close collaboration with China Central Government, and WHO in fighting the virus</li> <li>• HKSAR is now facing the second wave COVID_19 outbreak. From late March there were an average of 50 new cases a day, mainly from inbound travelers and residents who have travelled outside Hong Kong.</li> <li>• Hong Kong reported 862 confirmed cases, 186 discharged patients, and 4 deaths.</li> </ul>

Scene No.	Presenter
S5, 10 sec	<p data-bbox="448 450 1082 479">About Hong Kong Joint Council for Persons with Disabilities</p> <p data-bbox="448 521 1289 584">Hong Kong Joint Council for Persons with Disabilities is the coordinating council of NGOs of and for persons with Disabilities.</p> <p data-bbox="448 627 1283 656">It has 140 member organizations, including 35 NGOs of persons with disabilities.</p> <p data-bbox="448 698 1299 797">Joint Council works closely with governmental bodies in policy advocacy, services planning, implementation and monitoring. It also collaborates with the private sector to support persons with disabilities.</p>
S6, 15 sec	<p data-bbox="448 862 1278 987">Joint Council works with Government to support service providers in implementing measures to reduce social contact and for infection control measures, and to give special considerations to persons with disabilities and their families.</p> <p data-bbox="448 1030 687 1059">Key measures include:</p> <ul data-bbox="448 1102 1294 1951" style="list-style-type: none"> <li data-bbox="448 1102 1078 1131">• Reducing scope of services, except the essential services</li> <li data-bbox="448 1173 1166 1236">• Home care services continue to provide meal, escort, nursing and administration of medicine services</li> <li data-bbox="448 1279 1294 1344">• Special day services for PWD will remain open by appointment to serve those in special need</li> <li data-bbox="448 1386 1238 1449">• Service providers are encouraged to provide services online and through non-contact means</li> <li data-bbox="448 1491 1246 1554">• Social enterprises will continue to pay the salaries of disabled employees through special cash allowances and rental relief from Government</li> <li data-bbox="448 1597 1238 1659">• To implement reinforced cleaning and disinfection guidelines on service premises, facilities and environment</li> <li data-bbox="448 1702 1214 1765">• Staff members are duly supported with personal protective equipment, including masks and alcohol handrub</li> <li data-bbox="448 1807 1286 1836">• Staff teams are organized on different shifts and to allow working from home</li> <li data-bbox="448 1879 1286 1942">• Service operators will be given allowance in meeting government contractual service output, and no reduction in contractual sums</li> </ul>

Scene No.	Presenter
S7, 50 sec_	<p data-bbox="451 454 715 483">Community Mobilization</p> <ul data-bbox="451 524 1276 763" style="list-style-type: none"> <li data-bbox="451 524 1276 622">• Joint Council and HKCSS launched a community mobilization programme, involving charity funds and private sector to fund and source care packs, which contain masks, alcohol handrub and anti-epidemic information.</li> <li data-bbox="451 667 1276 763">• By end March, 1.8 million masks, and 240,000 bottles of alcohol handrub were distributed to 400,000 families, including those with members with disabilities, through 1,500 service units of many NGOs.</li> </ul>
S8, 30 sec	<p data-bbox="451 824 1289 922">Members of Joint Council provide additional targeted information on COVID-19, highlighting information relevant to people with disability and their support networks. For example:</p> <ul data-bbox="451 965 1305 1384" style="list-style-type: none"> <li data-bbox="451 965 1305 1099">• Direction Association of the Handicapped, an organization of persons with quadriplegia, publishes an anti-epidemic information handbook, highlight the needs of different disability groups in personal hygiene, cleaning and disinfection of assistive devices (2 ppt to be selected from the handbook)</li> <li data-bbox="451 1144 1305 1243">• Chosen Power, an organization of persons with intellectual challenges, publishes a simplified picture booklet on anti-epidemic information (2 ppt to be selected from the handbook)</li> <li data-bbox="451 1288 1305 1384">• The Jockey Club Autism Support Network launches a special web site to meet the information needs of persons with autism, their carers, and service providers (2 ppt to be selected from the website)</li> </ul>

Scene No.	Presenter
S9	<p data-bbox="451 454 1206 551">Since the COVID-19 outbreak, Hong Kong Society for Rehabilitation has launched caring campaign and special measures to support persons with disabilities:</p> <ol data-bbox="451 595 1294 1610" style="list-style-type: none"> <li data-bbox="451 595 1257 658">1. Delivering anti-epidemic care packs, including masks and handrub jells to persons with disabilities and people with chronic illnesses;</li> <li data-bbox="451 701 1225 763">2. Identifying needs and providing counselling support through telephone consultation;</li> <li data-bbox="451 806 1289 869">3. Staying connected with service users on WhatsApp and social media, sharing health tips and anti-epidemic guidelines relevant to disabled people;</li> <li data-bbox="451 911 1238 974">4. Producing homebound physical exercise e-booklet and video relevant to disabled people;</li> <li data-bbox="451 1016 1082 1048">5. Providing physiotherapy consultation through telephone;</li> <li data-bbox="451 1090 1241 1153">6. Conducting vocational training courses with lectures and tutorials online through Facebook;</li> <li data-bbox="451 1196 1289 1258">7. Sending out to home-bound disabled persons blessings in small gifts together with information and tips on at-home exercise</li> <li data-bbox="451 1301 1289 1435">8. The social enterprise which runs retails shops on assistive devices and health foods, since mid-February, has sourced worldwide for masks, which are sold to NGOs and health professional bodies at market discount prices. The social enterprise has launched its own brand of masks.</li> <li data-bbox="451 1478 1294 1610">9. Rehabus, a unique service of Hong Kong Society for Rehabilitation on specialized transport for disabled people, has maintained its services in transporting disabled people to hospitals and work with enhanced disinfecting measures for the vehicle compartments.</li> </ol>

Scene No.	Presenter
S10	<p>Hong Kong Society for Rehabilitation fighting the virus together with all stakeholders:</p> <ol style="list-style-type: none"> <li>1. Distributing anti-epidemic tips through Facebook, and providing telephone consultation</li> <li>2. Day rehabilitation centre provides home based rehabilitation exercise guidance, and giving out motivational gifts made by people with disabilities</li> <li>3. Distributing anti-epidemic tips through Facebook, and providing telephone consultation</li> <li>4. Rehabilitation Department broadcasts in YouTube, Anti-epidemic Tips</li> <li>5. Community Rehabilitation Network provides services through WhatsApp.</li> <li>6. HKSR social enterprise, a chain of retail shops selling assistive devices, donates masks to frontline staff of hospitals</li> </ol>
S11	<p>The residential homes of Hong Kong Society for Rehabilitation, which provide specialized care and support for persons with stroke, and elderly with dementia have undertaken the following special measures to fight the virus:</p> <ul style="list-style-type: none"> <li>• Stepping up the daily cleansing and disinfection work</li> <li>• Setting up partition on dining tables to prevent cross infection during meal time</li> <li>• Ensuring supplies of anti-epidemic materials, including masks, isolated gowns, alcohol handrub jells and alcohol disinfection cotton</li> <li>• Posting updated information about epidemic prevention</li> <li>• Taking the temperature of the residents twice daily</li> <li>• Every day before work, staff are required to take and record body temperature</li> <li>• Arranging daily individualized training program for residents</li> <li>• Providing video conferencing for residents to connect with families and friends</li> <li>• Supported by local authorities, all residents and staff of HKSR Yee Hong Height in Shenzhen, China, were tested for COVID-19, and all returned negative.</li> </ul>



Scene No.	Presenter
S12	<p data-bbox="448 450 1238 517">With the above special measures, HKSR elderly homes reports the following impacts:</p> <ul data-bbox="448 555 1302 1084" style="list-style-type: none"> <li data-bbox="448 555 1115 589">• No reported case was reported in HKSR elderly care homes.</li> <li data-bbox="448 629 1198 663">• Residents continue to receive quality care and rehabilitation services</li> <li data-bbox="448 703 1238 770">• All staff members continue to deliver high level of care and professional services</li> <li data-bbox="448 810 1230 878">• Targeted communication mobilization programs have raised significant resources supporting the services of the homes</li> <li data-bbox="448 918 1302 985">• The homes are operating on self-financing basis, and their financial conditions remain positive and solid.</li> <li data-bbox="448 1025 1238 1093">• Residents facing financial hardship will receive fee allowance during the epidemic period.</li> </ul>
S13	<p data-bbox="440 1144 831 1178">Benny Cheung (in video and caption):</p> <p data-bbox="440 1218 1302 1352">We just share with you our experiences in fighting the virus. The battle has not been won. However we are hopeful that when summer comes, we shall be holding hands with smiling face, but no masks, to enjoy the beauty of nature, and community socialization.</p>
S14	<p data-bbox="440 1413 815 1447">Joseph Kwok (in video and caption):</p> <p data-bbox="440 1487 1270 1554">Hong Kong is committed to collaborate with the RI Global family in fighting the COVID-19 global pandemic. Together we shall overcome.</p>

Scene No.	Presenter
S15	<p data-bbox="438 454 563 481">References:</p> <ul data-bbox="438 524 1318 1084" style="list-style-type: none"><li data-bbox="438 524 1155 551">• Chosen Power (People First Hong Kong), <a href="http://www.chosenpower.org">www.chosenpower.org</a></li><li data-bbox="438 595 1294 660">• Direction Association of the Handicapped: <a href="http://www.4limb.org">www.4limb.org</a> (an organization of persons with paraplegia)</li><li data-bbox="438 705 1158 732">• Hong Kong Society for Rehabilitation: <a href="http://www.rehabsociety.org.hk/">www.rehabsociety.org.hk/</a></li><li data-bbox="438 777 1318 842">• Joint Council for Persons with Disabilities / Rehabilitation Division, Hong Kong Council of Social Service: <a href="http://www.jointcouncil.org.hk/">www.jointcouncil.org.hk/</a> / <a href="http://www.hkcss.org.hk">www.hkcss.org.hk</a></li><li data-bbox="438 887 1286 952">• The Jockey Club Autism Support Network, <a href="http://www.socsc.hku.hk/JCA-Connect/covid-19info/?lang=zh-hant">www.socsc.hku.hk/JCA-Connect/covid-19info/?lang=zh-hant</a></li><li data-bbox="438 996 1305 1084">• World Health Organization (March 2020). “Disability considerations during the covid-19 outbreak”; <a href="https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak">https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak</a></li></ul>

# Fu Hong Society's Special Community Rehabilitation Services Mitigating COVID-19 Challenges

Ms. Frankie TSUI, Mr. Eric SIU, Dr. WOO Chi Wood

Inspired by the spirit of Father Enea Tapella, PIME who had offered his caring and selfless contribution to the underprivileged, Fu Hong Society was established and started providing rehabilitation services in 1977. It was incorporated under the 'Hong Kong Companies Ordinance' as a company limited by guarantee the following year. Currently, the Society has operated over 40 service units providing services for about 3,600 persons with disabilities annually. Among them there are persons with intellectual and psychiatric challenges.

For all these years, the Society has upheld its service spirit 'Meet the Need, Take the Lead' and has strived to make innovative efforts in meeting the changing needs of persons with disabilities, enabling them to develop their abilities and to be fully integrated with the community. The Society provides a wide range of services including residential care services, day training services, vocational rehabilitation and development services, community mental health services, and community support services for persons with disabilities. In addition, the Society puts emphasis on the promotion of social inclusion. In 2004, the Society was invited by the headquarters of 'Best Buddies International' in the U.S. and was authorised to be the sole organisation for setting up the 'Best Buddies' movement in Hong Kong with a view to making one-to-one friendship between members of the community and persons with disabilities possible by pairing-up buddies.

## Challenges Facing Fu Hong Society in the COVID-19 Pandemic

Since the COVID-19, Fu Hong Society has been guided by the special arrangements announced by the Social Welfare Department of Hong Kong SAR Government. Except residential care home services, those community support and day services with government's subvention regarded as non-essential and non-urgent have been suspended and temporarily closed for the public. Persons with intellectual and developmental challenges and their families are in great stress emotionally and psychologically resulting from lacking of personal protection equipment and social isolation.

In addition, as most of our service users are without the awareness of personal hygiene and possible of behavior regression due to restriction of social gathering outside home, therefore, tense family relationship may and even conflicts are easily aroused among family members.

It is forecasted that Hong Kong economy is beginning to slip into recession, service users under Open Employment Scheme are facing surplus supply of unskilled worker and unemployment crisis. Workmates of sheltered workshops have gained less monthly salaries and training subsidies due to temporarily closed of service.

Fu Hong Society has put lots of measures to cope with the pandemic. In addition to the infection control guidelines and contingency plans are in place, the Society has distributed the anti-COVID-19 gift packs donated by warm-hearted individuals and organizations as to help service users overcome difficulties arising from pandemic. During the suspension of day and community support services in the past three months, service units' immediate actions to address different needs of our service users are summarized as follows:

<u>Needs</u>	<u>Actions</u>
<u>Feeling isolated at home</u>	<u>To provide regular contact with the aid of virtual equipment and phone calls for chatting and for needs assessment;</u>
<u>Longing for going out</u>	<u>To arrange sightseeing bus tour in small group;</u>
<u>Deprived of social activities and interaction with others</u>	<u>To teach simple physical exercise and organize chit-chat time with volunteers / parents through on-line ZOOM platform;</u>
<u>Susceptible to being infected as lack personal protection equipment</u>	<u>To offer door to door delivery of gift pack including face masks and some daily necessities.</u>

It is worth mentioning of two special projects funded by COVID-19 Emergency Fund of the Hong Kong Jockey Club Charities Trust (the Fund) with the aim to provide immediate and tangible support to the Persons with intellectual and developmental challenges and their families.

### The “PITCH IN” [共抗 疫期] Project

The Community Support Services (CSS), including District Support Center (DSC) and pediatrics rehabilitation service centers have provided services on a limited scale and open only to those serve those in special need. DSC provides services to persons with disabilities in the community and their parents, and pediatrics rehabilitation service centers provide services to children with special education needs.

Fu Hong Society was approved to receive HKD 500,000 from the for its CSS to implement a project named the “PITCH IN” which aims at enhancing the resilience of our target clients in the community including families with special education needs children, and members having intellectual disability, physical disability as well as psychiatric disabilities during the pandemic. This project has adopted the ICE approach and was implemented from March to April, 2020. ICE approach refers to immediate intervention, continuous follow-up, and evaluation and referral.

In the first stage of immediate intervention, we mobilized our staff to deliver epidemic-prevention supplies such as mask with BFE, PFE and VFE, and instant hand sanitizer with 70% ethanol to target beneficiaries.

In the second stage, we continuously followed up the situation of target beneficiaries. It included at least two-session's phone or video counseling, and providing advanced supplies to them. The supplies included nuts, story books, board games, stretching equipment and smartphone with data card for the beneficiaries' balanced nutrition, home learning, family activity, home sports, and social communication and connection respectively. In the final stage, we evaluated each case and made referral if the beneficiaries needed further assistance.

Overall, the project has provided the following support measures to the target beneficiaries:

1. physiological support measures including food and health care products,
2. safety support measures including epidemic-prevention supplies, and
3. social belonging measures including communications equipment, education materials and parent-child games.

According to the feedback from the beneficiaries, most of them were very satisfied with our intervention and arrangement. They especially showed appreciation for our understanding on their needs.

It was a prolonged struggle for everyone to face the pandemic. Therefore, this project meets not only the physiological and safety needs of beneficiaries such as provision of food, mask and emotional support by counseling, but also their needs of social belonging such as using the board games and smartphones to build up family relationship and maintain friendship (Tay, L. & Diener, E., 2011). It is effective to maintain their self-esteem to avoid suffering from psychological imbalances such as depression.

During the present COVID-19 challenges, the needs of people with disabilities and families are not confined to biological needs, special attention should also be given to their social needs, especially in the current digital era. For example, one of the beneficiaries pawned his smartphone for purchasing masks and daily necessities due to financial difficulty before our intervention. Thus, he was reluctantly disconnected with the society and this might hinder him from find a new job in the future. We find that this is not uncommon during the pandemic. A news story reported that some children could not connect to the virtual world through smartphone because of poverty<sup>1</sup>. This project has been able to meet these needs.

This project was a breakthrough in traditional aid project. It did not only distribute basic supplies such as food and beverage to the clientele, but also considered the reciprocal relationship among biological, psychological and environmental elements of people (Deckers, 2018). In other words, this project was not a single activity to distribute epidemic-prevention supplies to the people in needs. However, it was a sustainable project enhancing the beneficiaries to withstand the pandemic and motivating them to develop in the future by the effect of the reciprocal relationship.

## “Walk with the COVID-19” Aid Program

Following the successfully application for the Fund, the Society was approved at a sum of HK\$49,970 to help our service users to fight against the COVID-19 pandemic. The main activities of this Program include:

1. To distribute life and anti-COVID-19 protective supplies, including face masks, antiseptic gel, food, smartphones, SIM cards, etc.;
2. To shoot informative videos for service users regularly. The content covers doing excises, cooking easy dishes, anti-COVID-19 information, mindfulness, etc.;
3. To keep in contact with service users via delivered the smartphones and SIM cards. We will arrange group video calls with service users to maintain their social lives;
4. To carry out household atomization detoxification services.

This Program commenced from 1 May and will end by June 2020. Though the effectiveness has not yet been evaluated, smiles and laughers of service users upon receipt of the gift packs and our regards are the best outcome indicators during the dimness days of social isolation.

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Ms. Frankie TSUI, Registered Social Worker (RSW), is the current Chief Executive Officer of Fu Hong Society, Hong Kong. She has been working in rehabilitation services for persons with disabilities for almost 30 years with the expertise of social service management and mental health services. In addition, she has endeavored to advocate the UN Convention on the Rights of Persons with Disabilities in the past years.



Mr. Eric SIU, Registered Social Worker (RSW) in Hong Kong, is currently the Service Director of Fu Hong Society. He has committed to working with People with Disabilities (PWDs) for 31 years. He is the in charge of Vocational and Rehabilitation and Development Services, and supervising the overall operation of Hong Yung Services Limited, a social enterprise set up by Fu Hong Society. Through the years, Mr. Siu committed himself to enhancing social inclusion through providing employment opportunities to PWDs.



Dr. WOO Chi-wood, Registered Social Worker (RSW), DSW, is a Service Director (Community Support Services) of Fu Hong Society. He is a member of Disciplinary Committee Panel and Recognition Assessment Panel of Social Workers Registration Board. He was a former member of Consultant Panel of Equal Opportunities Commission (HK), Education Bureau and the Panel of Adjudicators of the Obscene Articles Tribunal. He was also a consultant of parent-child program of Radio Television Hong Kong.



## Fu Hong Society: Best Buddies Hong Kong Jockey Club Social Inclusion Project

Best Buddies was founded in 1989 by Mr. Anthony Kennedy Shriver, one of the members of the United States Ganzi Di family. Fu Hong Society has launched the Best Buddies program for 15 years. It is the only authorized and recognized organisation in Hong Kong to launch the “Best Buddies Hong Kong” (BBHK) Movement. Best Buddies dedicated to enhance the lives of persons with intellectual disabilities by providing opportunities for one-to-one friendships between those with and without intellectual disabilities. Through organising diversified activities, it provides buddies with opportunities to perform, to learn and to share. The programme also increases their community participation and enhances social inclusion.

### Connection of Buddies:

In order to maintain the connection between ID and non-ID buddies during the epidemic, technology, such as WhatsApp video call and Zoom video conference have been introduced to them as to facilitate and maintain their communication.

### Best Buddies Channel:

While the day services for persons with intellectual disability have been suspended, the service users has become idle at home. The Best Buddies launched the Best Buddies Channel in May. Two tailor-made programs for persons with intellectual disability will kick off through the Facebook of BBHK soon and be broadcasted twice a week.



Figure 1: [Click Here](#) to View PowerPoint

# Community Mental Health Services of Fu Hong Society and Additional Considerations regarding People with Psychiatric Disability

Steve Fong

Fu Hong Society provides community mental health services through three Halfway Houses and the Integrated Community Centre for Mental Wellness – Sunrise Centre. Sunrise Centre provides community-based mental health services to person in recovery, person with suspected mental disturbance, their family members as well as residents living in the service region by the multi-professional team composed of social worker, occupational therapist, psychiatric nurse, clinical psychologist and peer support worker. The Centre also takes an active role in community outreach to enhance the public's awareness of mental wellness.

## Service Needs of Users of Community Mental Health Services during COVID-19:

A mini survey was conducted by the Integrated Community Centre for Mental Wellness from 1 February to 7 March, 2020 through telephone contacts with the service users of the centre. The needs and concerns of the respondents are as follows (N=379):

- Affect Daily Routine/ Living: 37%
- Insufficient Anti-epidemic materials (e.g. masks): 33%
- Physical Health Concern: 8%
- Depressive or Anxiety: 14%
- Taking care of children: 5.3%

- Insomnia: 2%
- Other concerns: Compulsive home isolation (returned from Mainland); unable to attend medical follow-up; Financial difficulty; Negative feeling towards government policy.

## Services Provided to Service Users:

1. Tentative Support: The ICCMW delivered more than 1,500 anti-epidemic gift packs to the service users. The gift packs were donated by local charities, or private donors. Each gift pack has several pieces of face masks and hand sanitizer; some may have food, books, toys, or mobile phones subject to the needs and amount of donation provided by the donor.
2. Clinical Services: The ICCMW has continued to provide case services in this period. While face-to-face contact is not recommended, social workers connected with the service users through telephone calls or WhatsApp messages. When social workers identify any risk or emergency, they would conduct home visits or escort the service users to the hospital/clinic.

3. **Regular Contact:** For service users required less intensive care, the staff would contact them at least once a month to show concern and identify service needs (if any). The “Link Club” is the self-help group of the center which assist the centre in organizing activities such as members’ meetings, festival celebration, birthday parties and voluntary service. During the epidemic members of group play an active role in developing the support network among the service users of the ICCMW, where they would make phone calls or send WhatsApp messages to support each other during the hard time.
4. **Online Activities:** Special online group programs are delivered to children service users. Through the observation of children’s behaviors and casual chats, social workers would assess their emotional changes and their interactions with their parents who have mental health challenges.



Dr. Steve Fong, Registered Social Worker (RSW), is the Service Director (Community Mental Health Services) of Fu Hong Society. He has possessed more than 20 years of clinical experience in rehabilitation services with specialty in mental health practice. He is the member of Mental Health Review Tribunal, HKSAR, and is a part time teacher and advisor of local social work training institutions.

# Fu Hong Society Emergency Response Level Anti-Infection COVID-19 Measures

## A. All Service Units

### (I) General Precautions

#### 1) Personal hygiene:

- 1.1 Clean hands properly, especially before touching eyes, nose or mouth, before eating, after going to the toilet and after touching public facilities, such as pressing buttons of lifts or door handles.
- 1.2 When there is obvious dirt on both hands, you should clean your hands with liquid soap and water, and if there is no obvious dirt on your hands, cleaning your hands with 70-80% alcohol-based handrub is also an effective method.
- 1.3 Cover your mouth and nose with paper towels when sneezing or coughing, dispose of the used paper towels in a covered trash can, and then thoroughly clean your hands.
- 1.4 Avoid sharing personal objects such as tableware and towels.
- 1.5 Should not talk without a mask. During meals, there should be a 2-metre distance between persons / back-to-back sitting / sitting by facing a wall.

☆ *All staff should wear surgical masks at work.*

#### 2) Environmental cleaning:

- 2.1 Cleaning and disinfecting facilities such as door handles, light buttons, telephones and computer keyboards, desk surfaces, floors and toilets are carried out with 1:99 diluted bleach or 70% alcohol, at least two times a day. (Note that only 70% alcohol can be used for metal items)
  - (i) Door bell/password keypad is wrapped by plastic book wrap and wiped every two hours.
  - (ii) Carpet at main door is applied with 1:49 diluted bleach in appropriate amount for disinfecting bottoms of footwear three times a day.
  - (iii) Curtains should be sprayed with 70% alcohol daily and cleaning staff should wear gloves, masks and goggles (disposable caps and gowns if necessary). Remove curtains to reduce risk of transmission but need to protect privacy.
  - (iv) Partitions in use should be wiped daily. Partitions made by cloth should wash and disinfect at least once a day.
- ☆ When surface of an item or floor is contaminated with respiratory secretions, vomitus or excretions, the visible dirt should be cleaned with water-absorbing disposable paper towels, and then disinfected contaminated and adjacent area with 1:49 diluted bleach; 70% alcohol can be used for metal surface.

- 2.2 Service units suspend the provision of self-service hot water to ensure public health.
- 2.3 Service units should provide hand liquid soap and disposable paper towels in places with hand-washing facilities, such as toilet, kitchen, pantry, etc. Where there is no hand washing facilities, alcohol-based handrub should be provided for cleaning hands.
- 2.4 The windows should be opened to allow indoor air circulation if possible, and dust screen of air-conditioning equipment should be cleaned regularly. Place air purifier in public place and office if any.
- 2.5 Pour half a litre of water into all drain outlets (u-traps) at least once a week.
- 2.6 Close lid of toilet bowl if it is not in use (Lid must be closed when flushing).
- 2.7 Car of service units:
- (i) 1:99 diluted bleach is used to clean the interior of the compartment, such as seats and handrails after each drive. (Note that 70% alcohol should be used for items such as metal handrails)
  - (ii) Curtains should be sprayed with 70% alcohol and cleaning staff should wear gloves, masks and goggles (disposable caps and gowns if necessary). Remove curtains to reduce risk of transmission but need to protect privacy.
- 3) Measure body temperature and detect illness as early as possible:
- 3.1 Measure temperature of all service users every 4 hours. If there is a fever or respiratory infection symptoms, service users should wear surgical mask and seek medical consultation as soon as possible.
  - 3.2 Staff should measure their temperature before going to work every day. If there is a fever or respiratory infection symptoms, staff should not go to work or should wear surgical mask and seek medical consultation as soon as possible.
- 4) Arrangements for visitors:
- 4.1 Avoid visits and, if necessary, assist family members to contact service users via other means (e.g. telephone and video communication). Service units should strengthen communication with family members and handle visiting arrangements flexibly in response to actual situation of service units and special need of individual service user.
  - 4.2 Measure temperature of all visitors. If having fever or respiratory infection symptom, visitors should not enter service unit.
  - 4.3 Visitors are required to carry out hand hygiene, wear surgical masks before entering service unit and fill in date of visit and required information so that they can be followed up by the Centre for Health Protection (CHP) if necessary.
- 5) Treatment services and activities:
- 5.1 Suspend all large-scale events, including all kinds of volunteer services and all visits by external parties.
  - 5.2 Some outing activities such as car journey can be allowed after assessing risk. All persons must wear mask and clean his hands with alcohol-based handrub before and after getting on vehicle.
  - 5.3 Service assessment and treatment services carried out to individuals should be continued so that service users do not miss the chance to receive personal treatment and individual training. Such services should be carried out with a proper distance.
  - 5.4 Pay attention to indoor air circulation and disinfection should be carried out after each section to avoid cross-infection.
- (II) Residential and Day Care Service Units**
- 1) Decisions of discontinuing/providing limited day services are as per the instructions of SWD.
  - 2) Strongly advise service users and their carers to suspend home leave. If insisting to take home leave, service users should return to their service unit after the pandemic has been gradually brought under control. In case of special circumstances, Service Manager must discuss with Service Director.
  - 3) Service users with fever or symptoms of upper respiratory infection must be arranged for medical consultation and treatment. Service users of day care service must recover before returning service unit and service users of residential service must be quarantined for 14 days.

- 4) For unnecessary follow-up medical treatment, it is recommended to postpone appointment or arrange medication with the clinic/hospital.
- 5) If service users of residential service have gone out, they must measure temperature, disinfect hands and bottoms of footwear, have hair-washing and shower thoroughly as soon as possible.
- 6) If service users have received treatment in hospital, they must be quarantined for 14 days after returning to their service unit. They can resume normal daily activities after confirmation of no symptoms.

### (III) Outreaching services

- 1) Staff, who are required to undertake home visits or to work in other residential service units, should have risk assessment in advance. If a confirmed patient is in specific service unit or building, staff should suspend or cut back the service provided to that service unit or building. The time for resuming services should be discussed with residential service units. All communications related to suspension of services should be recorded. For home services, staff should discuss with Service Manager, and Service Director if necessary, according to actual circumstances.
- 2) When working outside, staff are required to wear masks at all times and to clean hand regularly with 70% alcohol-based handrub. Upon return to service unit, the tools used at work should be disinfected as early as possible.

☆ *To have service users wearing mask for whole day if possible.*

## B. Service users returning to Hong Kong from the Mainland

### (I) Service users returning to Hong Kong from the Mainland (outside Hubei Province)

- 1) As all persons who have visited the Mainland within 14 days, they are required to have mandatory quarantine for 14 days upon arrival. Related service users are required to stay in the service units specified in the quarantine requirement as directed by the CHP until the 14th day after their return to Hong Kong. The service users should be arranged in a single room which is for the best.
- 2) If the service users who are symptomatic, notify the CHP immediately and be transferred to hospitals as per the instructions of the CHP.

☆ *For others, refer to Part A (I) for handling*

### (II) Service users returning to Hong Kong from Hubei Province and other countries/regions

- 1) All service users who have visited Hubei Province and other overseas countries/regions within 14 days prior to arrival (refer to the CHP website for details <https://www.coronavirus.gov.hk/chi/inbound-travel.html>) are subject to mandatory quarantine for 14 days.
- 2) If the service users who are symptomatic, notify the CHP immediately and be transferred to hospitals as per the instructions of the CHP.
- 3) The service users should wear surgical masks if possible.
- 4) The service users should avoid leaving their room if possible, and staff should arrange service users to have meals, take shower and go to the toilet in the room. If the service users need to leave the room, they should wear surgical masks and staff should have other service users moved away along the way. Disinfect along the way and adjacent areas with 1:49 diluted bleach afterwards.
- 5) Staff should wear surgical masks, eye protective equipment, disposable protective clothing, latex gloves and other appropriate personal protective equipment (e.g. protective caps) in accordance with the risk assessment.



- 6) Clean and disinfect the environment in room at least once a day with 1:49 diluted bleach, and at least twice for the areas with frequent contacts. Cleaning staff should wear appropriate personal protective equipment.
- 7) Measure temperature and observe the symptoms for the service user every day.
- 8) Keep the number of staff caring for the service users to a minimum.
- 9) The service users are not allowed to participate in group activities during quarantine.
- 10) Bed sheet and clothing should be treated separately from those of other service users.
- 11) Waste, including personal protective equipment for disposal, should be treated as medical waste.

☆ *For others, refer to Part A (I) for handling*

## C. Staff returning to Hong Kong

- 1) From midnight of 8 February 2020, all persons from the Mainland will be subject to compulsory quarantine for 14 days upon arrival.
- 2) From midnight of 19 March 2020, all persons who have been to any overseas countries/regions within 14 days prior to arrival will be subject to mandatory quarantine. (Refer to the CHP website for details <https://www.coronavirus.gov.hk/chi/inbound-travel.html>)
- 3) Staff in quarantine cannot enter service units.
- 4) If having fever or other symptoms, notify the CHP immediately and be transferred to hospitals as per the instructions of the CHP.

## D. When service user or staff member becomes a contact in a confirmed case

### (I) Quarantine and/or medical surveillance

- 1) Service users or staff may become a contact with confirmed patient in different situations such as home, hospital or residential service unit. The CHP will conduct risk assessments as appropriate and define the contact as close contact or other contact.

	Service user	Staff
Close Contact	In residential service unit (or quarantine centre) to receive quarantine for 14 days, and then medical surveillance (measure temperature daily and observe symptoms) for 14 days	At home (or quarantine centre) to receive quarantine for 14 days, and then medical surveillance (measure temperature and observe symptoms every day before going to work) for 14 days
Other Contact	Medical surveillance for 28 days	

☆ *There are no geographical restrictions on medical surveillance.*

☆ *The CHP will conduct risk assessments as appropriate and indicate as home or residential service Unit.*

### (II) Dealing with service users in quarantine

- 1) For service users returning from Hubei Province to Hong Kong, refer to Part B (II).

### (III) Dealing with service users in medical surveillance

- 1) There is no limitation to placement and area of activities of the service users.
- 2) Staff should wear surgical masks when serving the service users (use other appropriate personal protective equipment in accordance with the risk assessment).

- 3) Measure temperature and observe symptoms of the service users every day.
- 4) Clean and disinfect the environment in room at least once a day with 1:49 diluted bleach, and at least twice for the areas with frequent contacts.
- 5) The service users cannot participate in group activities.
- 6) Avoid visiting.
- 7) Bed sheet and waste can be handled as usual.

## E. Suspected cases in service units

- 1) Wear surgical masks for those suspected of being infected and place them in separate rooms with good air circulation so as to be separated from other service users and staff.
- 2) Notify the CHP immediately and be transferred to hospitals as per the instructions of the CHP.
- 3) Enhance work of environmental disinfection.
- 4) When there is contamination such as blood spillage, secretions, vomitus or excretions, measures should be strengthened.
  - (i) Cleaning staff should wear appropriate personal protective equipment, including surgical masks, latex gloves, disposable protective clothing, eye protective equipment (goggles/face shields) and protective caps (optional).
  - (ii) Use pliers to clamp water-absorbing, disposable cloth to wipe away blood, secretions vomitus or excretions as initial cleaning.
  - (iii) Then carefully dispose of the pliers and disposable cloth in waste bag and do not contaminate an individual/environment.
  - (iv) Disinfect with 1:4 diluted bleach (mixing 1 serving of household bleach which contains 5.25% sodium hypochlorite with 4 servings of water) and wipe it from outside-in. After 10 minutes, wash it with clean water, then wipe it until dry.

- (v) After completing the procedures, dispose of all waste and cleaning utensils (e.g. pliers, cloths, mop heads) in waste bag.
- (vi) Carefully remove personal protective equipment and dispose of them in waste bag, and immediately clean your hands. (If there is no visible dirt on both hands, clean your hands with 70-80% alcohol-based handrub. When hands are visibly dirty or contaminated with blood or body fluids, wash your hands with liquid soap and water.)
- (vii) Wear new gloves, wrap waste bags and dispose of them properly in covered trash can. Put a mark on the trash can and place it in undisturbed safe place until the situation is confirmed.
- (viii) Carefully remove the gloves and wash hands again with liquid soap and water.

Once confirmed as case of COVID-19, the CHP will notify the service unit as soon as possible, in which the service unit should notify medical waste collector to collect the waste. On the contrary, if it is confirmed that it is not case of COVID-19, the waste can be disposed of as usual.

## F. Confirmed cases in service units

### (I) Immediate action after receiving confirmed case of service users, staff member or visitor

- 1) Immediately perform terminal disinfection of the whole service unit. Disinfect all possible contaminated surfaces in the environment and items with 1:49 diluted bleach.
- 2) Define and deal with contacts as per the CHP instructions.

### (II) Treatment of bed sheets and clothing from confirmed cases and close contacts

- 1) Clothing, towels, bed sheets and curtains should be placed in laundry bag. Do not shake contaminated clothing to avoid having direct contact with contaminants by skin and work clothes.

- 2) Dispose of the item if it is seriously contaminated.
- 3) All the items should be washed separately and handled at last.
- 4) Use ordinary laundry liquid and water, or ordinary household laundry liquid to wash at 60-90 degrees, then dry thoroughly.

### (III) Treatment of waste from confirmed cases and close contacts

- 1) The waste from confirmed cases and close contacts should be treated as medical waste.
- 2) Wear latex gloves.
- 3) Put the waste bag in a red medical waste bag (with a biohazard mark). Each bag of medical waste should be labelled as “medical waste” and clearly state source of the waste with a black pen with ink which resists fading.
- 4) Carefully remove gloves and wash hands with liquid soap and water.
- 5) Medical waste should not be stored for too long. Medical waste collectors should be notified to collect and deliver to licensed disposal facilities. (If having any questions, visit website of Environmental Protection Department: <https://www.epd.gov.hk/epd/clinicalwaste/tc/index.html>)

## G. Declaration after outbound travel and follow-up

- 1) Based on weak physical condition of persons with disabilities, and group life of service units which is prone to mutual infection, the Society strongly advises service users and their carers not to have outbound travel before the pandemic has been under control.
- 2) If service users/staff return to Hong Kong from outbound travel after 8 February 2020, they must contact the CHP and receive mandatory quarantine for 14 days as required;

- 3) In view of the continuing increase in the number of confirmed cases of the COVID-19 worldwide, the Society strongly advises staff not to have outbound travel so as to protect their health and that of others. If staff continues to travel after 31 January 2020 (Notice 3), they will not be granted paid leave if subject to compulsory home/quarantine after returning to Hong Kong. In addition, if staff have travelled to countries/regions where the Government has issued an outbound travel warning in response to the pandemic, the Society will notify the staff in writing 14 days in prior so as to require them to take annual leave for quarantine according to the Employment Ordinance. In case the staff do not have sufficient annual leave, they will be required to take no pay leave.

☆ ***This is not applied to the case of the staff who are subject to home mandatory/quarantine due to confirmed case of their family member/friend/colleague.***

- 4) All visitors and service users are required to declare about the city/region that they have travelled to service units until further notice.
- 5) All staff are required to declare to their Service Manager about the city/region that they or their family member living together who have travelled in the past 14 days, and to declare the record of having had close contact with the confirmed patient and/or the person who is in home mandatory /quarantine/medical surveillance.
- 6) All staff are required to declare to their Service Manager if there is a confirmed case of in their living apartment/building or riding in transportation involved (including aircraft, train, MTR, bus and ferry)

# Our Diary during the COVID-19 Pandemic

Rabi Yim & Lilian Li

Direction Association for the Handicapped (DA) was formed in 1986 by a group of people with severe physical disability who share the spirit of “Mutual-help and Self-help”. We support the integration of members back to the community so that they can live in the community with happiness and confidence. DA is a registered charity in Hong Kong and its funding entirely relies on public donation. Its missions are:

- Building peer support platform where members can share information and experience, practice mutual-help spirit and aid them to re-join the community
- Reflecting the needs of the members, mobilize them to participate in community affairs and strive for social status and rights
- Cultivating mutual understanding between the mainstream and minorities and promote social integration through public education

Website: [www.4limb.org](http://www.4limb.org)

Facebook: [www.facebook.com/directionassociation](https://www.facebook.com/directionassociation)

## Diary Entries

### January 16, 2020

People in Hong Kong are in panics!! The price of a box of ordinary surgical mask was raised to HKD500! It was 10 times than the original!!! Why people just can't calm down? I heard that Jackie is looking for surgical masks. I can share some with her, let me call her tomorrow.

### January 26, 2020

Panic buying is resulting in masks shortage and people in need can never buy sufficient masks. I queued up like others but I still can't get my family a box of masks nor any disinfectants. I don't know what to do. Someone please help me.

### January 28, 2020

I received a call from DA today, I am so touched. In the present situation, they still take care of us. I told them about the masks but I am not expecting them to give me any. It is so hard to obtain virus-fighting supplies now, I am happy enough that they think of us under this terrifying situation. Everyone please stay healthy.

### February 3, 2020

We are now reusing masks, there only 2 more brand new mask left at home. Mum tried to use steam to sterilise a used mask, I stopped her. Mum doesn't feel safe to go downstairs without a mask covering her face. Dad and I haven't left home for a week, in order to save masks. What can I do?

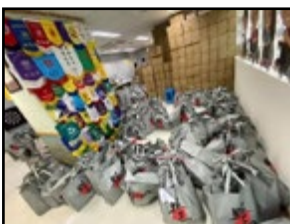
### February 6, 2020

DA called again. I have 15 masks after 30 minutes receiving the call. It is really a timely help. I am so impressed. When others are hoarding masks and still queuing up for more, DA is trying her best to give the members some masks. I won't grumble about being banned from leaving the house anymore. People are helping us to get through the hard time, what can I complain? Life is hard, but I start feeling that if we are working together, we can make it through. Sweet dream, diary.



### February 20, 2020

Jackie told me that she received a virus-fighting bag from DA. I will receive mine tomorrow. OMG They are now distributing disinfectants to all members living in the community. There are 500-ish of us! They brought the packages to members' neighbourhood!! Handrails or public facilities are potentially polluted by the virus, so staying home is staying healthy. Not only the staff, there are also some volunteer drivers helping the delivery. I am deeply moved. I am so grateful to receive so many kindnesses. Although I don't know who supported the distribution, I appreciate that from the bottom of my heart.



### March 12, 2020

It's DA again! I received a bag of rice, a pack of tissue roll, disinfectants and surgical masks today. I am amused when I saw the tissue rolls. They are so caring!! As people were grabbing tissue paper in the past few weeks, they want us to stay away from the mess and thus giving away tissue rolls. How considerate they are! The staff comforts me that the virus-fighting bag delivery will last till May. It is to make sure the masks we received is sufficient for daily use. The stay-home-stay-safe period continues but I am not bored. As a social networking service expert, I made some quarantine memes and shared them with my friends. DA also created some comics about funny moments and reminders during the anti-epidemic period, they called the series "We got you covered". I can relate to that strongly, especially the one saying people sterilising used masks with steam!!!! Mum did exactly the same thing before!!! I still love her anyway <3. Mum is yelling again LOL. Gn!



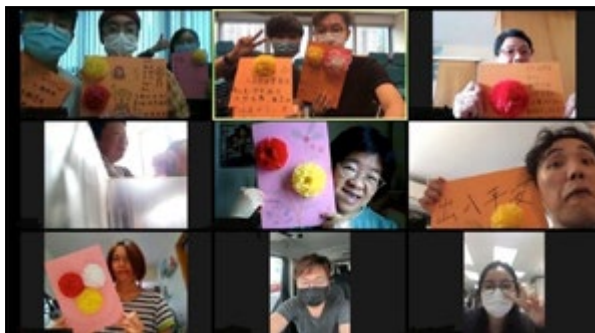


**April 15, 2020**

I found a free virus-fighting handbook for Persons with Disabilities inside the welfare pack from DA. They wrote booklet in Cantonese, English and Indonesian!! How thoughtful and flexible they are! The booklet covers general tips in fighting against the virus and some specific knowledge for persons with visual hearing and physical impairment and their caregivers. Some people (like mum) can't reach online info and they really rely on hardcopies, while internet expert like me would read the online version B-).



I guess I will keep staying at home coz this is a once-in-human-history opportunity that I can save the world by this haha. I am having fun with the online activities, like mindfulness and handicraft classes from DA. Time to do mindfulness exercises, gn!



Author: **Ms Rabi YIM**

Chairperson of the Direction Association for the Handicapped, winner of Hong Kong Humanity Award 2019. Rabi became a wheelchair user after a car accident in 1998. She participated in promoting the rights for persons with disability after joining Direction Association for the Handicapped.

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Author: **Ms Lillian LI**

Chief Executive of Direction Association for the Handicapped, Co-founder of Silence, SEN Rights and Time Capsule, a family member of people with disability. Dedicated to serving the disabled community since 2008.

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# Rehabilitation Alliance Hong Kong Combats COVID-19

Cheung Kin Fai

## About Us

Rehabilitation Alliance Hong Kong (RAHK) was established in 1992 with the support by social pillars Professor Sir Harry S. Y. Fang GBM CBE JP, Rev. Fr. John Collins MBE, Mr. M. B. Lee SBS MBE JP, Mr. F. S. Chan MBE, and Dr. Joseph Kwok BBS JP. We are a non-profit organization for people with disabilities (PwDs) and managed by PwDs. We have more than 4,300 members with physical disability, visual impairment, hearing impairment, psychiatric disability, intellectual challenges, and chronic illness; and their caregivers.

We actively engage in the advocacy and policy dimensions of rehabilitation services, with a view to promoting equal opportunities, full participation, and better quality of life in every aspect for PwDs. We also contribute in other areas that targets to improve the livelihood of PwDs, such as operating social enterprises that exemplify inclusive employment, conducting surveys to reflect the social issues and concerns of PwDs, and organizing public education campaigns to promote diversity and inclusion. Our missions and goals are achieved through the coordination and networking of people with all categories of disabilities, as well as the alliancing of different organizations in the field. Our work has been recognized and appreciated by society for nearly three decades.

## Special Measures of RAHK against COVID-19

Our previous survey revealed that PwDs living in the community have an inadequate sense of security. They found insufficient coverage and specificity of existing services for them and their caregivers. They were concerned that unexpected problems might happen beyond their control, such as healthcare or financial issues. This worry is indeed taking place during the current COVID-19 pandemic.

PwDs and elderly persons have weaker immune systems and are more vulnerable to viruses and diseases. They are generally less competent in handling adversities, disasters and healthcare issues. In addition, they have physical access limitations in obtaining daily necessities and protective aids, and have difficulty taking care of themselves when their caregivers have to stay at home. For elderly persons with a disability, their limitations are doubled.

In order to understand the situation experienced by our members during the COVID-19 pandemic period, we conducted a telephone survey in January and February 2020, and interviewed 913 randomly selected members with all types of disabilities. More than a third of the respondents had less than 10 face masks, which was not acceptable. Respondents also expressed their worries and challenges. They had difficulties in purchasing protective aids, especially face masks at pharmacies or through online platforms. They could not compete with the able-bodied counterparts, or queue overnight under the first-come-first-served principle. Also, they could not afford the inflated prices of protective aids. Moreover, they could not sanitize their homes by themselves in order to avoid the virus, nor could they arrange for home cleaning service at this difficult time.

To alleviate the challenges, we alerted public awareness through Facebook and newspaper articles. We launched a campaign to encourage organizations and the general public to donate face masks and other protective or sanitizing products to PwDs. We also empowered our members to share more about their personal experiences and advocate by themselves for the donation of free health products. Apart from the distribution of materials, we also designed a set of fitness exercises for persons in wheelchairs or having lower limb activity limitations, as described below.

## RAHK Home Exercises for Wheelchair Users

During the COVID-19 pandemic period, the government strongly recommends residents to stay home, avoiding outdoor activities and face-to-face interactions. As a result, many people do not have much opportunity to do exercise or even move their bodies. Keeping ourselves fit can contribute to our immune system against COVID-19.

In view of this, RAHK has designed a set of home exercises for wheelchair users as well as persons with lower limb activity limitations. This set of exercises do not require experience in sports activities. They only need the movement of the upper parts of our bodies, and are suitable for all ages and physical conditions. PwDs or elderly persons can do them easily and safely in wheelchairs or chairs maintain physical fitness and enhance personal resistance against viruses.



*Episode 1: [Click Here to Watch Video](#)*



*Episode 2: [Click Here to Watch Video](#)*



Author: Mr. Cheung Kin Fai is the Chairperson of the Rehabilitation Alliance Hong Kong. He is a wheelchair person himself. He has been active in the advocacy for persons with disabilities in Hong Kong and overseas for over twenty years. He had rich experience in disability mainstreaming and disability policies, and has chaired or participated in various government and nongovernment advisory committees such as the Joint Council for People with Disabilities and the Rehabilitation Advisory Committee.

# Section 2.3

## India

# COVID-19 and Impact of Lockdown on Women with Disabilities in India

Shanta Memorial Rehabilitation Centre

COVID-19 has come as a crisis the world was not prepared for. Many women with disabilities have come forward to actively join the crusade to create a safe place for themselves and around themselves. Using the resources at their disposal they are going out all out in an attempt to flatten the curve of COVID-19 in this country and globally.

The International Disability Alliance the apex body in disability came out with certain recommendations;

- Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats.
- Additional protective measures must be taken for people with all types of impairment.
- Rapid awareness raising and training of personnel involved in the response are essential.
- All preparedness and response plans must be inclusive of and accessible to women with disabilities.
- No disability-based institutionalization and abandonment is acceptable.
- During quarantine, support services, personal assistance, physical and communication accessibility must be ensured.
- Measures of public restrictions must consider persons with disabilities on an equal basis with others.

- Persons with disabilities in need of health services due to COVID-19 should not be deprioritized on the ground of their disability.
- Organizations of Persons with Disabilities can and should play a key role in raising awareness of persons with disabilities and their families.
- Organizations of Persons with Disabilities can and should play a key role in advocating for disability-inclusive response to the COVID-19 crisis

Though IDA's recommendations were important, inputs on needs on women with disabilities were not focused on. To make any plan the situation had to be assessed. Reports from the field were thus collected from women with disabilities living in SMRC's project area of Gujarat, Odisha and Telangana as we were told by staff in the field that they were undergoing tremendous unforeseen problems. Some insights were shared by Catalina Devandas Aguilar the Special Rapporteur on Rights of Persons with Disabilities which were similar to what we were hearing from the ground. It is obvious rural poor women with disabilities across the world are affected more than many others but our experience had shown that they emerge from these challenges due to their own agency and when they work in solidarity with other women.

## India

There are 11.8 million women with disabilities in India who experience considerable difficulties in the everyday lives. With high poverty levels, poor health conditions, lower incomes, lower education and a patriarchal system they face further dangers in COVID-19. To take up the challenge immediate steps would have to be taken in context of food and medicines. It was soon realized some women were getting left out as information by governments which had universal reach was not accessible. We knew from earlier work that hospitals were not accessible and that disability was not a priority. There was thus a strong fear that the women would be affected by the corona virus and not be able to reach medical help and access treatment.

Summary: SMRC in its work found that discrimination and stigma increased in many forms. Networks broke down, services and transportation was not available, bringing new issues before women with mobility and their access to daily needs. Information to deaf and those with intellectual disabilities was not available. All the women realized nothing would change unless they did not get involved themselves. Personal assistants and health care was not available. News was by now filtering in that persons with disabilities were being able to assess health care facilities. It was also seen that the new policy of social distance was again excluding them as they were dependent on personal assistants.

To assess the situation we came to:

- Realize that data from the field had to be collected and analyzed to understand that the issue was of the most important
- We would ensure participation of women with disabilities in all our work
- Pay attention we did not miss out on the inter sectional ties of disability and we include women of all classes, indigenous women (Adivasis), Dalits (caste and very poor with no income).

## Collecting Data

The State coordinators and field workers started to get in touch with the women from the project field telephonically.

1. SMRC's Project Area (25th - 30th March 2020: Data from Gujarat, Odisha and Telangana;
2. Women with Disabilities India Network

### Information from the field from the Women with Disabilities in Gujarat, Odisha and Telangana States of India

- Social distancing is not possible as women are dependent on personal attendants and cannot maintain the distance required. In many cases personal attendants are outsiders increasing the incidence level amongst persons with disabilities.
- Personal assistants they depend upon are missing in many cases as (1) They have gone home and have not been able to return, (2) They have abandoned the women leaving them defenseless and dependent on neighbors, family members, (3) They come in daily and are not being allowed by the police.
- Many women living independently have not been able to access daily needs in many places where (1) They do not have help to fetch groceries from the markets, (2) Online orders cannot be made as forms are not in accessible formats. Many are dependent on home delivery, but it is not available everywhere.
- Health facilities have been difficult to access as they cannot go to police stations to request passes. In many cases they are denied medical aid.
- There has been an increase in violence from partners and personal attendant as stress levels within the household increases. There is also no community watch and women with disabilities choose to keep quiet as they fear abandonment by family.

- Psychological stress has increased in the neighborhood affecting everyone. As women with disabilities' experience combating loneliness and isolation gives them more insights into resisting it, they can help people in the community, at this stage when everyone is threatened by isolation, and create a more understanding atmosphere of the situation they have lived all their life.
- Income generation activities have closed so no income for the women.

### **Situational analyses of COVID 19 and women with disabilities and requests from the field-Gujarat, Odisha and Telangana dt 31st March 2020**

- Majority of them are wage labours, house maids, construction workers, petty shops, vegetable vendors etc and some of them are single and abandoned women. Because of the COVID-19 effect, all of them have lost their wages and there is no income from them to purchase the food grains to feed the family. They are in distress and requested us to support them.
  - The 1000/- promised by government has yet to reach them and the ones that do not have a bank account will be deprived of the money. The nearby ATMs do not have money and they need support to go far away. Moreover the police stops them at every step and the family avoids to take them.
  - Urgent need of sanitary pads and medicines which the women need on an everyday basis. As it is lock down , they cannot go and get it and somebody else cannot go and collect them from the government hospital , so some mid-way has to be developed for them to survive during this period.
  - No sanitizers and masks available. Moreover the rates are more and they cannot afford.
  - The grocery shops are open for a limited period and as they are slow they get pushed aside. Many had little food left and needed somebody to help them buy the necessary items, to be able to eat two meals a day
  - Housing / shelter is a major problem. A woman with a disability was asked to leave a petty shop she ran and where she slept at night, by the person who rented it to her. She could not go home as her husband was abusive. She shifted out and has to sleep outside with her children under old polythene she salvaged. She has asked the government for polythene provided during disasters but has been refused as COVID-19 is not a 'disaster' in the conventional sense.
  - Another woman has been forced to move out from her rented hut to wash utensils along with her children in a small roadside food place (dhaba/diner) catering to truckers so that can get a place to stay at night. These places are open to abuse.
  - Some women with disabilities were earning their living by growing vegetables but cannot sell it as transportation is not available to take the crop to the market. Therefore they have no money and no work.
  - Many people and also government have been sending money / cash to organisations to help the women. The organisations have sent the girls and women home without the money. The women are getting neglected by the family as well as by these organisations / ashrams.
  - Those earning daily wages cannot access income.
  - The women with Thalassemia are not getting blood.
- SMRC's work in the disability community offers a lens to identify barriers and vulnerabilities and to get out of this situation together with women we are trying out:
- Setting up telephonic networks to talk to each other and friends in the neighborhood.
  - Wherever possible staff has been calling the women to find out problems faced and assisting them including distribution of food.
  - Conveying their issues to the local governance system so requirements can be fulfilled.
  - Writing their experiences to document it for meeting the post COVID-19 situation.



- Set up a register of personal assistants for those who need them on a temporary basis.
- Set up register to of women who need food / medicine/ medical aid but cannot access it. Get them connected to those supplying.
- Set up a cell in each State to connect the women to the government officials in charge.
- Use WhatsApp message or video call using sign language.
- Update the information on COVID-19 as like non disabled people.
- Communication done by wearing a mask with Oral deaf becomes difficult.

As COVID-19 peaks and stronger lockdown measures are taken mobility is becoming more difficult. Some issues taken up at national and international level:

1. With SMRC support an information video for deaf was made by the Office of the Commissioner for Disabilities.
2. Joined the Thematic Group on Disaster Risk Reduction (TGDRR) network an international network and wrote to the Secretary General to bring issues before States.
3. Wrote to the Ministry of Disability for cash and other support which has been provided by the State.
4. Joined international disability and gender networks on policy change.

Disability is still an issue on the margins, and fear of institutionalization high but voices are getting louder and visibility much more including those of the women. Let us together in our community help wherever we can (see end of note what we can do)

We need to think of the present but also of the future and how we can recover as in many cases incomes are no longer available.

We look forward to your suggestions and information. Provide suggestions to what needs to be advocated at (1) local, (2) National and (3) International level.

Email to [smrcbbsr@gmail.com](mailto:smrcbbsr@gmail.com)

Call tel: 9937212367 (Aditi Panda National Coordinator) | 7978536209 (Kalika Mohapatra COVID-19 Coordinator) | 9438689316 (Poonam Nayak Odisha Coordinator) | 9879003981 (Nita Panchal Gujarat Coordinator) | 9885025175 (B. Swarooparani Telangana Coordinator)

Shanta Memorial Rehabilitation Centre, PII Jaydev Vihar, Bhubaneswar, Odisha

# Section 2.4

## Macau SAR, China

# Fuhong Society of Macau: Experiences in Dealing with the COVID-19 Pandemic in Macau SAR

Maria de Fatima Salvador dos Santos Ferreira & Chau Wai I, Jennifer

## Greetings from the Fuhong Society of Macau

The Fuhong Society of Macau is a nonprofit social service organization, founded by a group of volunteers in May 2003. At present, it operates 12 service units, including: “Fuhong Society of Macau Pou Lei Centre” “Fuhong Society of Macau, Hong Ieng Centre”, “Fuhong Society of Macau Yee Lok Centre”, “Fuhong Society of Macau Creative Art House”, “Happy Laundry Social Enterprise”, “Happy Market Social Enterprise”, “Happy Shop @ Anim’Arte Nam Van” social enterprise in 2016, “Happy Shop @ Taipa Houses Museum” vocational training booth and “Happy Corner @ Macau Tower” social enterprise in 2017, “Fuhong Society of Macau Long Cheng Centre”, “Fuhong Society of Macau Pou Choi Centre” and “Happy Art Studio”, mainly provide services for people with disability, autistic person and people with mental illness, to learn more skills and knowledges, so that they can realize the sufficient growth in all physical and spiritual aspects.

People with disabilities enjoy all basic human rights, recognition and respect must be the most important aspects to them. They have the right to accept all essential aids so that they can realize sufficient growth in all physical and spiritual aspects. The Organization will make all efforts to ensure the respect for their rights.

Website: [www.fuhong.org.mo](http://www.fuhong.org.mo)

Facebook: [www.facebook.com/fuhongmacau](https://www.facebook.com/fuhongmacau)

Weibo: [//weibo.com/fuhongmacau](https://weibo.com/fuhongmacau)

Instagram: [fuhongmacau](https://www.instagram.com/fuhongmacau)



**Ms. Maria de Fatima Salvador dos Santos Ferreira**  
President, Fuhong Society of Macau



**Ms. Chau Wai I, Jennifer**  
Director, Fuhong Society of Macau  
Email: [fuhongmacau@gmail.com](mailto:fuhongmacau@gmail.com)

Due to the coronavirus COVID-19 pandemic, countries are racing to slow the spread of the virus by testing and treating patients, carrying out contact tracing, limiting travel, quarantining citizens, and cancelling large gatherings such as sporting events, concerts, and schools.

In Macao, there has a total of 45 cumulative confirmed cases of COVID-19, no deaths from the disease and there is no record or occurrence of community transmission. Until 21 May, the Health Bureau announced that the last COVID-19 patient in Macao had fully recovered and had been discharged from hospital, which means that all 35 COVID-19 patients during the second wave of outbreak have been discharged from hospital.

## First Wave

On 22 January 2020, Macau confirmed two COVID-19 cases, that of a 52-year-old woman and of a 66-year-old man, both from Wuhan.

On the morning of 26 January, the Macau Health Bureau confirmed three additional cases: that of a 58-year-old woman arriving from Hong Kong on 23 January after travelling to Wuhan, and of two women, aged 21 and 39, both arriving in Macau on 22 January via the Lotus Bridge; all three were residents of Wuhan. The Macau government has since temporarily closed all schools and universities, and has imposed border controls with temperature checks. The government also declared the closing of several venues to limit the possible spread of the virus, including several entertainment venues and planned Lunar New Year performances.

On 27 January, a 15-year-old boy, the son of one of the previously confirmed patients, was declared the sixth case of the virus in Macau. The next day, the seventh case was announced, that of a 67-year-old woman, a resident of Wuhan who travelled to Guangzhou before entering Macau through the Barrier Gate checkpoint.

On 6 March, all 10 confirmed patients with the virus had recovered. According to authorities, however, there are still 224 people in isolation, 6 in quarantine, and 58 Macau residents who have been to South Korea and Italy also isolated.

On 7 March, the Philippines announced that an airlift operation will be launched to bring home 167 Filipinos working in Macau.

## Second Wave

On 15 March, the city registered a new COVID-19 case imported from Portugal, the first new case in over a month. The patient is a Korean migrant worker who visited her boyfriend's family in the city of Porto. The woman departed Macau on January 30. She flew back to Hong Kong from Dubai on March 13 on flight number EK380, taking seat 31J. She returned to Macau on the same day via the Hong Kong-Zhuhai-Macau Bridge. Later in the day she started experiencing coughing and went to the hospital on Sunday afternoon, March 15, with fever.

On 17 March, two new cases were reported. The first patient, a 47-year-old male, is a Spanish national doing business in Macau; he took the SU2501 flight from Madrid to Moscow on March 15, and then the SU204 flight from Moscow to Beijing. On 16 March, he took the NX001 flight from Beijing to Macau, arriving at Macau Airport at 8:00 pm of the same day. The second patient is a 20-year-old woman, a Macau resident who was studying in the United Kingdom. The patient left London and arrived at the Hong Kong International Airport via Kuala Lumpur on the night of March 16. Upon arrival at the Hong Kong-Zhuhai-Macau Bridge, she was detected to have a fever and was immediately taken to the hospital. Further testing revealed she was infected with the novel coronavirus.

On 19 March, the Education and Youth Affairs Bureau announced the re-postponement of its plans to resume primary and secondary education as a response to the second wave of COVID-19 cases beginning with the 11th case. This is after the bureau's class resumption plans starting on 30 March, announced on 11 March.

On 27 March, the government of neighboring Zhuhai announced that anyone returning or travelling from outside Mainland China (including Macau and Hong Kong) would undergo mandatory 14-day quarantine with a few exceptions. This caused large crowds and chaos at the Lotus Checkpoint in Cotai, which was the only border checkpoint open at the time.

The government is preparing for the resumption of the normal functioning of society, and plans to extend nucleic acid testing to some groups of people such as fishermen, social workers, or in indoor establishments with large groups of people, such as care homes, prisons and hospitals. Schools reopened for senior secondary school students and junior high school students on May 4 and May 11 respectively. The Education Bureau will decide when to resume classes for students of primary schools, kindergartens and special education schools. Besides, teachers and other secondary school staff members who live in Macau will have to undergo the nucleic acid test once, while local teachers and pupils commuting between Macau and Zhuhai will have to undergo the test every seven days. The coronavirus situation in Macau is now ‘under control’ and border restrictions between Macau and Zhuhai have extended the limitation. Yet, Macau still requires all arrivals from mainland China – including Macau residents – to submit a negative test result for COVID-19 when entering. Macau residents could receive tests at the border but visitors will be refused if they don’t have test results on them.

From February till now, most of the social service organizations in Macau have been stopped, except 24 hours residential service that continues to offer diverse services for moderate or severe intellectual disabilities. Although services have been restricted, our Fuhong Society of Macau carried out various methods to keep in touch with our service users, such as making phone calls and home visiting.



Likewise, our outreach team distributes resources to persons with mental illness in rehabilitation and bringing them love and care. We also extend our services for parents or caregivers of the disabled persons, by uploading videos for them to learn and help them while living with the disabled person, to overcome the fallout from the COVID-19 pandemic. During the outbreak, our social enterprise maintains the normal operation of the service, such as masks packaging and laundry service, ensure to have a proper working and good working condition with the aim of contributing for our society. In terms of entertaining, we organized an online [live show](#), performed by our autistic service users, “Life Band” and artists, strive for delivering affirmative support to the community, and fight for the pandemic together.



Since its emergence in every continent, cases are rising constantly. In recent times, an increase in symptoms of depression and anxiety are already being reported in a number of countries in relation to the COVID-19 pandemic. The COVID-19 pandemic is highlighting the need to urgently increase investment in services for mental health or risk a massive increase in mental health conditions in the coming months. We should consider ways to prevent a similar pandemic recurring and we wish the pandemic will be alleviate as promptly as possible, the economy and people’s livelihood will be back on track, and the affected country will continue to thrive!



We have been concerned about the current issues in your country, we sincerely hope that all of you can stay safe, take time to care for your loved ones, and have the opportunity to help others in your community who need support. In the near future, hope we can continue our rehabilitation work for the disabilities again! Let's keep in touch and hope to work with you very soon!



## <Happy • Share ~ Happy • Fun> Fuhong Live Show

<Life Band> is the first disabled and inclusive rock band composed of mentally handicapped and able-bodied individuals in Macau. It consists of the autistic person, Mr. Greg Lau, Mr. Ross Pun, and intellectually disabled people, Mr. Justin Yeong. Each of them has different backgrounds and experiences and was connected through the utilize of music. The Fuhong Society of Macau has cultivated “Life Band” all the way in music. Since its debut, they have composed five original songs, which Mr. Greg Lau is the lyricist, aimed at delivering positive energy to the society. “Life Band” aims to promote the spirit of “Cherish all, Live-out life” in disabled people through music.

The <Happy • Share ~ Happy • Fun> Fuhong Live Show was held on Mothers' day, it started off with a song representing love to our mother. It is an event for the inclusion of persons with disabilities and aims to allow people with disabilities to take advantage of the benefits of the same health promotion and prevention activities experienced by people who do not have a disability. With the use of online live streaming, offering an easier way to our audience and sharing love and care to people from worldwide especially during the epidemic. Our president of the General Assembly of Fuhong Society of Macau Ms. Maria de Fatima Salvador dos Santos Ferreira, the Chairman of the Management Committee, Mr. Wong Hou, the Vice-Chairman, Mr. Chan Choi Fat, the Director, Ms. Chau Wai I, Jennifer, and other service users supported Life Band and appreciated for their wonderful performances. Our main vocal, Mr. Greg Lau, and the music instructor, Mr. Bosco, shared their thoughts to the band and their creative journey during the live broadcast. Besides, a crossover performance was presented by artists, Ms. Vivian Chan, and high school teachers, Ms. Carmen Wong and Mr. Ken Lok, who send blessings and positive energy to our audience; face the epidemic, and overcome the difficulties together.

The show ended with the fifth original lyrics written by Mr. Greg Lau, the main vocal of Life Band. The song was written for promoting the <Convention on the Rights of Persons with Disabilities>, which implies that people with disabilities also have the right to pursue happiness, encourage and support their integration into the community, deliver positive energy to the society and live a splendid life. This enables people with disabilities to break the barriers between them and the public, in order to promote the development of social inclusion.



Figure 1: [Click Here to Watch Video](#)



# Section 2.5

## Malaysia

# Becoming Stronger in Adversities

Datin Paduka Khatijah Sulaiman, Malaysia



Dear Friends,

Welcome to AbleLink, our fourth edition of the Abilympics Malaysia newsletter.

How have you been doing? We have all come a long way, haven't we? We are reaching towards the end of the first half of 2020. As we had so many activities planned throughout the year, we realise that sometimes, things may not go as planned. The Covid-19 pandemic has brought about many changes and even challenges in our lives, and we are now adapting to the new normal and learning many lessons along the way. However, the challenges that we have only make us stronger and enable us to be creative in making the best out of the situation.

For us at Abilympics Malaysia, we had to postpone certain activities, but we also saw the birth of new ideas, especially during the Movement Control Order (MCO). Our Abilympians have inspired us as they, out of their own initiative were training at home to represent the country in Russia next year. We thought that just as they have inspired us, they can inspire others, and thus a social media campaign began, which you will be able read further here in our newsletter. We also launched our [Instagram](#), [Twitter](#) and [LinkedIn](#) channels during this time.

Besides this, the International Abilympics Federation (IAF) have also sent us a short description of tasks that need to be completed for each of the skills category of the competition. This will be used as a guideline for our trainers to train our Abilympians, while we await for the detailed guideline that will be sent later. We are looking forward to further communicate with our trainers right after the Hari Raya break on how trainings would resume.

As we move on, you may have noticed a name for our newsletter. You are right, we have chosen the best name among which were given by the contestants of the 'Name Our Newsletter' contest. AbleLink submitted by Parames Anand via Facebook was voted as the most suitable name by the Abilympics Malaysia committee. Congratulations to Parames Anand.

"The challenges that we have only make us stronger and enable us to be creative in making the best out of the situation."

We also thank everyone who have participated and we look forward to your participation again for our next contests.

As I end my message, on behalf of Abilympics Malaysia, I would like to wish Selamat Hari Raya, Maaf Zahir dan Batin to all our Muslim friends. And to each and every one of you, we thank you for your continuous support. Always remember, adversities only make us stronger.

Till we meet again in our next edition, stay safe and take care always.

Yours Sincerely,

**Datin Paduka Khatijah Sulaiman**

President, Malaysian Council for Rehabilitation (MCR),  
Chairman of Abilympics Malaysia

## KOKUS 2019

Sarawak's Ministry of Welfare, Community Well Being, Women, Family and Childhood Development organised the 'Karnival Orang Kurang Upaya Sarawak' (KOKUS) 2019 between 23 and 27 November 2019. The Malaysian Council for Rehabilitation (MCR), which is the co-ordinator of Abilympics Malaysia was invited to the closing ceremony on 27 November 2019.

This large scale carnival saw three areas of activities being covered throughout five days, which are sports, Abilympics and culture. It brought together various agencies, strategic partners and Non-Governmental Organisations of Sarawak to organise this carnival for People with Disabilities (PWDs) from Sarawak.

On 27 November 2019, Rose Ng, the Honorary Treasurer of MCR and Deputy Chairman of the Abilympics Malaysia Committee, attended the carnival's closing ceremony as a guest representing MCR. The closing ceremony was graced by YB Dato Sri Hajah Fatimah Abdullah, Sarawak's Minister of Welfare, Community Well Being, Women, Family and Childhood Development.



*Figure 1: The participants of the Carnival.*

The closing ceremony began with the arrival of YB Dato Sri Hajah Fatimah, which was then followed by a performance, showcasing winners of the cultural event which include singing and dancing competitions held in the previous days, speeches and prize giving ceremony. Dunstan Lim of Abilympics Sarawak shared Sarawak's experience of organising the Abilympics.



*A display of some of the entries of the skills competition*

The Abilympics competition held earlier at the carnival focused on eight categories, which are Sewing, Embroidery (Cross Stitch), Floral Arrangement, Painting, Cake Decoration, Photography, Data Processing and Cooking. It was inspiring as some of the contestants who took part were also as young as eight years old. The competition was held to ascertain the response of the Sarawakian community, and for interested PWDs to prepare for their participation in the next National Abilympics Competition.

The closing ceremony concluded with a performance, photo-session and dinner. The carnival succeeded with its objective of encouraging PWDs in providing them with avenues and opportunities to be involved in healthy, productive and entertaining activities and competitions.



*Rose Ng (centre) with the 10-year old winner of the cake decoration competition from Sibuh, his teacher (left) and Dunstan Lim (right)*

## Interview with Astro AWANI

The Abilympics Malaysia Committee members were recently invited to be interviewed at Astro AWANI for the talk show, 'The Future is Female'.



'The Future is Female' is a talk show hosted by Melisa Idris, which finds the extraordinary in every women through the experience and information they share.

The recording session was held on 11 March 2020 at the Astro AWANI studio in Kuala Lumpur, where the Abilympics Malaysia Chairman, Datin Paduka Khatijah Sulaiman and Deputy Chairman, Rose Ng spoke about Abilympics, and on the challenges and the way ahead for People With Disabilities (PWDs) in Malaysia.



*The social media banner prepared by Astro AWANI. From left to right: Datin Paduka Khatijah Sulaiman, Melisa Idris and Rose Ng*

The show was aired on 14 March 2020 at 11pm and a repeat on the following day at 10pm on Channel 501 of Astro. For those who missed the show, we welcome you to watch it by clicking [here](#) or to go to [www.astroawani.com/thefutureisfemale](http://www.astroawani.com/thefutureisfemale) and click on the video titled 'The Future is Female: Abilympics –the Olympics of abilities'.

Abilympics Malaysia thanks Melisa Idris and Astro AWANI for the opportunity.



*The Committee Members on set with the host, during the interview*





## Abilympians Share Training Videos on Social Media during MCO

A social media campaign was launched by Abilympics Malaysia for the Abilympians who will represent the country at the 10th International Abilympics Competition in Russia next year.



*The MCO - Abilympians Train At Home playlist on the Abilympics Malaysia Facebook page*

The campaign which began on 16 April 2020 and ran until 4 May 2020, showcases videos of all 16 Abilympians sharing how they spend their time, keep themselves occupied and practise their skills at home since the Movement Control Order (MCO) began.

With the unprecedented Covid-19 outbreak, training sessions with trainers had to be kept on hold for the Abilympians. However, out of their own initiative, the Abilympians have been taking this time to train at home. The Abilympics Malaysia Committee saw this as something that would motivate and inspire others, which brought about the launch of this social media campaign.



*Screenshots of Chew Lay Peng's and Amran's videos*

Conversely, this campaign has also motivated the Abilympians further as they shared their stories.

Just like any other person, the Abilympians are also not spared from challenges. Some have faced loss of income, loss of family members and even need to care for family members who are unwell. Nevertheless, they have been using their talent to help others out, where some have been sewing Personal Protective Equipment (PPE) garments for front liners, while others distribute food items to the needy.



*Daviddas practising his photography skills at home*



*A screen shot of Khairunnisa's video*

Some have also been working during this time and face new challenges. In spite of these, the Abilympians are determined to train at home. Looking at their determination, the trainers have also been in touch with them remotely to support them.

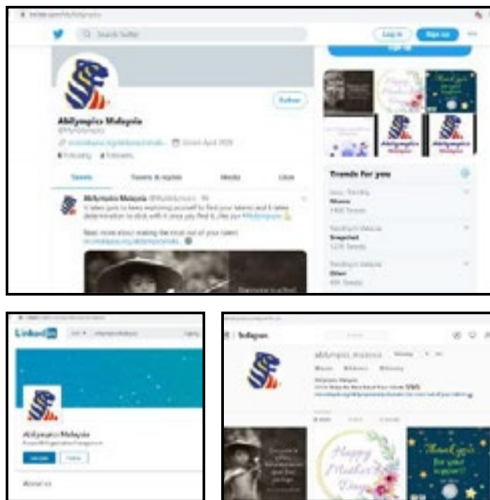
The videos can be viewed at the Abilympics Malaysia's [Facebook](#) page, [Instagram](#), [Twitter](#) and [LinkedIn](#).

## Launch of New Social Media Channels

Abilympics Malaysia has recently launched three brand new social media channels



These channels; Instagram, Twitter and Linked In were launched between 10 and 11 April 2020 respectively for better visibility of Abilympics Malaysia and to reach a wider audience among the community and the general public at large. Abilympics Malaysia's [Facebook](#) page and [website](#) were launched last year.



Abilympics Malaysia welcomes you to follow these brand new pages:

Instagram - [instagram.com/abilympics\\_malaysia](https://www.instagram.com/abilympics_malaysia)

Twitter - [twitter.com/MyAbilympics](https://twitter.com/MyAbilympics)

LinkedIn - [linkedin.com/company/abilympicsmalaysia](https://www.linkedin.com/company/abilympicsmalaysia)

## NAME our Newsletter Contest

We have a winner!

We hope you've noticed that we now have a name for our newsletter. That means, we also have a winner for our contest!

AbleLink is the name for our newsletter and was suggested by Parames Anand via the Abilympics Malaysia Facebook page. Congratulations Parames! We will contact you soon to deliver your winning prize, which is an exclusive 10th International Abilympics pouch.

For those who have participated in this contest, we would like to thank you and welcome you to once again join our future contests.



## The Surprise Test

One day a teacher entered the classroom and asked his students to prepare for a surprise test. The students looked worried and waited anxiously at their desks for the test to begin.

The teacher handed out the question paper with the text facing down as usual. Once he handed them all out, he asked his students to turn over the page and begin. To everyone's surprise, there were no questions, just a black dot in the centre of the page.

The teacher noticed the puzzled expression on the faces of his students and told them the following, "You have 45-minutes to write about what you see there."



The confused students got started on the inexplicable task. At the end of the 45-minutes, the teacher took all the answer papers and started reading each one of them aloud in front of all the students. All of the answers without exception described the black dot, trying to explain its position in the middle of the sheet, the implications and what it all meant.

After all had been read, the classroom was silent. The teacher began to explain, “I am not going to give you a grade on you this test, I just wanted to give you something to think about.



No one wrote about the white part of the paper. Everyone focused on the black dot and the same happens in our lives. We have a white paper to observe and enjoy, but we always focus on the dark spots. Our life is a gift. We always have reasons to celebrate... nature renewing itself every day, our friends around us, the job that provides our livelihood, the miracles we witness.”

“However, we insist on focusing only on the dark spots... the health issues that afflict us, the lack of money, the complicated relationship with a family member, the disappointment with a friend etc. The dark spots are very small compared to everything we have in our lives, but they are the ones that pollute our minds. Take your eyes away from the black spots in your life. Instead, look for the white paper and enjoy each one of your blessings, each precious moment that life gives you. Be happy and live your life positively!”

(Source: Taken from “A Blank Question Paper” from Mark Russell’s Inspired Performance Coaching - markrussell.co.uk)



## WHAT THE ABILYMPIANS SAY

We asked our Abilympians what they thought about the social media campaign. Here’s what they said.

I was very happy when I first heard about the campaign. I didn’t find any difficulties in making the video and I was so excited and touched to see the video on social media.



Muhammad Darwisy

Haziq

Skill category:

Photography (Outdoor)

I was not confident and was feeling a bit shy to record a video about myself. Besides, I did not have the skills to edit a video. However, upon completing the video, I was feeling proud that I did it.



Muhammad Hanif

Naufal

Skill category:

Restaurant Services

When I first heard about making the video, I was very excited. It was a little difficult for me to initially come up with the video as I wasn’t familiar on how to edit the video to make it shorter. However, once the video was made and I saw it on social media, I was so excited and happy.



Mohd Yunus Bin

Mohd Ismail

Skill category:

Floral Arrangement

I wasn't particularly sure how to go about making the video as I had no experience. So I wanted to know what to do it and how to go about it, and I received help in doing this. It was interesting and I was happy to see it on social media.



*Chew Lay Peng*

*Skill category: Dressmaking  
(Advanced Course)*

At first, I was a little nervous when I heard about recording a video as I've never done anything like this before. I felt I made more mistakes in the video as compared to what was right. But when I saw it on social media, I was happy and felt appreciated.



*Nur Amiratul Farahin*

*Skill category: Painting*

I was quite nervous because I've never made my own recording. I had to do it many times as I felt it wasn't correct and I was unsatisfied. But after the video was completed and I saw it on social media, I was very happy and touched because I felt appreciated.



*Amran Bin Hamid*

*Skill category: Silk  
Hand Painting*

I never did my own video and it's my first time making a video like this. I knew I must make it good. I used the video feature on my camera to record the video. I also thought about what I should sign on this and hoped that it was well done. Many people were amazed when they knew it was me in the video which was posted on Facebook and Instagram. They liked the video, and I also reminded some of my friends who congratulated me to like the video. I was surprised and happy at the same time. Thank you for sharing the video.



*Daviddas Ramadath*

*Skill category:  
Photography (Studio)*

I just couldn't wait making my own video because at most times, I make videos of others. The only challenge I had was time limitations as I was working while making the video. I was also nervous because I never made my own video. But I was truly happy and touched with the response I received thereafter.



*Khairunnisa Johari*

*Skill category: Word  
Processing*

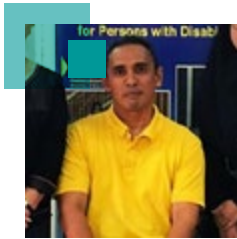
I was feeling quite anxious to make the video. Sometimes, when I wanted to do it, something or rather went wrong because I get nervous easily. But after the video was done, I was very satisfied and that many people could watch my video on Facebook.



*Najwa Mahmud*

*Skill category:  
Data Processing*

I initially did not know how to make the video. I never had experience such as this, but I was trying to think and learn from the rest of the videos that were already made. In the end, it was an interesting experience and it was nice to see the video on social media.



*Shahrul Nizam*

*Skill category: Dressmaking  
(Basic Course)*

## Amran, the Skillful Batik Artist

Amran Bin Hamid works as a Social Welfare Assistant, while also producing batik art on a freelance basis. This 41-year old father of two children produces beautiful batik paintings (Silk Hand Paintings). Amran will be representing Malaysia in the skill category of Silk Hand Painting at the 10th International Abilympics Competition in Russia next year. Find out more about Amran in this exclusive interview.



*Amran showcasing his skills*

### Q: How did you discover your talent?

A: I had an interest in drawing and painting since I was young and I used to spend a lot of time in this. It gives me a great satisfaction in life as I also have passion for fine art. Later, I started learning to draw 'batik tulis tangan' at Pusat Latihan PERDA when I was visiting the PERDA Batik Workshop in Sg. Rusa, Balik Pulau, Penang.

### Q: How did you find out about Abilympics and how do you feel about representing Malaysia at the 10th International Abilympics?

A: I found out about Abilympics from the former Director of Perak Social Welfare Department, Dato' Chong Phaik Kee. I am thankful to be given a chance the second time around to represent Malaysia and I will strive to give my best to win the gold medal.



*Amran practising on his painting skills*

### Q: How do you sharpen your skills?

A: I sharpen my skills through training and by referring to the media.

### Q: Who is your inspiration?

A: My inspiration is Dr. Sabzali Musa Kahn, who is also my trainer for the Abilympics.



*Amran with Dr. Sabzali Musa Kahn*

**Q: What motivates you?**

A: Without courage, dreams would not be meaningful. Thus, what motivates me is the drive to become better and change the perception of others that People With Disabilities (PWDs) also can make it happen.



*Amran with his family*



*Amran's son starting young as he follows his father's footsteps*

**Q: What is your message to other PWDs?**

A: Disability does not mean that we are unable. Be a testament to others that PWDs are able to succeed in life in our own unique way.

**Meet the Young and Talented Anis**

As the youngest Malaysian Abilympian currently, 19-year-old Anis Humairah Riduwan has her hands full as an entrepreneur. Anis ventured into the business of sewing and selling prayer garments (telekung) together with her mother. The oldest among four siblings, Anis never allowed her multiple disabilities to stop her from chasing her dreams. Anis will represent Malaysia in the skill category of Embroidery at the 10th International Abilympics Competition. Be inspired in this exclusive interview with Anis.

**Q: How did you find out about Abilympics?**

A: I was studying at SM Pendidikan Khas Vokasional Merbok (VOMER) when my teachers Cikgu Chia Jong Huey and Cikgu Hazrol Afza, whom I'm inspired by, told me about this.

**Q: How do you feel about representing Malaysia at the International Abilympics Competition?**

A: I was surprised when I was chosen as I did not have the confidence. I felt I was not as good as the rest of the contestants at the National Abilympics Competition. Since I will now represent Malaysia, it is important that I win a medal for Malaysia.



*Left: Anis with her trainer, Dr Rose Dahlina Rusli*



*Right: An embroidery which Anis has completed*

**Q: When and how did you discover your talent in embroidery?**

A: When I enrolled at VOMER, I took up a course in creative sewing, which is when I realised I have talent in this field. It has been two years since then.



*Anis also models for her online seling platform with the prayer garments (telekung) that she sews*



**Q: Do you have a specific theme of embroidery design that you like? How do you sharpen your skills?**

A: I particularly like doing floral embroidery designs. I sharpen my skills by watching and learning from others on YouTube and Pinterest.

**Q: What is your message to other PWDs?**

A: Take care of yourself and be confident about yourself.



*Anis with her mother, her pillar of strength*



*Anis practising her embroidery skills*

## Hafizunif, the Master of Beautiful Cakes

24-year-old Wan Muhammad Hafizunif Bin Wan Roslan will represent Malaysia in the skill category of Cake Decoration at the 10th International Abilympics Competition. Hafizunif showed great interest in Cake Decoration while studying at Politeknik Tuanku Syed Sirajuddin (PTSS) in Perlis, and today, Hafizunif is a thriving baker and has his own bakery. Get to know Hafizunif in this exclusive interview.



*Hafizunif with his amazing cakes*

**Q: How did you discover your talent?**

A: When I was in the first semester at PTSS, I saw my trainer, Pn. Junaidah Mohd Jan Jang teaching the third semester students on composition and engraving art. I asked her permission to see how these are done. From there, she took me into the PTSS Culinary Team. In the following year, Pn. Junaidah invited me to become her partner at a cake decoration competition, where we won the silver medal. It was then when I came to a realisation of my talent in cake decoration.

**Q: Why do you like cake decoration so much?**

A: It allows me to add on a special skill because not every chef can be a cake decorator in chocolate works and sugar works.



*Hafizunif with Pn. Junaidah (far right), Chef William from St Honore (second left) and En. Ahmad Mukhzahar Mardzi (far left)*

**Q: How significant was it for you to win the National Abilympics Competition and how do you feel about representing Malaysia at the International Abilympics Competition?**

A: Winning the National Abilympics Competition was very important for me because I can make my trainer, my family, the polytechnic, the Malaysian Council for Rehabilitation and our country proud. I feel happy to represent Malaysia, however I still feel nervous and I hope to give my best for everyone.



*Hafizunif's bakery*



**Q: What is your motto in life and who motivates you?**

A: Never give up easily if you want to succeed. Those who motivate me are my parents, family, trainer, lecturers and friends.



*Hafizunif*  
*with his*  
*family*

**Q: What is your message to other PWDs?**

A: I hope that other PWDs would not give up easily. They must always strive to move forward and succeed.



# Activity Report During Recovery Period from COVID-19 Pandemic

Rumah Amal Cheshire Selangor / Cheshire Home

## 1) 4th Regiment from Sg. Buloh Camp – 5 August 2020

The 4th Regiment soldiers volunteered to clean the surroundings of Selangor Cheshire Home. Due to COVID19 pandemic lockdown we did not have any volunteers to help us clean the surroundings of the Home. We were very grateful to the soldiers for volunteering to help the Home.



*The 4th Regiment Soldiers*

## 2) QLifestyle – Donation of Hygiene Kits on 15 August 2020

In line with the guiding principle of their company, Raise Yourself to Help Mankind (RYTHM), they have embarked on various initiatives to make a difference in the communities in which they operate and they extended the same to Selangor Cheshire Home.

In this Covid19 pandemic recovery situation, they instilled mindfulness in protecting one-self and the place we live by keeping everything clean and germ-free. This can be done by taking preventive measures and encouraging proper personal hygiene. With this goal in mind, they delivered the Hygiene Kits to the residents and EEP students.



*Residents received their Hygiene Kits from QLifestyle*



*QLifestyle Staff  
with one of the  
residents*

### 3) EEP Students during their practical training at Tesco Extra Selayang – 18 August 2020

EEP students started their practical training at Tesco Extra Selayang after going through 3 months of learning at Selangor Cheshire Home and Community College Selayang on Bakery, Kitchen Practices, and Housekeeping & Laundry. Their practical training was delayed due to COVID19 pandemic.



### 4) Scouts from Gombak District – 30 August 2020

EEP students started their practical training at Tesco Extra Selayang after going through 3 months of learning at Selangor Cheshire Home and Community College Selayang on Bakery, Kitchen Practices, and Housekeeping & Laundry. Their practical training was delayed due to COVID19 pandemic.



### 5) EEP Batch 25 Graduation Day – 5 September 2020

Batch 25 EEP students finally graduated on 5 September 2020 after their practical training was interrupted due to COVID19 pandemic. Nevertheless, during the recovery period of COVID19 Selangor Cheshire Home managed to secure practical training for them.



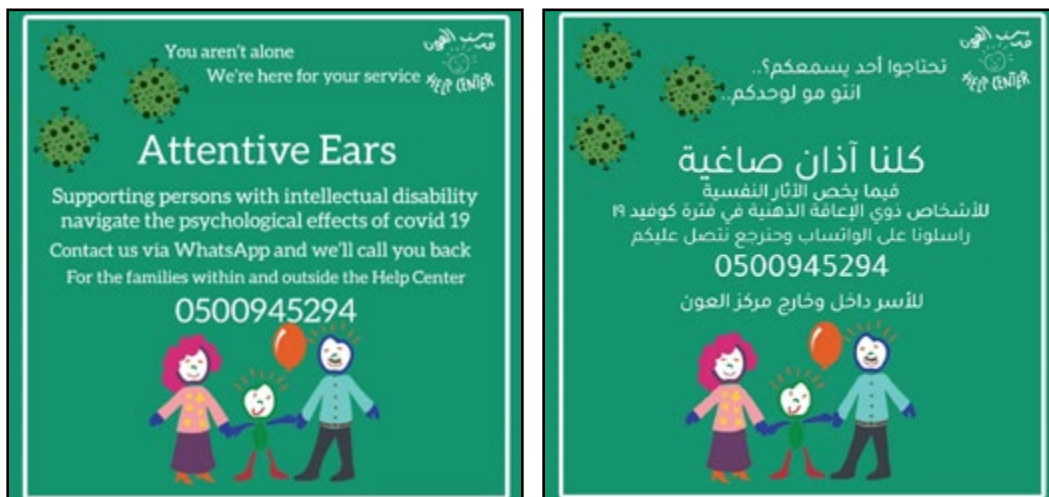
*EEP Graduates Batch 25*

# Section 2.6

## **Saudi Arabia**

# “Attentive Ears” Initiatives against COVID-19

Help Center, Saudi Arabia



In collaboration with the Ministry of Health, and due to the global pandemic of COVID19, and its psychological impact, the Help Center launched its initiative “Attentive Ears”, which stems from our social responsibility towards persons with intellectual disabilities and their families in Saudi Arabia.

This initiative aims to support families psychologically to adapt and face the challenges and pressures experienced by them and their offspring with intellectual disabilities in light of the current situation, where a team of volunteers consisting of more than 10 specialists from the Help Center offer their service and support.

The initiative also provides an opportunity for people with intellectual disabilities to communicate directly, encourage them to express their feelings, to help them cope with the current situation and the with the change in their daily routine.

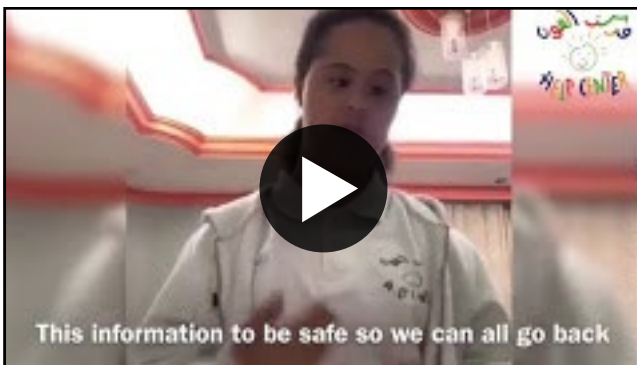
This initiative is based on the advice and guidance that has been provided to the families of the Help Center since the beginning of the current crisis, and on the previous experience through the services provided to 5,000 families over the past 34 years, whereas a family communication group was created for each age group, and all the help Center Social Media are being used to spread awareness and education during this period.

The initiative aims to act as a hotline using social media and smart phone application as a means of direct contact with specialists.

The Help Center is a private non-profit organization committed to enhance the quality of life of individuals with intellectual disabilities by giving them the opportunity to learn, live, work, and play, in a safe environment. We believe that it is important to empower individuals with intellectual disabilities to become active, vocal, and productive community members starting at an early stage of their development, support their families within their bigger community, and to promote and advocate the human rights disability act for people with intellectual disabilities.



*Figure 1: [Click Here to Watch Video](#)*



*Figure 2: [Click Here to Watch Video](#)*



*Figure 3: [Click Here to Watch Video](#)*



# Section 2.7

## South Korea

# The Bare Face of Institutionalization Unveiled by COVID-19

Korean Disability Forum

Korean Disability Forum(KDF) is a national coalition of 16 national disability organisations in the Republic of Korea. KDF endeavoured to bring real changes into the lives of persons with disabilities, by promoting CRPD, SDGs and Incheon Strategies. We believe in global solidarity to achieve world that leave no one behind.

Contact: Hanbyeol Choi, Coordinator, [kdf@thekdf.org](mailto:kdf@thekdf.org)

In some countries around the world, biased perception toward the life of disabled people was blatantly revealed in the allocation of limited medical resources, and persons with disabilities were often dropped down on the treatment list. Information on COVID-19 and emergency/preventive measures taken by governments were not fully accessible. Prolonged self-quarantine led to increased domestic violence against women, especially women with disabilities. Remote education systems were insufficient to guarantee the education right of children with disabilities. Having witnessed disproportionate impact on persons with disabilities, disability organizations all around the world raised voices calling for disability-inclusive disaster (including COVID-19) responses.

## Statement: Death Knocked on the Door of Institutions First; The History of Segregation Should be Stopped

The novel Coronavirus (COVID-19), which began to spread around the Asian countries since December 2019, now is spread all around the globe just in 5 months. Damages caused by COVID-19 appeared to be similar regardless of the borders. The virus attacked us without discrimination, but our responses were discriminatory.

Persons with disabilities are one of the vulnerable groups to COVID-19. However, most of the COVID-19 responses of the governments around the world have not been sufficient to take into account of health and daily support of persons with disabilities. Persons with disabilities, to whom the person-to-person services are essential on a daily basis, had to face greater suffering than others in the era of self-quarantine and social-distancing.

However, there are still people unseen even when we recognize discrimination. The forgotten; people living in institutions.

Institutions are inherently vulnerable to infectious diseases for the overcrowded space, lack of personal space, difficulty in managing personal hygiene of every residents, collective activities, and uniform control. And this vulnerabilities have sadly proven through numerous cases in residential facilities (institutions, smaller sized of group homes, nursing homes, and psychiatric hospitals) all around the world.

According to the study implemented by the ‘New York Disability Advocates’, a consortium of private service providers, residents of group homes and similar institutions in New York City and nearby areas are 5.34 times more likely to be infected with COVID-19 and 4.86 times more likely to die from infection than the total population. As of March 8, 4,260 people in care homes died of COVID-19 in Madrid, Spain. And as of April 7, one third of the deaths from the novel coronavirus in France were found in care homes. In Indonesia, there are increasing concerns over the spread of COVID-19 infection in psychiatric Institutions because of overcrowding in a ward which bars social distancing and lack of appropriate information provided to the people with psychosocial disabilities as the institutions do not consider them to be “capable of thinking”.

This was not an exception in South Korea, which has been applauded world-widely for its effective COVID-19 response. Despite the COVID-19 response of Korean government was fast and thorough, there was still a big gap for persons with disabilities living in institutions. They were excluded from the response by the government to ‘protect life and health of the people’, just as they were expelled from the community into the institutions.

The death from the virus first knocked on the door of institutions. The first dead by the COVID-19 in South Korea was a patient in psychiatric ward of Cheongdo-daenam Hospital. The victim, lived in that hospital for 20 years, weighed 42kg(92lbs) only at the time of death. Only after the death, the government belatedly figured out that 101 out of 102 patients of the ward were infected. 7 of them were dead. The fatality rate of the hospital is 7%, which is more than three times higher than the Korean total rate of 2.27%.

Since the stroking findings, Korean government announced what to do next for the persons in institutions. However, the measure taken was ‘preventive cohort isolation’, which was rather irresponsible collective quarantine. As UN Special Rapporteur on the rights of persons with disabilities Catalina Devandas worried, “Limiting their contact with loved ones leaves people with disabilities totally unprotected from any form of abuse or neglect in institutions.”

COVID-19 threw various tasks and concerns to us. If we neglect them, it will draw us other numerous upcoming threats. COVID-19 raised the fundamental question of the life of human being. During the time of isolation, we deeply appreciated the value of social connection. Then we have to ask ourselves; why is the social-distancing required to the non-disabled people only under emergency, in a limited way, while it is taken for granted for disabled people for the whole lifetime? For whose sake does the segregation keep going under the name of ‘care and welfare’?

We all already know what to do. The Article 19 of UN Convention on the Rights of Persons with Disabilities, ratified by 181 countries as of April 2020, declares the equal right of all persons with disabilities to live in the community and that the state parties shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

We assure that the international community made up and ratified the convention not to just leave ideal sentences. Promise is to be kept. And it is time for the governments to step ahead to keep the promise. International community declared to make a world, ‘leaving no one behind’ by 2030, and in order to the declaration does not stop at a hollow echo, we must break the walls across the institutions and communities. We are now standing at the great crossroads turning away from the long history of classification and separation between the ‘normal and abnormal’.

Korean Disability Forum urges all governments around the world, including South Korea, to introduce deinstitutionalization policy. In the cooperations with the colleagues in and out of the country, we have learned that institutions have undermined human dignity regardless of the borders, same as COVID-19 does. Countless people have been abused, neglected, forced to work and died inside the walls of institutions separated from society just because they have disabilities. For a very long time, people with disabilities have not genuinely belonged to the society and it is still ongoing.

This long history of segregation should be cut off. A world ‘no one left behind’ that the international community promised will not be realized gratis. Close the institutions and establish infrastructure in the communities such as housing, income, personal assistance, mobility, etc. for the full inclusion of the disabled people. It is inevitable to make a decision of shift from institution to community, toward the inclusion and dignity, not the exclusion and violence. Again, we call for the international community to end the anachronistic practice and pile up the actions heading for the world that ‘no one left behind’.

### **Korean Disability Forum**

Corporation “Nodeul”

Cultural Welfare “Gong-gam”

Disability and Human Rights in Action (“FootAct”)

Disability Discrimination Act of Solidarity in Korea

Korea Association of Blind Women

Korea Council of Centers for Independent Living

Korea Differently Abled Federation

Korea Solidarity for Human rights of disability people with  
Brain lesion

Korean Alliance for Mobilizing Inclusion

Korean Parents’ Network for the People with Disabilities

Nodeul Independent Living Centre for the Disabled

Open Network

Rehabilitation International Korea

Research Institute for Disability Rights

Solidarity Against Disability Discrimination

Women with Disabilities Empathy



## **Section 3**

**RI Decade of  
Rehabilitation  
70s, RI Charter  
for the 80s, RI  
Charter for the 3rd  
Millennial, and RI  
Charter for Rights  
Implementation**



# Section 3.1

## RI Decade of Rehabilitation 70s

## RI Resolution on Decade of Rehabilitation 1970s

At its meeting in Dublin on September 11, 1969, during the Eleventh World Congress, the Assembly of Rehabilitation International unanimously adopted the following resolution:

### The Assembly

**AWARE** that there are millions of disabled persons throughout the world whose lives would be made greatly richer by the provision of more adequate rehabilitation services;

**CONVINCED** that no country can afford the loss of the working capacity of so many of its citizens and that all investments in the rehabilitation of disabled people are repaid many-fold economically and in human happiness;

**RECOGNIZING** that the number of persons requiring rehabilitation services will certainly increase greatly in the future, and that the present rate of development of such services is not sufficient to provide for predictable needs;

**EQUALLY AWARE** that the development of fully adequate rehabilitation services will require the concentrated effort of governments, organizations and individuals in all parts of the world and especially in the newly developing countries;

**BELIEVING** that a global effort is required to plan and carry out long-range programs to expand and expedite the development of services and facilities to assist the disabled throughout the world;

**HEREBY DECLARES** the period 1970-1980 to be The Decade of Rehabilitation;

- **PLEDGES** that Rehabilitation International will during this period devote concerted and maximum effort to stimulate and assist the initiation and improvement of services for the disabled wherever such help is needed;
- **DIRECTS** the Council of Rehabilitation International to carry out the necessary activities to realize to the greatest degree possible the objective of the Decade, and particularly to:
  - Increase public awareness of the problems of disability and of the economic and social values of solving such problems
  - Encourage governments to give a higher priority and to make greater investments in measures to develop rehabilitation services
  - Provide guidance to the countries requiring help in the initiation and improvement of facilities and services to aid the disabled
  - Bring about greatly expanded and expedited training of the personnel required to staff rehabilitation programs
  - Explore with the other competent organizations possible new means to deliver more help to greater numbers of disabled persons at lower cost in personnel time and other valuable resources

**URGES** all Member Organizations to make The Decade of Rehabilitation a major feature of their programs during the 1970s and, particularly, to provide, and to encourage other organizations and individuals to provide, financial and other support for Rehabilitation International's activities in connection with the Decade;

**INVITES** all interested organizations and individuals to assist in the achievement of the goals of The Decade of Rehabilitation by financial and other support.

**Source:** RI International Rehabilitation Review, Vol. Xxi No. 1 1st Quarter 1970. (p.6)

## RI Decade of Rehabilitation 1970s Medallion



*This medallion in honor of the Decade of Rehabilitation was produced by the Portuguese organizers of RI's first European conference, held in 1974 in Lisbon. It was designed by Portuguese artist, Cabral Antunes, to underscore the importance of supporting disabled individuals within the family milieu.*

## RI Decade of Rehabilitation Presented to Switzerland



The Declaration of the Decade of Rehabilitation was presented to Dr. Hans Hurlimann, the Federal President of Switzerland, by a delegation from Rehabilitation International and its Swiss member organizations on March 23 in Bern.

Present for the ceremony were (left to right) Dr. Albert Granachec, Deputy Director of the Swiss Office for Social Insurance, Dr. Luis F. Vales Ancona, RI Vice President, Prof. Dr. Karlheinz Renker, RI Medical Commission Chairman, Miss Barbara Keller, RI National Secretary for Switzerland, Dr. Victor Von Schulthess, member of the Foundation of Disabled of the Wetzikon Work Center, Mr. Fenmore Seton, RI Treasurer, Mr. Norman Acton, RI Secretary General, Fran. E. Joss of the Swiss Organization for the Blind, Mr. Kenneth

Jenkins, RI President, Fran T. Zemp of ASKIO, a self-help organization, Dr. Hans Hurlimann and Dr. E. Brugger, President of Pro Infirmis, RI affiliate organization.

In receiving the Declaration, Dr. Hurlimann pledged that the Swiss Government would continue to support all activities for the rehabilitation of disabled persons and their integration in society.

**Source:** International Rehabilitation Review, 2/1979

## RI Decade of Rehabilitation Presented to UK



The Rt. Hon. James Callaghan (center), Prime Minister of the United Kingdom, was presented with the Declaration of the Decade of Rehabilitation on December 10, 1978 by a delegation of senior officials of Rehabilitation International. Shown left to right are: Mrs. J. Callaghan, wife of the Prime Minister, Mr. Fenmore Seton, Treasurer of Rehabilitation International, Mr. Kenneth Jenkins, President of the organization, the Prime Minister, the Hon. Dr. Harry S.Y. Fang, R.I. Vice President, The Rt. Hon. David Ennals, Britain's Secretary of State for Social Services, Prof. Kurt-Alphons Jochheim, R.I. Past President and The Rt. Hon. Alfred Morris, M.P., Britain's Minister for the Disabled.

Following the presentation of Rehabilitation International Declaration of principles and goals for the Decade 1970-1980, the Prime Minister held a reception for the delegation.



## From Decade of Rehabilitation 1970s to Charter for the 1980s



*NORMAN ACTON, Secretary General of RI*

I have been asked to speak to you about Rehabilitation International, and especially its programme activities directly related to prosthetics and orthotics. I am going to take the liberty of expanding that subject a bit, not because I could not quickly fill the time at my disposal with what Rehabilitation International is doing, but for two other reasons.

I hope that most of you already know, at least in a general way, what Rehabilitation International is and does. You know that for financial and other reasons we have an extremely modest technical assistance programme, and consequently do not give

our major attention to direct help of that kind. We do operate a major programme for the exchange of information with the bases of activity in Heidelberg and in Mexico City for the Spanish language countries, as well as in Stockholm where ICTA, our International Commission on Technical Aids, Housing and Transportation, distributes material relevant to those subjects. We do include in these distribution mechanisms information of direct relevance to those who are working in the fields of prosthetics and orthotics, and the subjects, of course, are always important ones in our World Congresses, Regional, and other meetings.

Perhaps one of the most important credentials of Rehabilitation International in this particular audience is the fact that it has been the mother and father of the International Society for Prosthetics and Orthotics. As you know, ISPO started as a Technical Committee within Rehabilitation International, and its eventual separation as an independent organization was planned and carried out as a progressive step with the agreement of both parties, and in a spirit of complete friendship and co-operation. ISPO remains an international member of Rehabilitation International and the co-operation continues in both spirit and reality.

My second reason for broadening the subject assigned to me is that I would like to take the opportunity of having you gathered in one audience to suggest some avenues of larger co-operation that are open to all of us that are working in this field. In this connection, I would like immediately to emphasize that we are in the presence of a pattern of opportunities that should be a major challenge to all of us who are interested in expanding the impact of inter-national effort

and the depth of its consequences in the various countries around the world.

We are entering the final years of the Decade of Rehabilitation, which was proclaimed for the 1970s by Rehabilitation International. The Decade will culminate in the 14th World Congress, to be held in Winnipeg, Canada, June 22-27, 1980. The time between now and then will be occupied by various regional and other specialized conferences and seminars, all dealing with the major themes that have been chosen for the 14th World Congress.

These themes have been selected following a survey of individuals and organizations in all parts of the world to learn what are the major preoccupations of people working in rehabilitation activities. They are as follows: the prevention of disability, the integration of disabled persons into the community, the participation of disabled persons in the rehabilitation process, and the improvement of professional care and services. We are developing a comprehensive programme for the 14th World Congress which will include attention to each of these subjects as well as to the larger principles which bind them together in the rehabilitation process.

A large number of individuals and organizations have been involved in the selection of these themes, and even larger numbers will be involved in the various preparatory conferences and other activities leading up to the 14th World Congress. The objective of all of this is to engage as many people and organizations as possible in thinking that will produce a "Charter for the 1980s". That is, a statement of principles and objectives upon which there is wide international agreement, and which can guide the further development of our collective effort during the next decade. This would be accompanied by a set of more specific recommendations capable of being implemented at the national level, making allowances for the varying stages of development in different areas and regions of the world.

As you have heard, the United Nations General Assembly has proclaimed 1981 the International Year for Disabled Persons. We are engaged with the United Nations Secretariat in a very close co-ordination of planning so that the preparatory work for the Rehabilitation International 1980 Congress will serve also to prepare the way for the International Year in 1981. The "Charter for the 80s" and the special recommendations which we hope will emerge from our preparatory process and Congress can be the basis for regional and national action

during the International Year in 1981. We are discussing with the U.N. the possibility that the draft texts of these documents would be prepared by experts chosen not only by Rehabilitation International, but by the United Nations and other co-operating organizations, such as ISPO.

During the first seven years of the Decade of Rehabilitation we have achieved successes in some areas, and there remains much to be done in others. I regard our work in the pursuit of the first three objectives of the Decade as having led to significant developments. These were to increase public awareness of the problem of disability and the fact that something can be done about it, to encourage governments to give a higher priority to services for disability prevention and rehabilitation, and to provide or stimulate the provision of information, guidance, and advice needed for the development of rehabilitation services. In each of these areas, there has been significant progress during recent years and, while I certainly would not attempt to claim credit for all of that for Rehabilitation International and its Decade of Rehabilitation, we can show that a number of these significant developments are based on the knowledge, the contacts and the stimulation resulting from the Decade Programme.

The other two objectives of the Decade were, first, to encourage an increase in the volume of training opportunities for personnel needed in the rehabilitation field, and to expand the concepts of training to deal more effectively with today's reality; and, second, to develop simpler and less expensive methods of providing needed rehabilitation services. In my opinion, it is in these last two areas that high priority attention needs to be given, not only during the balance of the Decade of Rehabilitation, but in our plans for the future. We have seen in many different ways the statistical and other data which makes it evident that traditional methods are not coming to grips with the volume of disability around the world, and it was Rehabilitation International's privilege to introduce in 1969 the estimates upon which much of our global thinking since that time has been based. You recall the figures we announced at that time, 450 million disabled persons in the world, 300 million of them in need of services that were not available to them. We may now estimate that there has been an addition of approximately 3 million disabled persons to that total each year, and I think none of us would pretend that we have been able to develop additional services to deal with that increase, or with the 300 million deficit with which we started the Decade.

I am, however, jumping ahead of the story, since the “Charter for the 80s” and the recommendations for activity in the future will emerge from the process I have described. I hope you will agree that if we all join in these coordinated events in the preparation for and in the actual activities of the 14th World Rehabilitation Congress and the International Year for Disabled Persons, we will succeed in generating a new level of understanding of our problems and our needs, and new levels of support for the kinds of activity we are all seeking to develop.

# Section 3.2

## RI Charter for the 80s

## RI Charter for the 80s: Declaration

More than five hundred million people are disabled in the world today. In every country at least one person in ten is disabled by physical, mental or sensory impairment. They share the rights of all humanity to grow and learn, to work and create, to love and be loved, but they live in societies that have not yet learned to fully protect those rights for their citizens with disabilities. They are too often denied the opportunities and responsibilities which should be theirs.

More than three hundred and fifty million people with disabilities live without the help they need to enjoy a full life. They live in every nation, in every part of the world, but by far the greatest number live in areas at early stages of economic and social development. Here poverty joins with impairment to poison the hopes and diminish the lives of children, of adults and of families.

An estimated twenty-five percent of the members of any community are prevented by the existence of disability from the full expression of their capacities. This includes not only people who are disabled, but also their families and others who assist and support them. Any society which fails to respond effectively to these problems accepts not only a huge loss of human resources but a cruel waste of human potential.

Throughout history, humanity has erected barriers both physical and social which exclude from full participation in its communities those judged to be different because of physical or mental variation. Buildings and transportation are mostly inaccessible to many people with disabilities. Information and beauty do not reach those whose sight or hearing or comprehension is impaired. The warmth of human association

is withheld from children and adults whose physical or mental capacities are different from those of the majority. Education, productive employment, public service, recreation and other human activities are denied to many or permitted only in segregation. For people with the most severe disabilities, who are unlikely ever to be capable of independent activity, there is often total neglect, or insufficient effort to assist their personal development and improve the quality of their lives.

The knowledge and skills may exist to enable each country to remove the barriers which exclude people with disabilities from the life of its communities. It is possible for every nation to open all of its institutions and systems to all of its people. What is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. A nation failing to respond to this challenge fails to realize its true worth.

Poverty and war not only cause disability but also affect the availability of resources for its prevention and rehabilitation. The aims of this Charter require for their fulfillment, therefore, a more equitable distribution of the world's resources and relations between nations that are based on reason and cooperation.

In this decade it must be the goal of all nations to reduce the incidence of disability and to evolve societies which will respect the rights of persons with disabilities and welcome their full participation. For these purposes this Charter for the 1980s is promulgated. Its aims, each of equal importance and priority, can be achieved only when there is a basic modification of each Society's attitudes toward disability and

of its response to the problems of handicapped people. The aims are:

- To launch in each nation a program to prevent as many impairments as possible, and to ensure that the necessary preventive services reach every family and every person.
- To make certain that every person with a disability, and every family which includes a member with a disability receives whatever rehabilitation services and other support and assistance may be needed to reduce the handicapping effects of disability and to make possible for each person a full life and a constructive role in society.
- To take all necessary steps to ensure the fullest possible integration of and equal participation by people with disabilities in all aspects of the life of their communities.
- To disseminate information about people with disabilities and their potential, and about disability, its prevention and treatment, so as to increase public knowledge and awareness of these problems and of their importance to every society

Each country is urged to prepare a comprehensive national plan for the achievement of these aims in the light of the principles enunciated in this Charter and of its own circumstances. The plan should involve all major sectors of national life and be a component of high priority in any programs for national development; it should provide for the full participation of people with disabilities in such programs.

It is essential that each country should have within its government an office or an individual of senior rank, directly responsible to the Head of State or Government, as is appropriate, to direct the preparation of the national plan and to coordinate its implementation. This office or person should be assisted by a national advisory body including representatives of all relevant government departments, organizations of people with disabilities, and voluntary and professional groups.

The Charter for the 80s is a statement of consensus about measures to enable humanity to protect and nourish the rights and responsibilities of every person, those who are called disabled and those who are not.

The Charter has been approved by the Assembly of Rehabilitation International following its consideration by the 14th World Congress in Winnipeg, Manitoba, Canada, June 26, 1980, and is presented to the world as a major contribution to the International Year of Disabled Persons.

### **Secretary General**

### **President**



# REHABILITATION INTERNATIONAL

## Charter for the 80s Declaration

**M**ore than five hundred million people are disabled in the world today. In every country at least one person in ten is disabled by physical, mental or sensory impairment. They share the rights of all humanity to grow and learn, to work and create, to love and be loved, but they live in societies that have not yet learned to fully protect those rights for their citizens with disabilities. They are too often denied the opportunities and responsibilities which should be theirs.

**M**ore than three hundred and fifty million people with disabilities live without the help they need to enjoy a full life. They live in every nation, in every part of the world, but by far the greatest number live in areas at early stages of economic and social development. Here poverty joins with impairment to poison the hopes and diminish the lives of children, of adults and of families.

**A**n estimated twenty-five percent of the members of any community are prevented by the existence of disability from the full expression of their capacities. This includes not only people who are disabled, but also their families and others who assist and support them. Any society which fails to respond effectively to these problems accepts not only a huge loss of human resources but a cruel waste of human potential.

**T**hroughout history, humanity has erected barriers both physical and social which exclude from full participation in its communities those judged to be different because of physical or mental variation. Buildings and transportation are mostly inaccessible to many people with disabilities. Information and beauty do not reach those whose sight or hearing or comprehension is impaired. The warmth of human association is withheld from children and adults whose physical or mental capacities are different from those of the majority. Education, productive employment, public service, recreation and other human activities are denied to many or permitted only in segregation. For people with the most severe disabilities, who are unlikely ever to be capable of independent activity, there is often total neglect, or insufficient effort to assist their personal development and improve the quality of their lives.

**T**he knowledge and skills now exist to enable each country to remove the barriers which exclude people with disabilities from the life of its communities. It is possible for every nation to open all of its institutions and systems to all of its people. What is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. A nation failing to respond to this challenge fails to realize its true worth.

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To launch in each nation a program to prevent as many impairments as possible, and to ensure that the necessary preventive services reach every family and every person.

To make certain that every person with a disability, and every family which includes a member with a disability receives whatever rehabilitation services and other support and assistance may be needed to reduce the handicapping effects of disability and to make possible for each person a full life and a constructive role in society.

To take all necessary steps to ensure the fullest possible integration of and equal participation by people with disabilities in all aspects of the life of their communities.

To disseminate information about people with disabilities and their potential, and about disability, its prevention and treatment, so as to increase public knowledge and awareness of these problems and of their importance to every society.

**E**ach country is urged to prepare a comprehensive national plan for the achievement of these aims in the light of the principles enunciated in this Charter and of its own circumstances. The plan should involve all major sectors of national life and be a component of high priority in any programs for national development; it should provide for the full participation of people with disabilities in such programs.

**I**t is essential that each country should have within its government an office or an individual of senior rank, directly responsible to the Head of State or Government, as is appropriate, to direct the preparation of the national plan and to coordinate its implementation. This office or person should be assisted by a national advisory body including representatives of all relevant government departments, organizations of people with disabilities, and voluntary and professional groups.

The Charter for the 80s is a statement of consensus about measures to enable humanity to protect and nourish the rights and responsibilities of every person, those who are called disabled and those who are not.

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Secretary General

President

# Section 3.3

## **RI Charter for the Third Millennium**

## RI Charter for the Third Millennium Declaration 1999

We enter the Third Millennium determined that the human rights of each person in every society shall be recognised and protected. This Charter is proclaimed to translate this vision into reality.

Basic human rights are still routinely denied to entire sectors of the world's population, including many of the estimated 600 million children, women and men who have disabilities. We seek a world where equal opportunity for disabled people becomes a natural consequence of enlightened policies and legislation supporting full inclusion in, and access to, all aspects of society.

Scientific and social progress in the 20th century has increased understanding of the unique and inviolate value of each life. Yet ignorance, prejudice, superstition and fear still govern much of society's response to disability. In the Third Millennium, we must accept disability as an ordinary part of the varied human condition. Statistically, at least 10% of any society is born with or acquires a disability, and about one family in four includes a disabled person.

In developed and developing countries, in the North and South of the world, segregation and marginalisation have placed disabled people on the lowest rung of the social and economic ladder. In the 21st century, we must insist on the same human and civil rights for people with disabilities as for everyone else.

The 20th Century has demonstrated that with invention and ingenuity it is possible to extend access to every resource of the community – to the physical, social, and cultural

environments, transportation, information, technology, mass media, education, justice, public service, employment, sport and recreation, voting and worship. In the 21st Century, we must extend this access from the few to the many, dismantling all environmental, electronic and attitudinal barriers to full inclusion in community life. With that access can come the stimulation of participation and leadership, the warmth of fellowship, the glories of shared affection, and the beauties of the earth and universe.

Every minute of every day, more and more children and adults are being added to the number of persons whose disabilities result from the failure to prevent preventable diseases and failure to treat treatable conditions. Global immunisation and other prevention strategies are no longer aspirations: they are practical and cost-effective possibilities. What is needed is the political determination, primarily of governments, to end this affront to humanity.

Technological advances are theoretically bringing manipulation of the genetic components of life within human control. This introduces new ethical dimensions to the international dialogue about disability prevention. In the Third Millennium we must create compassionate policies that respect the dignity of all people and the inherent balance and benefits derived from the wide diversity among them.

- International programmes to assist economic and social development should require minimum accessibility standards in all infrastructure projects, including technology and communications, to ensure that people with disabilities are fully included in the life of their communities.

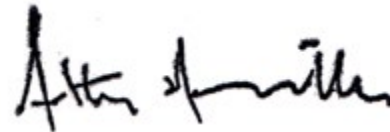
- Every nation should have on-going, countrywide programmes to reduce or prevent any risk that might lead to impairment, disability or handicap, as well as early intervention programmes for children and adults who become impaired.
- All disabled people should have access to treatment, information about self-help techniques and, if needed, provision of adaptive and appropriate technologies.
- Every person with an impairment, and every family with a disabled member, should receive the rehabilitation services necessary to optimise mental, physical and functional well-being, thus ensuring the capacity of the disabled individual to manage life as independently as any other citizen.
- Disabled people should have a central role in planning their own rehabilitation and support programmes, and disabled people's organisations should be empowered with the necessary resources to share responsibility in national planning for rehabilitation and independent living.
- Community based rehabilitation should be widely promoted nationally and internationally as an affordable and sustainable approach to services.
- Each nation must develop, with the participation of organisations of and for people with disabilities, a comprehensive plan with clearly defined targets and timetables for implementing the aims expressed in this Charter.
- This Charter calls on Member States to support the promulgation of a United Nations Convention on the Rights of People with Disabilities as a key strategy to achieve these goals.

In the Third Millennium, it must become the goal of all nations to evolve into societies that protect the rights of people with disabilities by supporting their full empowerment and inclusion in all aspects of life. For these purposes, the Charter for the Third Millennium is proclaimed for action by all humankind, in the conviction that implementation of its aims is a primary responsibility of each government, and of all relevant non-governmental and international organisations.

This Charter was approved by the Governing Assembly of Rehabilitation International in London, United Kingdom, 9 September 1999.

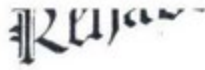


**Secretary General**



**President**







## CHARTER FOR THE THIRD MILLENNIUM

We enter the Third Millennium determined that the human rights of each person in every society shall be recognised and protected. This Charter is proclaimed to translate this vision into reality.

Basic human rights are still routinely denied to entire sectors of the world's population, including many of the estimated 600 million children, women and men who have disabilities. We seek a world where equal opportunity for disabled people becomes natural consequence of enlightened policies and legislation supporting full inclusion in, and access to, all aspects of society.

Scientific and social progress in the 20th century has increased understanding of the unique and inviolate value of each life. Yet ignorance, prejudice, superstition and fear still govern much of society's response to disability. In the Third Millennium, we must accept disability as an ordinary part of the varied human condition. Statistically, at least 10% of any society is born with or acquires a disability, and about one family in four includes a disabled person.

In developed and developing countries, in the North and South of the world, segregation and marginalisation have placed disabled people on the lowest rung of the social and economic ladder. In the 21st century, we must insist on the same human and civil rights for people with disabilities as for everyone else.

The 20th Century has demonstrated that with invention and ingenuity it is possible to extend access to every resource of the community to the physical, social, and cultural environments, transportation, information, technology, mass media, education, justice, public service, employment, sports and recreation, voting and worship. In the 21st Century, we must extend this access from the few to the many, dismantling all environmental, electronic and attitudinal barriers to full inclusion in community life. With that access can come the stimulation, participation and leadership, the warmth of fellowship, the glories of shared affection, and the beauties of the earth and universe.

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Technological advances are theoretically bringing manipulation of the genetic components of life within human control. This introduces new ethical dimensions to the international dialogue about disability prevention. In the Third Millennium we must create compassionate policies that respect the dignity of all people and the inherent balance and benefits derived from the wide diversity among them.

**I**nternational programmes to assist economic and social development should require minimum accessibility standards in all infrastructure projects, including technology and communications, to ensure that people with disabilities are fully included in the life of their communities.

**E**very nation should have on-going, countrywide programmes to reduce or prevent any risk that might lead to impairment, disability or handicap, as well as early intervention programmes for children and adults who become impaired.

**A**ll disabled people should have access to treatment, information about self-help techniques and, if needed, provision of adaptive and appropriate technologies.

**E**very person with an impairment, and every family with a disabled member, should receive the rehabilitation services necessary to optimise mental, physical and functional wellbeing, thus ensuring the capacity of the disabled individual to manage life as independently as any other citizen.

**D**isabled people should have a central role in planning their own rehabilitation and support programmes, and disabled people's organisations should be empowered with the necessary resources to share responsibility in national planning for rehabilitation and independent living.

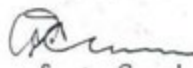
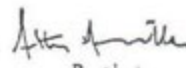
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**E**ach nation must develop, with the participation of organisations of and for people with disabilities, a comprehensive plan with clearly defined targets and timetables for implementing the aims expressed in this Charter.

**T**his Charter calls on Member States to support the early promulgation of a United Nations Convention on the Rights of People with Disabilities as a key strategy to achieve these goals.

In the Third Millennium, it must become the goal of all nations to evolve into societies that protect the rights of people with disabilities by supporting their full empowerment and inclusion in all aspects of life. For these purposes, the Charter for the Third Millennium is proclaimed for action by all humankind, in the conviction that implementation of its aims is a primary responsibility of each government, and of all relevant non-governmental and international organisations.

This Charter was approved by the Assembly of Rehabilitation International in London, United Kingdom, 9 September 1999.

## RI Charter for the Third Millennium: Lord Morris

### Speech by The Rt Hon the Lord Morris to Draft the Charter for the Third Millennium for Disabled People Worldwide

Lord Morris, Manchester<sup>1</sup>

I find this a very moving occasion. Twenty years ago, in 1981, I addressed, in Kuwait, representatives of the twenty-two Arab nations who came together there to celebrate the International Year of Disabled Persons. I did so as Chairman of the World Planning Group appointed two years earlier to draft RI's Charter for the 80s for disabled people worldwide.

Thus nothing could be more agreeable to me, in the year 2001, than to have been invited to address this important conference on RI's new charter - the Charter for the Third Millennium - the drafting of which I was again asked to preside over. We are met here under the High Patronage of HE The President of the Republic of Lebanon, General Emile Lahoud, and I pay tribute today both to the President and people of the Republic for so warmly welcoming us to what I am sure will be a memorably successful conference.

The World Planning Group chosen to draft the new charter comprised many highly distinguished people from the north, south, east and west of the world. They included HE Chief Emeka Anyaoku, then Commonwealth Secretary-General; Deng Pufang, Chairman of the China Disabled Persons' Federation; Archbishop Desmond Tutu of South Africa; Anatole Ossadchikh, a Minister in the Russian Federation; HRH Sultan bin Salman bin Abdulaziz of Saudia Arabia; Shri DK Manvalan of India; Justin Dart, who formally chaired the US President's Committee on Employment of people with disabilities; Prince Ra'ad Bin Zeid of Jordan, Professor Stephen Hawking of the United Kingdom; and Sir Harry Fang of Hong Kong, a former President of RI. I am most grateful to them all and also to RI's senior officers for their dedication and sustained leadership in promoting the new charter.

The Charter for the Third Millennium updates its highly acclaimed predecessor of twenty years ago, whose impact is seen in the laws of scores of countries across the world and which became the basis of the UN World Programme of Action for the Decade of Disabled Persons. The Charter for the 80s was about the importance of providing basic rehabilitation services at the right time and in the right place; full representation for disabled people on all public bodies making decisions affecting their lives; equal opportunities in education and the workplace; a basic income and access to the built environment in a world where most countries still had no disability legislation of any kind.

By contrast, the new charter is mainly about basic human and civil rights: those of the world's 600 million people with physical, intellectual and sensory disabilities.

<sup>1</sup> Alf Morris served 30 years as a member of Parliament and as the world's first Minister for the Disabled.



Today, millions of people, children and adults alike, more especially among the poorest of the world's poor, live with the effects of disabilities that were easily preventable at minimal cost. Failure to protect them is a problem not of resources but of political will and priorities. In the same way, purposeful action to reduce the handicapping effects of disability is still pitifully inadequate. Indeed, in most of the world the problems of disabled living, far from being reduced, are multiplied by wholly unmerited but still lawful discrimination against disabled people.

RI's new charter offers new hope and a new vision for a new century: one of full empowerment and genuine social inclusion for disabled people everywhere. Its emphasis is on value as well as cost and its plea to governments is for acts not of compassion but of enlightened self-interest and moral right.

The knowledge and skills now exist to enable all countries to remove the barriers which exclude people with disabilities from the life of their communities. It is possible now for every country to open all of its institutions and systems to all of its people. Again, what is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. And the Charter for the Third Millennium makes it plain that a nation failing to respond to this challenge fails to realise its true worth.

The new charter states: "In the 21st century, we must insist on the same human and civil rights for people with disabilities as for everyone else". It insists too, that disabled people should have a central role in planning their own rehabilitation and support programmes and that their organisations should be empowered with the resources necessary to share responsibility in national planning for rehabilitation and independent living. It calls on: "Every nation to develop, with the participation of disabled people's organisations, a comprehensive plan with clearly defined targets and timetables for implementing the aims set out in this charter."

Other principal aims of the new charter are, first, to promote action in every country to create on-going, countrywide programmes to prevent risks that may lead to disability and early intervention programmes for people who become impaired; secondly, to achieve a UN Convention on the rights of people with disabilities as a key strategy; and thirdly, to ensure that international development assistance programmes should require accessibility for disabled people in all infrastructure projects, including technology and communications, to vouchsafe for disabled people full inclusion in the economic and social life of their communities.

The charter poses the question why so many people still acquire preventable disabilities and its authors share the view of UNICEF's report on *The State of the World's Children* which states: "When so much could be done for so many and at so little cost, then one central, shameful fact becomes unavoidable; the reason that these problems are not being overcome is not because the task is too large or too difficult or too expensive, it is that the job is not being given sufficient priority because those most severely affected are almost exclusively the poorest and least politically influential people on earth."

Look, for example, at the incidence of blindness in the world today. Four out of five blind people live in the third world and four out of five of them are preventably blind. Yet as has been so clearly demonstrated, the cost of saving people in the third world from preventable blindness and other disabilities has been falling as dramatically as the incidence of preventable disabilities in many of the poorest countries has increased.

That is why the charter proclaims the need now for a UN Convention on the rights of disabled people, the case for which has been so well presented both by Lex Frieden and Dr Arthur O'Reilly, his predecessor as President of RI, who, speaking at a service held to celebrate the new Charter in the Church of St Mary Undercroft in the British House of Commons in December 1999, put the point very succinctly in stating, "Disabled people have waited too long for their rights to be fully recognised and protected: it is time now to move on to the UN Convention we are recommending."

What I find so refreshing about working with representatives of disability organisations from across the world, irrespective of where they live, is their readiness always to prioritise the claims of the world's poorest disabled people. That was strongly reflected among those who shared with me the task of drafting the Charter for the Third Millennium, as it has been since in every statement commending the document at presentations to head of state and of government.

The new charter has already been presented, among others, to state leaders in China, Russia, Ireland, Jordan, Greece, Lebanon, South Africa, Brazil and the United Kingdom. It has also been received with approbation by the United Nations and the Commonwealth and there is a wide growing support for the Charter's call for a UN Convention on disabled people's rights.

Chief Emeka Anyoaku said of the Charter for the Third

Millennium: "I am proud to be associated with this humane document. While much has been accomplished, there is very much more still to do, not least in challenging failure to prevent preventable diseases and to treat treatable conditions, I take pride most of all in the Charter's insistence that disabled children everywhere must now share the rights of all humanity to grow and learn, to work and create, to love and be loved."

The Charter for the Third Millennium looks forward to a world where all citizens with disabilities are seen as giving as well as receiving; where their potential is understood and valued; where needs come before means; where, if years cannot be added to their lives, at least life can be added to their years; where disabled people have an undoubted right to participate in the work and life of their communities; and where no disabled person has caused to feel ill at ease because of his or her disability.

That is the precious gift the new charter can bequeath to the new millennium and I commend it to you.

Let us all now commit ourselves with renewed vigour to the task of translating our new charter from words into purposeful action; more particularly, its urgent and compelling call for a UN Convention. The disabled people of this region and the world, in whose service we meet here today, deserve no less.

## RI Charter for the Third Millennium: UK House of Lords Discussion

Baroness Darcy de Knayth rose to ask Her Majesty's Government whether they have made any response to Rehabilitation International's newly promulgated charter for disabled people world-wide.

The noble Baroness said: My Lords, last week, on 5th July, the Charter for the Third Millennium, which calls for the human rights of disabled people everywhere to be recognised and protected, was received by the Prime Minister at 10 Downing Street. It seems therefore the appropriate time to be asking whether Her Majesty's Government have made any response to the charter and to urge that they do so positively. I emphasise that it is the right time to ask the Question. We could not put it off and I greatly appreciate the tolerance of the staff and officers.

Perhaps I may sketch briefly the history of how the charter came about and then give a broad-brush description of its aims, leaving other noble Lords to fill in the finer detail of their chosen areas. I am appreciative of all those who have put their names down to speak and I look forward to hearing their contributions, especially to the Minister's reply.

I look forward to hearing the speech of the noble Lord, Lord Morris of Manchester, who in a sense could almost claim paternity of the charter. It was because of Alf Morris's achievements in the field of disability legislation—from promoting his Private Members' Bill, the [Chronically Sick and Disabled Persons Act 1970](#) which was taken through this House by the noble Earl, Lord Longford, to being the world's first Minister for the Disabled—that in 1979 he was invited to open the UN General Assembly's debate, which led to the

International Year of Disabled People. He chaired the World Planning Group, which drafted for Rehabilitation International the Charter for the 80s for disabled people world-wide.

Rehabilitation International (RI) is the coordinating body for disability organisations in more than 100 countries, working to improve life for people with disabilities. That earlier charter was RI's contribution to the International Year of Disabled People in 1981. Its goals were full participation and equality for disabled people everywhere. I speak about this charter as well because the two form part of a whole.

The charter had a major impact on the provision for disabled people in many countries. It was the basis for the UN Decade of the Disabled Person and influenced the drafting of the UN standard rules on disability. It provided targets for the 1980s at community, national and world-wide levels and set out how every nation could translate the charter's aims into reality.

Many people believed that it was over-ambitious; for example, the proposal for a Minister for disabled people, or the equivalent, with responsibility for developing and coordinating a national plan for disability prevention and rehabilitation. Yet, I am told that that now happens in most countries.

In the UK the national members of Rehab International, RADAR and Rehab UK, chaired by George Wilson, who is also the treasurer of Rehab International, have been responsible for advancing the Charter for the 80s and, equally, have played a leading part in the Charter for the Third Millennium. The Charter for the Third Millennium came about

because most of the proposals of the previous charter had been achieved and there was a need to set out how future priorities would be met. Once again, Alf Morris—now the noble Lord, Lord Morris of Manchester—chaired the international group which drafted the new charter. I pay tribute to the way in which he continues to work unstintingly for disabled people world-wide.

The Charter for the Third Millennium was approved by Rehab International's governing body in September 1999 and has been presented to heads of state and of government, as well as to the UN and the Commonwealth Secretariat. Some of your Lordships were in the Crypt Chapel just before Christmas when the charter was presented to the Lord Chancellor and the Deputy Speaker. As I said at the beginning, it was presented to the Prime Minister on 5th July. It has also been presented to heads of state in countries as diverse as China, Russia and South Africa.

What does the charter say? Its goal is world-wide recognition and protection of human rights for people with disabilities. It updates the original charter, takes account of the benefits of information technology, stresses the need to prevent preventable diseases and expresses concern at the failure to treat treatable conditions. It calls on countries to show the political will to ensure programmes to prevent disability and provides services so that people with disabilities can live, work and support themselves and their families and play a full part in the community. It acknowledges that technology can do much to improve the lives of people with disabilities but that there is still a huge need for greater understanding and awareness. It recognises the importance of the media in informing and changing attitudes and it contains emphasis on social inclusion and the importance of rehabilitation and independent living.

I find the charter itself quite difficult because it uses rather poetic language. However, the attached draft plan of action gives a more detailed outline under eight headings, including ethical issues, childhood disability, access and technology. I hope that other noble Lords will say more about them. There are huge questions about ethics, genetics and the impact of AIDS.

Perhaps I may give one detail from Childhood Disability to demonstrate how much has been achieved and how much is still to do. This paper contrasts the achievements, for example, of the near eradication of polio, the reduction of mental impairments due to iron deficiency and of blindness due to

Vitamin A deficiency. Yet international estimates are that only approximately 3 per cent of children world-wide are in school, and of those only one-third are girls. Therefore, our global disease and disability prevention strategies have intensified. International and national commitment to address the basic needs of children who are born or become physically or mentally disabled lag far behind.

I believe that we would all acknowledge that education opens up opportunities in life. Most of us would agree that inclusive education provides the best way and I am glad to see the heading, "Inclusion and Equity". Inclusion is viewed as the most powerful tool available to implement the equalisation of opportunities. Again, in this field much has been achieved but there is still much to be done.

I should like to quote from the plan of action: While many countries have made great strides in reducing illiteracy, opening up education opportunities for all around the world, it is still the pupils and students with disabilities who are the last to be let in the schoolroom door, and more often than that are sitting at home. Exclusion from school is the equivalent of a lifelong sentence of poverty and dependency-.

Three years ago, on a wonderful visit to India organised by the noble Baroness, Lady Flather, II visited a remarkable school on the campus of the Indian Institute of Technology in south Delhi. Equality is paramount, physically and mentally disabled children are welcome, there is no caste prejudice and all religious festivals are celebrated.

I met a 16 year-old girl sitting in her wheelchair with her legs folded on the seat. Her name was Mamta and she had been locked up in her room for years because she could not use her legs on account of polio and the neighbours thought that she was evil. Her parents were not unkind; they were just helpless because they could not take her out.

The school gave Mamta a tricycle and her brother helped to push her to school. She started in the kindergarten at 14 and she was so bright that she had caught up by 16 and was looking forward to going to college.

Last week, I was thinking of Mamta in the context of this debate. The same day, a lady came up to me in the Peers Lobby and said, "Didn't you come to my school in Delhi?" It was extraordinary, because she had come to visit the noble Baroness, Lady Flather. I learnt that Mamta is now 19, doing a university degree and going back to teach computer skills at the school.

Coming back nearer home, I welcome the fact that a Bill on special educational needs and disability rights in education is coming soon. I hope that it will facilitate and ensure successful inclusive education. We must work hard to get it right.

Many of your Lordships have spent hours—even years—discussing transport, accessible housing and access to work in this Chamber. By now I hope that we understand the problems and how to solve them, even if we have not yet wholly eliminated them. However, for most of the world, those are the problems to be faced today—or even tomorrow for those countries that have not yet considered the place of disabled people in society and need to be encouraged towards a more enlightened policy. We have to deal with huge questions of ethics and genetics.

There have been many useful initiatives and much progress since the Charter for the 80s was drafted, but even the UN standard rules are not compulsory. Time has shown that we need something with a bit more clout, underpinned by international standards and the experience of rights-based national legislation.

The Charter for the Third Millennium calls on member states to support the promulgation of a United Nations convention on the rights of people with disabilities, which it sees as vital to achieving its goals. I very much hope that the Government will give their wholehearted support to a convention and, if necessary, will argue and push for it in the United Nations so that the human rights of people with disabilities may be recognised and protected worldwide.

**Lord Morris of Manchester:** My Lords, I most warmly congratulate the noble Baroness, Lady Darcy de Knayth, on her speech in opening the debate. The conventions of the House do not allow me from these Benches to call her, as a Cross-Bencher, “my noble friend”. What I can say, however, is that she is indeed a long-standing friend, that her parliamentary record is one that I hold in high admiration and that it was enhanced both by the manner and the content of her speech today. I feel sure that her colleagues in all parts of your Lordships’ House will think it most fitting that it was the noble Baroness who opened debate from the Cross Benches. For no specific party interest arises in commending a statement of consensus on international priorities for action to improve the status and well-being of disabled people worldwide.

The noble Baroness explained the origins of my interest in the debate as chairman of the world planning groups selected by

Rehabilitation International—RI—to draft both this new charter and its predecessor, the Charter for the 80s. But, like my Bill on which the noble Baroness made her maiden speech 30 years ago—the Chronically Sick and Disabled Persons Bill—both documents were the product not of individual but of co-operative effort.

The world planning group selected by RI to draft the Charter for the Third Millennium had among its members many highly distinguished people from the north, south, east and west of the world. They included HE Chief Emeka Anyaoku, then Commonwealth Secretary-General; Justin Dart, who formerly chaired the US President’s Committee on Employment of People with Disabilities; Deng Pufang, chairman of the China Disabled Persons’ Federation; Archbishop Desmond Tutu of South Africa; Ms Jameela Al-Qasimi of the United Arab Emirates; Shri D K Manavalan of India; Anatole Ossadchikh, a Minister in the Russian Federation; Prince Ra’ad Bin Zeid of Jordan; Professor Stephen Hawking; and Sir Harry Fang of Hong Kong, a former President of RI. I am most grateful to them all and also to George Wilson, a senior officer of RI and chairman of Rehab UK, for his dedication to promoting the new charter here in the UK. The noble Baroness’s and my acknowledgement of all his help will, I am sure, be endorsed by other speakers in this debate.

The new charter updates its highly acclaimed predecessor of 20 years ago, whose impact can be seen in the statute books of scores of countries and which became the basis for the UN World Programme of Action for the Decade of Disabled Persons. The Charter for the 80s was about basic rehabilitation services; full representation for disabled people on all public bodies making decisions affecting their lives; equal opportunities in education and the workplace; a basic income; and access to the built environment in a world where most countries had no disability legislation of any kind. The new charter is mainly about basic human and civil rights: those of the world’s 600 million people with physical, intellectual and sensory disabilities.

Today millions of people, children and adults alike, more especially among the poorest of the world’s poor, live with the effects of disabilities that were easily preventable at minimal cost. Failure to protect them was a problem not of resources but of political will and priorities. In the same way, purposeful action to reduce the handicapping effects of disability is still pitifully inadequate. Indeed in most of the world the problems of disabled living, far from being reduced, are multiplied by wholly unmerited but still lawful discrimination against disabled people.

The Charter for the Third Millennium offers new hope and a new vision for a new century: one of full empowerment and genuine social inclusion for disabled people across the world. Its emphasis is on value as well as cost and its plea to governments is for acts not of compassion but of enlightened self-interest and moral right. The knowledge and skills now exist to enable all countries to remove the barriers which exclude people with disabilities from the life of their communities. It is possible now for every country to open all of its institutions and systems to all of its people. Again what is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. And the new charter makes it plain that a nation failing to respond to this challenge fails to realise its true worth.

The new charter states: In the 21st Century, we must insist on the same human and civil rights for people with disabilities as for everyone else". It insists too that disabled people should have a central role in planning their own rehabilitation and support programmes and that disabled people's organisations should be empowered with the resources necessary to share responsibility in national planning for rehabilitation and independent living. It calls on: Every nation to develop, with the participation of disabled people's organisations, a comprehensive plan with clearly defined targets and timetables for implementing the aims set out in this Charter". Other principal aims of a new charter are, first, to promote action in every country to create on-going, countrywide programmes to prevent risks that may lead to disability and early intervention programmes for people who become impaired; secondly, to achieve a UN convention on the rights of people with disabilities as a key strategy; and thirdly, to ensure that international development assistance programmes should require accessibility for disabled people in all infrastructure projects, including technology and communications, to vouchsafe for disabled people full inclusion in the economic and social life of their communities.

The question is posed as to why so many people now acquire preventable disabilities and the new charter's authors share the view of the UNICEF report *The State of the World's Children* which states: When so much could be done for so many and at so little cost, then one central, shameful fact becomes unavoidable: the reason that these problems are not being overcome is not because the task is too large or too difficult or too expensive. It is that the job is not being given sufficient priority because those most severely affected are almost exclusively the poorest and least politically influential people on earth". Look, for example, at the incidence of blindness in

the world today. Four out of five blind people live in the third world and four out of five of them are preventably blind. Yet as that inspired crusader against avoidable disability, the late and widely mourned Sir John Wilson, so clearly demonstrated, the cost of saving people in the third world from preventable disability has been falling as dramatically as the incidence of preventable disability in many of the poorest countries has increased.

What is so moving about working with leading representatives of disability organisations from across the world, irrespective of where they live, is their readiness always to prioritise the claims of the world's poorest disabled people. That was strongly reflected by members of the World Planning Group that drafted the Charter for the Third Millennium, as it has been in every statement commending the document at presentations to heads of state and of government.

The new charter has already been presented, among others, to state leaders in China, Russia, Ireland, Jordan, Greece, Lebanon and South Africa, and was received by our Prime Minister, as the noble Baroness said, at 10 Downing Street on 5th July. It has also been received with approbation by the United Nations and the Commonwealth and there is already wide backing for the charter's call for a UN convention on the rights of people with disabilities.

Chief Emeka Anyaoku said of the charter: I am proud to be associated with this humane document. While much has been accomplished, there is very much more still to do, not least in challenging failure to prevent preventable diseases and to treat treatable conditions. I take pride most of all in the Charter's insistence that disabled children everywhere must now share the rights of all humanity to grow and learn, to work and create, to love and be loved". Dr Arthur O'Reilly, the current President of RI, who spoke so movingly at the service held to celebrate the new charter in the Chapel of St. Mary Undercroft last December, states: Disabled people have waited too long for their rights to be fully recognised and protected: it is now time to move on to the UN Convention we are recommending". My noble friend who will reply to this debate showed his interest and concern by attending the service held in St. Mary Undercroft last December; and I know he will respond positively to the charter's recommendations, as the Prime Minister did so memorably when it was presented to him on 5th July.

The Charter for the Third Millennium looks forward to a world where all citizens with disabilities are seen as giving as well as



receiving; where their potential is understood and valued; where needs come before means; where if years cannot be added to their lives, at least life can be added to their years; where disabled people have an undoubted right to participate in the work and life of their communities; and where no disabled person has cause to feel ill at ease because of her or his disability.

That is the precious gift this charter can bequeath to the new millennium and I commend it to the House.

[Baroness Andrews](#): My Lords, I am delighted to be able to take part in this debate to welcome the charter for the new millennium. I am grateful to the noble Baroness, Lady Darcy de Knayth, for that opportunity. The charter represents 20 years of hard work by Rehabilitation International. It represents a lifetime of leadership by Alf Morris. We are all in his debt.

Disability is, more than ever, a key development issue. It is a hugely challenging one, as it means linking prevention and rehabilitation with empowerment and changes in attitudes. The charter for the new millennium is optimistic about the progress that has been made; it is also realistic about the challenges to be faced, new challenges that surround and compound the difficulties that face disabled people across the world.

Among those challenges I believe that none is greater than the failure to remove disabled people from the ranks of the poorest and the most dependent. Despite all the progress that we have made in articulating human rights, in science and in medicine, we have not solved the problem of poverty because the disabled have been left out of education and employment.

The fact is that unless we are more pro-active their children will be left out of those rights as well. For them, the fact that the international commitment to education is a fundamental right that has been enshrined in so many international charters has a hollow ring. I believe, therefore, that one of the most effective responses that our Government could possibly make to the expression of equal opportunities in the charter is to recommit itself to more pro-active policies for the education of disabled children.

To concentrate on that point, the figures given by the noble Baroness make a truly shocking story. There are 150 million disabled children of whom 3 per cent are in school, and yet, as UNICEF has made clear, 70 per cent of them could be in school. What keeps them out of school and what keeps them

out of jobs is not their lack of talent, but the negative cultural and professional attitudes, inaccessible schools, inflexible curricula, untrained teachers, family poverty and the failure to provide early intervention that can help children to thrive.

Those figures also reflect other shocking facts as the noble Lord, Lord Morris, has said. Many diseases and disabilities are entirely preventable. In the decade since the adoption of the United Nations Convention on the Rights of the Child, more than 6 million children have been injured in armed conflict.

That is not to say that good things are not happening within developing countries or indeed through development assistance programmes. They are. Within the past year, for example, India has made a specific effort to include disabled children as of right in mainstream schools, and those schools which are good practitioners are leading the way and helping many other schools to follow their example.

But what shocks me about the briefing we received from Rehabilitation International is the statement that disabled children are still, routinely excluded from international development programmes"; even those which are focused specifically on children themselves, such as health and literacy. I believe that the international expertise and commitment represented within RI will not only focus concern on the root causes of poverty, but could also drive new inclusive education policies for children with disabilities. Our own Government, with their development policy, have already committed themselves to the goal of universal access to primary education as a means of reducing extreme poverty by 2015. They also recognise, however, that that cannot be done without ensuring that all schools attempt to meet special educational needs through a more inclusive approach to education. The countries which need help cannot do that without international assistance. The Government have already said that that is an area where further work is required.

I hope that this charter will galvanise the Government in finding new ways to do that and to ensure that special needs education as well as early intervention strategies become a requirement rather than an exception within every international assistance programme directed towards children and help them to support developing countries into making inclusive education part of their mainstream provision as a matter of course. Above all, I hope that the response of the Government, following the warm welcome the charter has already received from the Prime Minister, will be to take a lead in supporting in principle and practice the prospect of a United Nations

convention on the rights of people with disabilities to match the other conventions in this field. For the 150 million children who are still waiting to be offered a place in school and a place in society, this charter is the beginning of practical action. No country can afford to waste the intelligence and resourcefulness of people with disabilities, least of all developing countries with little economic capacity.

Rehabilitation International has led the way. I hope its work will have the support that it fully deserves.

[Lord Rix](#) My Lords, appalling descriptions of institutions and conditions for disabled people are sadly commonplace around the world. They make us only too aware of the importance of charters such as Rehabilitation International's Charter for the Third Millennium which, as we have heard, was presented by the noble Lord, Lord Morris of Manchester, to the Prime Minister last week and which he and my noble friend Lady Darcy de Knayth described so well.

The charter ends by stating that, in the third millennium, it must become the goal of all nations to evolve into societies that protect the rights of people with disabilities by supporting their full empowerment and inclusion in all aspects of life. As we heard from my noble friend Lady Darcy de Knayth, in particular it calls for a United Nations convention on the rights of people with disabilities as a key strategy to achieve those goals.

Noble Lords may already be familiar with the statement made by the United Nations Human Rights Commissioner, Mrs Mary Robinson, in August 1998 when she said, Disabled people frequently live in deplorable conditions owing to the presence of physical and social barriers which prevent their integration into and full participation in the community. Millions of children and adults world-wide are segregated and deprived of their rights and are, in effect, living on the margins. This is unacceptable". I hope I will be forgiven if, as President of Mencap, I mention our work in the countries of east and central Europe, which has been growing over recent years and which may illustrate some of the problems facing us. Working in partnership with a number of different national and local organisations in those countries we have been seeking to ensure that the rights of people with a learning disability are protected, not least their rights for personal safety and growth. Those are countries seeking to move on from a situation we ourselves have long left behind.

In the week when a seminar in South Africa is focusing upon the issues related to HIV/AIDS, I am pleased to remember a small group home in Bucharest, set up by Mencap, Health Aid UK and Romanian Save the Children, where a group of children with HIV/AIDS and additional disabilities can enjoy what little time they have left before they die. It is in startling contrast to the infectious diseases hospital where the children used to live.

Moreover, the Government welcomed this week a visit by the President of the Republic of Macedonia and Mencap was able to announce its participation in a United Nations-led project in that country. The project has the full backing of Macedonia's Ministry of Labour and Social Policy and will work towards the closure of a large institution in that country, which presently houses some 460 children and adults who all live in grim conditions. I should mention that one little girl is in the institution simply because she has a squint! A journalist wrote the following description of a visit to the present institution: In February, when I visited the institution for the first time, the children were mixed with adults. They lay or crawled all around the halls and stairs. Wind and cold was everywhere. A large number of them were partly or completely naked. Others were 'dressed' (if that is the word to use) in straitjackets. Now the children are more or less divided from the adults and we didn't see many straitjackets". Of course, we should not forget that institutions like this also existed in the United Kingdom and in the USA not so very long ago. What is important is that the Macedonian Government, recognising that the human rights of people with a learning disability are violated daily in the institution, are committed to create alternative community-based services for their residents. Mencap is delighted to be playing a role in that initiative, thanks to the British Ambassador in Skopje and his wife (Mark and Christina Dickinson) who drew our attention to the need for such action.

In view of what noble Lords have already heard in this short debate, and as we have adopted the UN Convention on the Rights of the Child, why should we not call for a convention on the rights of people with disabilities? This was also the conclusion of the World NGO Summit on Disability that met in Beijing in March of this year, at which the noble Lord, Lord Morris of Manchester, was present. It was attended by five leading international disability organizations— Disabled People's International, the World Blind Union, the World Federation of the Deaf, Rehabilitation International and, finally, Inclusion International. For the sake of clarification, I should tell noble Lords that the latter organisation is a truly international network representing the world's 60 million people with a learning disability and of which Mencap was a founder member in the 1960s.

As I said, the Beijing Declaration also calls upon nations to move forward from the UN Standard Rules on the Equalisation of Opportunity for People with Disabilities and to adopt an international convention on the rights of people with disabilities that will legally bind member countries. It was recognised in Beijing that the UN standard rules were an important landmark and have inspired legislation and programmes around the world to improve the living conditions of disabled people—but they are not legally binding. An international convention would be binding, once governments had signed it. It would also have a monitoring mechanism, although it is recognised, with regret, that this is no guarantee of total implementation, as the UN Convention on the Rights of the Child illustrates.

Despite that convention, we read in UNICEF's report, *The State of the World's Children in 2000* that hundreds of millions of children throughout the world are still deprived of their rights. This is quite appalling. Rights need to be realised both for children and for people with disabilities.

We now have two very important statements, both of which call for a United Nations convention on the rights of people with disabilities—one, the Charter for the Third Millennium, and the other, the Beijing Declaration. Therefore, it was a great disappointment to learn that the European Union has blocked the adoption of such an international convention at the UN Human Rights Commission earlier in the year. My noble friend Lady Darcy de Knayth asks whether the Government, have made any response to Rehabilitation International's newly promulgated Charter for disabled people worldwide". Perhaps I may in turn also ask the Government to respond positively to the need for such a new United Nations convention, without which we know only too well that the deplorable conditions in which disabled people live around the world will go on unchanged and unnoticed for yet another century. As Mrs Mary Robinson said two years ago, this is unacceptable.

[Baroness Uddin](#): My Lords, I welcome and support the charter. I am extremely thankful to the noble Baroness, Lady Darcy de Knayth, for bringing this matter before the House. One is, of course, always humbled by the outstanding and continuously imaginative efforts of the noble Lord, Lord Morris of Manchester, to further the agenda for and on behalf of disabled people.

A Charter for the Third Millennium is a significant aspiration to address the plight of 600 million people world-wide. The

temptation to say too much is so great that on this occasion I shall have to concentrate on highlighting only a few good practices.

No one can disagree with the aim of a society or world where equal opportunity is a natural consequence of policies and legislation supporting full participation, inclusion and access for all people. But, sadly, not everyone is signed up to acting on those principles. That is why a positive and universal response to the charter is crucial. I look forward to a gallant and robust reply to the debate.

In Britain we have come a long way with the [Disability Discrimination Act 1995](#); the setting up of the Disability Rights Commission and the recognition of carers of disabled children. This journey must recognise the outstanding work of many organisations such as Rehabilitation UK and Rehabilitation International and of individuals such as George Wilson, who has already been mentioned.

I always hesitate to make any reference to anything that is going on outside the House as I spend so much of the day inside it. However, Whip or no Whip, I ventured outside last week to witness the launch of the Employers Forum on Disability. I note that the Whip on the Front Bench has just taken in that fact! I was greatly encouraged by the discussion and demonstration of how far we have progressed over 20 years, both here and in the United States. Many individual and corporate experiences were shared and significant progress was made. The message was simply that we need a common-sense approach to achieving equality. Where there is a will there is a way.

The question before us is whether there is global change and how we can ensure that some of our positive advances are also experienced by our international brothers, sisters, mothers and children and, of course, partner organisations. Among the partners supporting the Charter for the Third Millennium are champions such as Archbishop Desmond Tutu and my good friend, the former Commonwealth Secretary-General, Chief Emeka Anyaoku.

As a Muslim woman I am particularly proud of the role of my fellow Muslim believers in the contribution that they have made to and the support that they have demonstrated for the charter. Two people who have put their signature on the document are distinguished people in the Muslim world. Both Prince Sultan Bin Abdulaziz Al Saud of Saudi Arabia and Prince Ra'ad of Jordan are known to be vigorous champions for the rights of disabled people in the Muslim community.

One of the most exemplary exercises in inclusion, appreciation and respect for disabled people is the way in which the Hajj—the annual Muslim pilgrimage to Mecca—is planned. Despite the fact that the hosts have to cater for millions of people from different parts of the world, as far as humanly possible attempts have been made to cater for the needs of the disabled. The fact that there are more wheelchairs and personal facilities—I did not want to mention toilets—for the disabled within the vicinity of Mecca than anywhere in the world is something to be noted.

Another interesting example from the Muslim world—I have not visited it, but I am reliably informed that this is the case—is that of the Islamic Republic of Iran which has done remarkably well in trying to ensure that equal opportunities for disabled people in that country are the natural consequences of enlightened policies and legislation supporting full inclusion in all aspects of society. Iran has more per capita facilities for disabled people—in terms of vocational and leisure centres and user-friendly transport—than any country in the region. It has more than 2 million officially registered disabled people, who enjoy the same human civil rights as everyone else—under the law.

But, like everything else, the problem highlighted by the charter is one based on attitude and lack of action. Needless to say, I should like to see every country, state and organisation signed up to this charter as a sign of their commitment to changing the lives of disabled people. I believe that we have got to get tough and practical about what our Government can do globally to move forward the agenda for disabled people. I respectfully suggest to the Minister that he should consider what leverage we have internationally. Will my noble friend consider discussing with DfID and the British Council that any future programmes and activities negotiated overseas should have agreed criteria which require the country concerned to sign up to the human rights of disabled people? I suppose I am suggesting that a standard procedure should be drawn up to call into account resource allocation on the basis of a country's track record of work with disabled people, as is the case with human rights and other fundamental principles.

Some of the examples that I have shared about the Muslim world do not surprise me when I consider the intolerance and militancy with which Islam combats discrimination against the disabled. I am no scholar, but research indicates that Allah tells the believers in Chapter 4 verse 61 of the Koran that, It is not fault in the blind Nor in one born lame, nor In one afflicted with illness". The blame is upon those who would deny them

their rights and dignity. For, in Islam, frowning upon the disabled is a crime that is unacceptable to God and God's messenger.

I suggest that if emphasis was placed on making the noble teaching of Islam on such matters more accessible to Muslim people in this country and worldwide, the charter would achieve phenomenal results within the Muslim communities throughout the world and bring equality and justice to millions who are now marginalised and discriminated against. I am adding my very small voice in support of the charter and the noble Baroness, Lady Darcy de Knayth.

[Viscount Simon](#): My Lords, I am delighted that the noble Baroness, Lady Darcy de Knayth, has introduced the debate, the subject of which is not only interesting but important for the future of disabled people world-wide. I apologise to the noble Baroness for shortening my speech due to the lateness of the hour.

One of the British members of Rehabilitation International is the Shaw Trust. I first came into contact with the Shaw Trust some years ago when my daughter received a brain stem injury at her first place of work after graduating from university. She was gently and greatly helped by the Shaw Trust to come to terms with her problems and to get back into the workplace. She has now been back in full-time employment for about four years.

Among the aims of RI are the prevention of disability and the rehabilitation of people with disabilities. Disabled people have the same right to life as everyone else, and the last century has demonstrated that it is possible to extend access to every available resource to certain members of the community. This must be extended more widely. Disabled people want to make a contribution to their communities but are frequently prevented from so doing by the disabling factors highlighted in this charter.

But more and more people are being added to the number of those with disabilities simply as a result of the failure to prevent certain diseases and the failure to treat treatable conditions. Immunisation and other preventative medicines are both practical and cost effective but governments throughout the world need determination to end the discrimination which can lead to disablement. When so many people have been disabled by preventable conditions, how can we justify inaction?

It is acknowledged that, in the past 25 years or so, the battle against age-old diseases such as smallpox, polio, measles, river blindness and leprosy can be won. More is needed to overcome other diseases, some of which have come back to haunt us and others which are comparatively new: TB, drug resistant strains of communicable diseases, increased tobacco-related diseases and those associated with alcohol and drugs. But until such time as the scale of the problem is acknowledged there will be insufficient will to address them. Yet the magnitude should be self-evident. The fact that 100 million people are disabled by malnutrition, for example, illustrates with immense power the fact that issues such as hunger, poverty and health cannot be addressed without also tackling the needs of disabled people.

Disabled people are organising themselves with increasing cohesion and efficiency throughout the world and Rehabilitation International is an important strand in that. This voice needs to be heard and it behoves all of us to do what we can to listen and respond. An important part of this is through community development. It would mark real progress to see disability receiving specific attention in all such transitional programmes.

[The Earl of Longford](#): My Lords, we are all eager to hear the Minister, whose devotion to the disabled is well known. I shall not stand between noble Lords and the Minister for more than a few minutes.

I know that the noble Baroness, Lady Darcy de Knayth, does not really enjoy my compliments. However, I cannot help repeating the one I paid her previously because it comes so much into my mind. It is a wonderful thing that after 30 years in what seems to be the same wheelchair—I am partially sighted but it seems to be the same wheelchair—she was chosen first in the election of the independent Peers. What a tribute to have! It is something of a tribute to the House that it should choose her as the first one. That was very fine on both sides.

I agree with the noble Baroness, Lady Uddin, in her humility in front of these heroes and heroines. I remember what a negro leader said to Abraham Lincoln after his greatest speech. He said, “Mr Lincoln, that was a sacred thing”, to which Mr Lincoln replied, “I am glad you liked it”. We are in the presence of people who have suffered a great deal but who have devoted their lives to this cause. That is bound to leave a permanent effect on all of us. I have no claim to speak in this matter, although the noble Lord, Lord Morris, did me the great

honour of asking me to take his Bill through the House 30 years ago. I have a few more credentials than I used to have. Not many people can say that they have moved about the House recently in six different ways: first, on my own legs for many years until I was 90 or so; then with a stick; and then with a zimmer. I do not know how many noble Lords have used a zimmer. I have never had one on wheels. Next time I have a bad fall I shall get one on wheels. Next I had a wheelchair—pushing myself and then being pushed by someone else; and, finally, pushing the wheelchair itself. I found that the most satisfactory way of moving about that I have ever encountered. I have had those experiences. But they do not amount to much compared with what so many others have suffered and achieved.

I shall offer just one reflection. I have given notice of it, although the Minister may not have much time to deal with all the points raised in the debate. I was personal assistant to Sir William Beveridge—later Lord Beveridge—from 1941 to 1944. We drew up plans—I should say he drew up plans; I was his bottlewasher—for the welfare state. And very fruitful they proved. In those days we spent a good deal of time discussing the position of the old and the sick. They were different categories. Now most people recognise that they overlap. I hope that the Minister will have time—perhaps he will not have time today—to answer my question. Are we giving sufficient attention to the fact that, according to the figures that have been given to me, half the disabled are old people? The position of old people who are disabled is in a way almost more tragic than the position of a young person disabled from birth. I know that many others will speak up for them.

As an old person myself, I think that I qualify. I think that most people over 90 qualify. I hope that we shall be given an indication that the connection between old age and disability will be recognised.

[Lord Addington](#): My Lords, a fairly august company of the House of Lords has gathered to debate this subject. The noble Baroness, Lady Darcy de Knayth, leads and the rest of us follow. On occasion, not a few Ministers of various shape and colour have been led to doing what we felt would be a “good thing”.

[Baroness Uddin](#): Hear, hear!

[Lord Addington](#): My Lords, I appreciate the acknowledgement of the noble Baroness, Lady Uddin. I should like to congratulate her on her bravery in admitting to being prepared



to miss the possibility of a vote. I can only hope that it was on one of the days when the Government Benches had decided not to align themselves with us.

[Baroness Uddin](#): My Lords, only for good causes. Lord Addington: My Lords, I accept that.

On reading the report, I have come to a principal conclusion, one that has been reinforced by the speeches that we have heard today; namely, that Members of this House should not feel too smug or be too happy for the simple reason that whatever we have done, we have done it too late and too slowly. Government Ministers of various parties have had to be pressurised in order to achieve what we wanted. We have constantly had to chase Ministers to ensure that disability issues are brought into legislation. Although things now move a little more swiftly, we still have to snap at heels to move matters along. Pressure has to be applied.

It should be remembered that we have not been such a moral and good society that it was not necessary to set up a commission. We should always remember that we have many problems of our own, many of which can be traced to a theme that recurs throughout the document; namely, that of perception. The philosophy of the normality of disability still has to be learnt. As the noble Earl, Lord Longford, has just mentioned, the onset of disability can take place at different stages of life and it is world-wide. We should keep it in mind that all of us have contact with people with disabilities. At various times, different forms of disability become more apparent.

On our own continent, we see areas of incredibly bad practice, as was pointed out by the noble Lord, Lord Rix. We need to ensure that we first put our own house in order. In a political system where the democratic element is dominant—that is, we must be responsive to our voters—it still took us an unconscionably long time to realise that people with disabilities should be brought into the political process and that we should listen to them.

As regards international efforts, I felt that any one of my colleagues who has any kind of responsibility in the party could have spoken in this debate. Virtually every form of activity has an international dimension which in turn reflects back on this issue. Overseas aid merely forms the start of the process.

International trade refers back to the issue; and not only trade with what is rather patronisingly referred to as the third or developing world. We shall see the introduction of forms of employment regulation which will cut across the board. When it comes to international links, whether it be through sport or cultural exchanges, we must bear the issue of disability in mind. The huge growth of the popularity of the Para-olympics has been, I felt, a little condescending. I believe that people only came to notice the event because British athletes have been able to win plenty of medals. That is a perfect example of how disability is pigeon-holed in our perceptions.

However, that is the area in which the Government can make the greatest contribution. The Government should take the lead by declaring that disability forms a part of normal life. The very fact of the word “disability”—I appreciate that it cannot be changed; language contains its own iron history and when you try to change it you will get into trouble—needs to be addressed in every sphere of life. If we do not concentrate on changing perceptions, we shall continue to hold high-minded discussions for ever. We will make only token gestures, because unless disability is brought to the centre of life, we shall get nowhere.

On the practical side, the philosophy that has driven the notion to incorporate disability into mainstream education is undoubtedly one of the most important. As regards our own society, we are about to go to considerable lengths to deal with this matter properly in a Bill that will affect our own society. However, once again, “We ain’t there yet”. The philosophy of introducing people with disabilities into the education system as a part of normal life so that they can progress into a more technologically advanced world and then on into the economic process will mean that they cannot be ignored.

Unless we start to put pressure on people and make sure that they recognise that disabled people are part of society, ultimately we shall not succeed. I look forward to hearing what initiatives the Government propose, either today or in the future.

[Lord Astor of Hever](#): My Lords, it is most unfortunate that this debate is taking place so late in the day. This is an important subject and deserves better. Let us not forget that there are, as the noble Lord, Lord Morris of Manchester, reminded us, 600 million disabled people throughout the world. I congratulate the noble Baroness, Lady Darcy de Knayth, on introducing this timely debate.



I congratulate also the noble Lord, Lord Morris of Manchester, who was invited to chair the committee of eminent people from all over the world who updated and redrafted the 1980 charter. It is a great tribute to the noble Lord, the world's first Minister for the Disabled, who was so involved with the noble Earl, Lord Longford, in this country's landmark legislation for disabled people, the Chronically Sick and Disabled Persons Act 1970. This has become a model for other parliaments across the world.

I should like to pay tribute also to Rehabilitation International. Since 1922, RI has a long history of accomplishments throughout the world in improving the quality of life of people with disabilities. From these Benches, I join other noble Lords in welcoming Rehabilitation International's Charter for the Third Millennium. I was interested to read that RI has researched the level of support for a UN convention on the rights of people with disabilities and found a positive level of support by member states. That is encouraging, as earlier attempts to establish a convention were backed by only a limited number of UN member states.

The barriers that disabled people face in any country are considerable but in developing countries they are much greater. One of my daughters has just returned from Cambodia, which is particularly affected by disability: 1.4 million of the 8 million population has been disabled as a result of poverty, war and human rights abuses.

It is important that we in this country realise the connections between the establishment of disability rights as an issue in this country and the promotion of disability rights world-wide. Without that promotion, the difficulties that disabled people face in the UK will only be reflected and amplified many times over in developing countries.

What steps, therefore, are the Government taking to ensure that disabled people in Britain have access to every resource, service and facility to ensure their integration into the community and their ability to be an independent member of society? Will the Government endorse the proposal in the charter that international programmes to assist economic and social development should require minimum accessibility standards to include technology and communication to ensure that people with disabilities are included in all programmes?

The charter rightly points out that in the third millennium we must accept disability as an ordinary part of the varied human condition. Everyone in life is affected by disability in one form

or another—the noble Lord, Lord Addington, made the point well—whether family or friends. The charter observes that one family in four includes a disabled person or friend. Last year I broke my leg and had to spend some time in a wheelchair. That experience made me realise how much more we needed to do for the disabled.

Eventually, if we live long enough we all become disabled. That will become all the more evident in this country with its ageing society. I look forward to hearing from the Minister whether the Government will support the promulgation of a United Nations convention on the rights of people with disabilities.

[Lord Bach](#): My Lords, this has been an inspiring debate, and I join in congratulating the noble Baroness, Lady Darcy de Knayth, for having introduced it in such a moving and telling manner.

Since its inception in 1922 Rehabilitation International has done much to raise the profile of disability across the world. Nearly all noble Lords have referred to the Charter for the 80s, which was a notable milestone. Governments and the United Nations acted upon its recommendations. That heralded the UN Decade for Disabled People which was followed by the UN standard rules. As a direct result, millions of disabled people throughout the world now live richer and more fulfilling lives. My noble friend Lord Morris of Manchester was a driving force behind that charter. I congratulate him on the key role that he played in drafting RI's Charter for the Third Millennium. As my noble friend pointed out, I was privileged to attend the service in St Mary Undercroft in December of last year and the reception that followed it, which was itself a moving experience.

It is hardly surprising that this debate has been inspiring. Those in this House who speak on behalf of disabled people in Britain and throughout the world form one of the most powerful pressure groups in this Chamber. They do a wonderful job for the disabled. I am sure that I am not the first Minister to stand at the Dispatch Box shaking and nervous at the pressure that they place on government. The noble Lord, Lord Addington, described it very well. On this occasion I do not feel under huge pressure. I have not been asked a great number of questions which are impossible to answer, because in large part this debate has been a celebration of the charter which my right honourable friend the Prime Minister welcomed a few days ago. The charter calls for a world in which policy and legislation support full inclusion of disabled

people in all aspects of society. This is an aim with which the Government identify. Noble Lords will be aware that we are committed to ensuring comprehensive and enforceable civil rights for disabled people.

I shall not bore the House by rehearsing the measures that we have brought forward. Noble Lords who have taken part in this debate at this unlikely hour on a Friday evening are already familiar with them. Not least is the establishment of a strong Disability Rights Commission, which I understand has applied to join Rehabilitation International. That is hardly surprising bearing in mind that its distinguished chairman, Bert Massie, a former director of RADAR which is itself a member of RI, has, like other RI colleagues, taken a keen interest in the charter.

Already the commission is beginning to tackle the huge task ahead of it. It is raising awareness of disability. It has also issued a consultation document on a revised code of practice on the duties under Part III of the DDA to consider making reasonable adjustments to make services accessible to disabled people. These duties will come into force in October 2004. This provides an authoritative point of contact for individuals who seek support and guides employers and service providers to meet their legal obligations and implement best practice in combating discrimination, inadvertent or otherwise, in the high street and the workplace. In the few minutes left to me I should like to concentrate on issues identified in the charter and plan of action, the Government's view upon them and what they have done in that regard. Some issues I shall leave out completely because there is not time. Others I shall deal with in a little more detail.

The subject of technology was raised. The Government are determined to see that the rapid pace of technological change works to the advantage and not to the detriment of disabled people. Advances in information and communication technology have opened whole new areas of opportunity for disabled people. They have also raised, of course, the spectre of new sources of exclusion for those who cannot access the new technology as well as for those who become over-dependent on technology which is bound to change.

We have recognised that and have facilitated the work of a cross-Government group on access to information and communication technology which has already resulted in the highlighting of some of the key issues which need to be addressed to ensure that disabled people are neither excluded from nor by—it is equally possible—the remarkable advances which have been made in this field of technology.

I turn to ethics, another subject dealt with in the action plan which underlies the charter. Wide-ranging technological advances also mean that there are new ethical issues to be addressed. Last year we reviewed our advisory and regulatory framework on biotechnology. It concluded that a broader approach was needed for strategic issues. The Human Genetics Advisory Commission forms part of the new strategic framework. The role of the HGC is to consider the potential impact of developments in genetics for humans and healthcare—in particular the ethical, legal and social aspects of such developments. At present we are considering our response to the Human Genetics Advisory Commission's report published last year entitled *The implications of genetic testing for employment* and will announce our response in due course.

I turn to prevention. Advances in technology have also enabled us to reduce the risks that might lead to impairment. Medical and scientific advances have given us many opportunities to reduce the risk of premature death, ill health and disability. The charter rightly draws attention to the importance of immunisation programmes and other prevention strategies. The WHO has recognised the UK as one of the countries which has eliminated polio due to a wild virus. Indigenous diphtheria and neonatal tetanus no longer occur and measles and whooping cough are now rarities—thank goodness—in GPs' surgeries. Our routine immunisation programme protects children against diseases such as measles, rubella and polio which even today can kill or cause serious long-term ill health and disability, and is provided free to all. But our work to combat childhood diseases must and does continue. The latest development has been the introduction from November of last year of new vaccines to protect against meningococcal Group C infection.

The noble Lord, Lord Astor of Hever, asked questions very material to this debate. I deal with his second question first, on whether the Government endorse the proposal in the charter that international programmes to assist economic and social development should require minimal accessibility standards to include technology and communication. The noble Lord was good enough to give me notice of those questions. The Government are fully committed to ensuring the full participation of people with disabilities in economic and social development, including access to technology and communications. For example, where development organisations are involved in infrastructure and shelter projects efforts can be made to ensure that programmes are developed on the basis of broad-based participation taking particular steps to ensure that people with disabilities and other marginalised groups are fully included.

The noble Lord asked what steps we have taken to ensure that disabled people in Britain have access to every resource service and facility to ensure their integration into the community and their ability to be an independent member of society. We seek to ensure the integration of disabled people into our society through our commitment to civil rights. There are several examples, but I shall provide just one or two. We are improving transport. The regulations came into force nearly two years ago, and apply to new vehicles entering service from January last year. We have consulted on draft regulations for buses and coaches used on local and scheduled services. Final regulations are in the process of completion. We have extended the scope of provisions relating to building regulations to apply to all new homes. That represents a significant step forward in providing more accessible housing.

We are giving people greater control over their lives, and enabling them to make their own decisions about how their care is delivered. We want to see the full range of benefits from direct payments made available to more people, and recently extended direct payments to people aged 65 and over. This is where the question asked by my noble friend Lord Longford comes into play. The Government appreciate that old age and disability often go hand in hand. We believe that the rights that should be given to disabled people should of course also be given to those who are elderly. The provision to extend direct payments to disabled 16 and 17 year-olds and parent-carers of disabled children is included in the [Carers and Disabled Children Bill](#).

Media information and attitudes are another matter raised in the plan of action. Access to information is crucial, as well as raising awareness of disability in changing attitudes. These are areas where the Commission will be working hard. But we have not been idle. In June last year, we launched our “see the person” campaign, which through advertising and distributing information seeks to challenge people’s attitudes to disability and improve awareness of the DDA. We know that the campaign offended some people, and we regret that. But it has been successful in raising awareness and in challenging attitudes, and we make no apology for it.

RI’s plan of action, which supports the charter, refers to the need for role models in the media. Disabled people can and must have access to, and participate in, our cultural life. Disabled people should figure in programmes of all kinds, without there being a special issue about their disability. We are pleased to say that guidance for broadcasters and programme makers produced by the ITC, BSC and the BBC

speaks of the need to avoid prejudice and stereotyping. Of course the noble Lord, Lord Addington, was right to say that as a country we have been slow to come forward with what now seems obvious, but at least we have clearly moved in the right direction in some areas during the past few years.

Our debate has illustrated some of the barriers that disabled people face in their quest for civil rights. Our aim, and the aim of all, from all parties and none, is for equality of opportunity and a fully inclusive society. The most frequently asked question has concerned the request in the plan for action for support for a convention of the United Nations. On behalf of the Government, I should say that the Government are committed to supporting comprehensive and enforceable civil rights for their citizens, and would wish to see such rights enjoyed by citizens throughout the world.

We shall look carefully at the proposals for a convention. We welcome the charter as a spur for debate and progress on these important issues. I end by using the words which noble Lords who were present at the important meeting with the Prime Minister some days ago may recall, namely, that we are sure that, like its predecessor, this charter will form the basis for global consensus on our priorities for at least the next decade. I thank noble Lords for taking part in the debate.

[Baroness Farrington of Ribbleton](#): My Lords, I apologise to the noble Lady, Baroness Darcy de Knayth, and other noble Lords for the fact that the debate took place at a far later time than anticipated. I place on record the Government’s gratitude to the staff, including our Hansard writers.

# Section 3.4

## **RI Charter for Rights Implementation**

# RI Charter for Rights Implementation: Notes from Workshop, 24 August 2008

## Expectations of Governments in Achieving RI's External Goals

Facilitators: Khaled El-Mohtar and Uma Tuli

Notetaker: Lauren Goldy, RI Secretariat

Present: Over 30 people from approximately 14 countries

## Welcome

Khaled El-Mohtar welcomed everyone, and stated that the reference documents are the President's Report (presented on August 23rd) and the RI Strategic Plan. He read the questions to consider on the handout '*Proposed Assembly Workshop Themes*' and opened the floor for discussion. The following are highlights of the discussion

## Vision of Charter

- Charter is good idea, and will raise the profile of RI
- The idea would be to assist governments to understand the CRPD. It would be at several levels: depending on whether countries have signed or ratified, or both, etc. We have to encourage neighboring countries to work together
- Monitor implementation and push governments to sign and ratify. Others thought that RI can be a facilitator by providing good practices and examples to educate people, especially in remote areas, about the CRPD, but the

initiative to push governments to ratify the CRPD should be done by RI national members, including input on rehabilitation

- Joseph Kwok worked on the last charter with Alf Morris. The most important event was a world summit in 2000 of NGOs in China for two days, which led to the consensus that we would promote the Convention. The last charter was really key, as it went to every government
- Don't create goals that are too lofty for the new charter, but do create a specific visionary objective to mobilize everyone, and to encourage governments and the UN to give resources

## Key Strengths of RI

- Our main goal is rehabilitation, not implementation of the CRPD, and we have to give advice to governments about rehabilitation. Each NGO has a different responsibility, and this should be RI's focus. Rehabilitation and habilitation (including vocational) are not just about social inclusion and the CRPD – (e.g., interdisciplinary and inter-sectoral work)
- This should be brought into the Strategic Plan – perhaps as goals 5 and 6, or 1 and 2, since the Strategic Plan is an evolving document. Discussing implementation of the CRPD has to be connected more with our rehabilitation work, and should be an important part of the Charter as well

- Others thought that RI way may have to re-appraise our identity as a result of this Convention. What is relationship now between what we call rehabilitation and Convention? Sometimes we have to let go of terms that may not fully express where we want to go
- Besides rehabilitation, other issues for the new charter are education, accessibility, the link between poverty and disability (building capacity, increasing work opportunities, development, and preventive activities). Yet, others thought that RI should not focus on all the articles of the CRPD, but focus on the one article on rehabilitation
- Consider how to build capacity and services, and to make sure these services that our members are delivering services align themselves with the spirit of the CRPD for full participation in all aspects of life. We must focus on the process, rather than an outcome (e.g., social inclusion), or we will be like other organizations, such as DPI. We have a particular role – including people who deliver services
- RI is in a good position to influence the implementation of several issues – which can be described as an umbrella term -- supporting or creating “enabling environments” – Commissions can help create these environments. RI has members in the ICF, which is important for inclusion
- Another extremely important issue is disability data collection – RI is not the leader in this field, but can help facilitate
- Since some RI members are government representatives, those representatives can take the lead in their countries
- then ask that quarterly or monthly reports be submitted to RI. Or ask governments, if not to write reports, to facilitate NGOs in their countries. But others thought that RI should not force governments to submit reports to RI. Still others thought that RI can only provide a template letter for our members to write letters to their governments
- Before RI writes to specific governments, RI needs permission of the RI member in that country. [Lauren Goldy from the RI Secretariat pointed out that RI has available template letters to governments which have been distributed to members]
- Need information from our members about the situation in their countries – and the different levels of engagement
- Recommendation for another world summit, possibly in the Arab Emirates in 2009, or in connection with the next Olympics in London, attracting a big audience, and making it a mainstream global event
- Make sure the CRPD is attracting more global media attention to highlight its importance to government
- Have a simplified version of the Convention for broader distribution to assist local organizations to raise awareness
- Engage in capacity-building of members to enable them to submit their own reports to the CRPD monitoring body
- Make sure that government activities to implement the CRPD are ongoing, and that governments are not scrambling at the last minute to submit reports to the CRPD monitoring body

## Implementation Process

- RI structures at the national level should make sure that persons with disabilities are not forgotten when it comes to the monitoring of other treaties, such as CEDAW and the CRC
- Need strategies for implementation in collaboration with RI, governments and other NGOs
- Helping to establish national councils to oversee the implementation would be facilitated by a letter from RI to governments, to mention our focus on rehabilitation, and

## Working Group for the Charter

Michael Fox of Australia (Chair), Joseph Kwok of Hong Kong, Mike Gourley of New Zealand, Aimo Strömberg of Finland, Maluta Tshivhase of South Africa. It was requested that Professor Sato of Japan, who was not present, be a member of this working group.



# RI 3rd Charter – From Rights to Action: A Worldwide Agenda for Change – Translating the CRPD into Reality

## 1. Purpose and Background

The purpose of this RI 3rd Charter is to raise awareness and empower people with disabilities worldwide – by effective and consistent implementation of **the UN Convention on the Rights of Persons with Disabilities (CRPD)** rights into action.

RI continually advocates new approaches to advance and implement the rights and inclusion of persons with disabilities worldwide. This Charter is the third phase of a strategy towards achieving these global goals and objectives.

The RI Charter for the 80s was adopted at the Winnipeg RI World Congress in 1980 – and became a key component of the Plan of Action for the International Year of Disabled Persons, 1981 (IYDP). The influence of the RI Charter for the 80s upon the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993 was made through the 1982 World Program of Action concerning Disabled Persons.

This first RI Charter marked the emergence of a new philosophy on disability – by promoting the goals of ‘full participation’ and ‘equality’ of people with disabilities.

The RI Charter for the Third Millennium –adopted at the London RI Assembly in 1999 – **took the philosophy** to the next level by recommending a legally binding UN Convention on human rights and disability. It called on all countries to support early promulgation of a **CRPD** – as a key strategy to achieve the **Charter for the Third Millennium** goals.

The CRPD became a reality in May 2008 – and the task ahead is to convert CRPD majestic generalities into tangible gains to advance the rights and inclusion of persons with disabilities worldwide.

## 2. CRPD

The CRPD is a direct response to the first two RI Charters and provides a roadmap for reform for all countries including those countries that have not ratified or may never ratify.

The CRPD and its Optional Protocol give clear expression to the core values of a progressive approach to participation and inclusion of persons with a disability.

The CRPD provides benchmarks to measure progress and prescriptive guidelines to create and empower a more inclusive society. Crucially, the CRPD creates a new legal obligation on the part of States to consult actively with civil society.

The CRPD is an international instrument for developed and developing countries – including urban, rural and remote areas and regions.

The CRPD provides opportunities for everyone to participate and a crucial requirement of the monitoring mechanism and policy development is to recognize the needs of all people with disabilities and especially marginalised groups.

Key CRPD linkages include the **Millennium Development Goals and Community Based Rehabilitation** – to ensure a strategy for empowering people with disabilities to achieve social and economic independence.

### 3. RI 3rd Charter – Rights to Action

The CRPD is only as effective as the quality of implementation.

Effective implementation requires identification and clear statements of the rights based expectations of government and the global community – consistent with CRPD Article 33 National Implementation and Monitoring.

The CRPD uniquely envisages an international and domestic process for change. At the domestic level the CRPD requires a focal point for governments to develop coherent disability policies in active **partnership with civil society, especially DPOs, as equal partners in policy and service developments**

National Action Plans with realistic timeframes and adequate resources have a key role in actively involving governments and civil society in the educational role of translating issues and complaints into rights and equity.

At the international level the role of the new UN Committee on the Rights of Persons with Disabilities will be crucial in adding clarity and depth of understanding to the nature of States obligations.

The Conference of States Parties has the potential to assist in the process of change – and the international cooperation dimension to the CRPD will grow in importance – particularly in relation to alleviating poverty through development aid.

These new opportunities for engagement and change – and for developing more rational and responsive policies – are enormous, particularly for disabled peoples' organizations (DPOs).

The process from Rights to Action requires governments, international organizations, DPOs, advocates and civil society to work together – and facilitate an effective flow of experience, know-how, technical skills and advice. An exchange of political entrepreneurship is required to translate the CRPD opportunities into reality.

The CRPD mainly provides for implementation and monitoring activities at the national and international levels. International goals can only be realized nationally but regional cooperation can facilitate the process. This regional experience includes the African, Arab and Asia Pacific Decades of

Persons with Disabilities – and RI colleagues have significantly contributed to these activities.

RI can also facilitate this process at the regional level particularly through Regional Action Plans.

Globally, RI members are uniquely placed to facilitate the process of change envisaged by the CRPD. RI connects mainstream international, regional and national NGOs, DPOs and organizations with governments worldwide.

RI has a proud tradition of working closely with regional organisations, the UN and specialised UN bodies to advance the rights of persons with disabilities.

These assets are invaluable in converting the CRPD into reality and

### Accordingly RI calls on all countries and stakeholders

- To adopt and implement the RI 3RD Charter – From Rights to Action
- To maximize the new opportunities for change and embed a dynamic of reform throughout the world
- To empower civil society and persons with disabilities to actively work with governments – as an integral part of all policy and resource allocation decisions
- To work closely with all stakeholders to encourage and facilitate the adoption of National Action Plans – as an indispensable step towards converting the generalities of the CRPD into regional and domestic action
- To encourage national, regional and international organizations to actively work with the RI family and benefit from the unique and worldwide competence of RI
- To establish and maintain effective and independent international, regional and national monitoring processes working with civil society – to ensure effective accountability and implementation
- To develop new skills and capacity building programs – based on constructive co-operation, leadership and involvement of all stakeholders – to enable maximum use of the new architecture for change

- To assist all ratifying and non-ratifying governments to understand and implement the CRPD at various levels – including development and exchange of best practice and encouraging neighbouring countries to work together
- To embed a dynamic of reform and change throughout the world

This RI 3RD Charter – Rights to Action was approved by the Governing Assembly of RI in Dubai, UAR on xxx November 2009.

**RI President**

**RI Secretary General**



**Section 4**  
**RI World**  
**Congresses**

# Section 4.1

## **RI Assembly and World Congress 1969**

## September 1969 Assembly Approves Major Restructuring of Society's International Professional Committees & Commissions

The establishment of four major standing Commissions to work with the Council and Secretariat in the planning and implementation of the Rehabilitation International program was approved by the organization's Assembly at its meeting in Dublin in September 1969. The new organs will be the Vocational Commission replacing the former World Commission on Vocational Rehabilitation, the Education Commission replacing the former Committee on Special Education, the Social Commission replacing the former Committee on the Social Aspects of Rehabilitation, and the Medical Commission, which is an entirely new body.

Rehabilitation International President Jean Regniers is responsible for the appointment of the chairmen and members of the Commissions and is expected to announce the first decisions following detailed consultations now in progress.

The Assembly also approved a Council proposal to continue for a limited period as Ad Hoc Committees the Advisory Committee on Arthritis, the Committee on Speech and Hearing and the Latin American Commission. In each case the ad hoc groups are charged to prepare and submit to the Council recommendations for future Rehabilitation International activity in their respective fields.

The International Committee on Prosthetics and Orthotics and the International Committee on Technical Aids, Housing and Transportation will continue to function as standing committees, and their information centers in Copenhagen and Stockholm will operate under the Society's auspices, until further negotiations have been concluded.

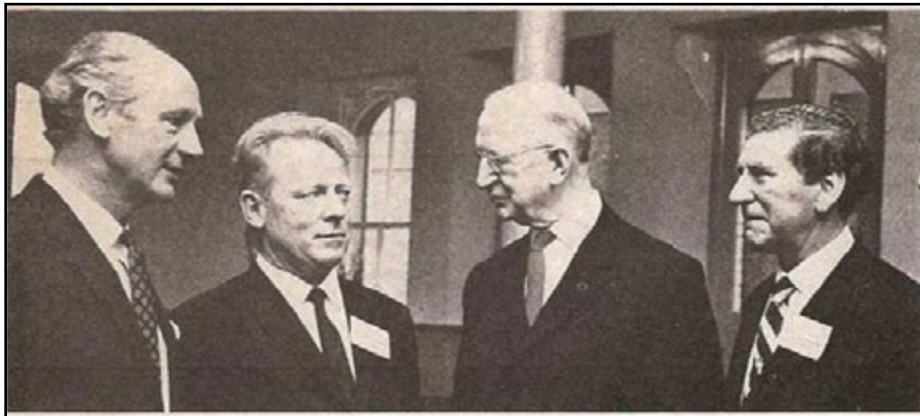
The responsibilities of other previously maintained committees and commissions will, to the extent appropriate, be absorbed by the four main Commissions, it having been agreed that this would contribute to improved integration and coordination of services. The bodies terminated in this manner are the Commission on Research, the Committee on Leprosy Rehabilitation, the Committee on Spinal Cord Injury, the International Film Board, the Volunteer Service Board and the World Commission for Cerebral Palsy.

The above decisions were reached after an extensive and detailed study of the matter by the Council and its Executive Committee. The latter body held a special meeting with representatives of the former committees and commissions in Brussels in April 1969.

**Source:** RI International Rehabilitation Review, Vol. Xxi No. 1 1st Quarter 1970. (p.6)



## RI 11th World Congress Attracts Participants From 60 Countries



*L-R: Mr. Jack Lynch, Prime Minister; Dr. Gudmund Harlem; His Excellency, President Eamon de Valera and Dr. Kevin P. O'Flanagan at official Congress opening.*

Some 2,000 participants from 60 countries, the United Nations and Specialized Agencies and other organizations took part in the Eleventh World Congress of Rehabilitation International in Dublin, Ireland, September 14 to 19, 1969.

The Congress was opened in the Main Hall of the Royal Dublin Society in the presence of His Excellency Mr. Eamon de Valera, President of Ireland. Dr. Kevin P. O'Flanagan, President of the Congress, convened the meeting, after which the opening address was given by Mr. Erskine H. Childers, Deputy Prime Minister and Minister of Health of Ireland.

### Community Effort Stressed

Mr. Childers stressed the significance of the Congress theme, "Community Responsibility for Rehabilitation," and noted that the problems of the disabled can be attacked effectively only through community effort. He said, "We are all urged on by a common wish to serve our fellow-man in the person of the disabled, and to give the best that medical science and human organization can provide in the course of that service."

In his Presidential Address, Dr. Gudmund Harlem, outgoing President of Rehabilitation International, urged that the Congress be used as an opportunity for all participants to learn, "to develop ourselves, our skills and our personalities so that we can really help our fellow-men." He emphasized the need to further develop the knowledge and skill of all professional groups, and to improve cooperation among them.

Greetings from the United Nations and other international bodies were presented by Mr. Esko Kosunen, Chief of the Rehabilitation Unit for the Disabled of the United Nations. He drew attention to the UN Second Development Decade in the 1970s when the need for programs to assist the handicapped should be kept in mind. He cited aspects of the UN's five-year work program which assist governments in the improvement of their rehabilitation services.

### Enormity of Unmet Needs

Mr. Norman Acton, ISRD Secretary General, concluded the opening session with an explanation of the Society's decision to proclaim the 1970s "The Decade of Rehabilitation." Citing the enormity of the as yet unmet needs, he said, "The problem of disability is a major challenge to human society. But, human society has not yet recognized that fact nor has it made adequate provision to deal with it." Mr. Acton summarized the goals of the Decade which had been designed to change that situation.

### Scientific Program

The Scientific Program of the Congress included plenary sessions on several main topics and a large number of sectional meetings for detailed consideration of the many subjects of interest to participants. Community Responsibility and International Cooperation were the subject of papers by Dr. Howard A. Rusk of the United States, Director of the Institute of Rehabilitation Medicine in New York and Past ISRD President; and Mr. Robert Buron, President, Development Center of the Office of Economic Community Development, Paris, France.

A plenary session on the Social and Economic Aspects of Rehabilitation heard addresses by Mr. L. E. Troclet, former Minister of Labor of Belgium; Mr. B. Olsson, Director General, National Labor Market Board, Stockholm, Sweden; and Dr. Hellmut Strasser, Chairman of the ISRD Committee on Social Aspects of Rehabilitation.

Miss Mary E. Switzer, Administrator of the United States Social and Rehabilitation Service; and Dr. John Karefa-Smart of Sierra Leone, Assistant Director General of the World Health Organization, dealt with Expanding Concepts in Rehabilitation, including the problems of prevention; and a plenary session on Services in the Developing Countries heard Mr. Norman Cooper, Vocational Rehabilitation Officer of the International Labour Office; and Dr. Jose Arvelo, President, Venezuelan Society of Physical Medicine and Rehabilitation.

The closing session featured a presentation of Guidelines for the Future (see Page 3), and closing addresses by Mr. Jean Regniers, the newly elected President of Rehabilitation International, and Dr. O'Flanagan, the Congress President.

### Additional Professional Meetings

In addition to the Congress session, Commissions and Committees of Rehabilitation International held professional meetings on Vocational Rehabilitation, Cerebral Palsy, Special Education and Arthritis, and arrangements were made for participants to visit rehabilitation facilities in Dublin and the vicinity.



*L-R Mr. Jean Regniers, incoming President of Rehabilitation International, Dr. Kevin P. O'Flanagan, President of the Eleventh World Congress and Dr. Gudmund Harlem, outgoing President shaking hands at conclusion of the Congress*

**Source:** RI International Rehabilitation Review, Vol. Xxi No. 1 1st Quarter 1970. (p.2)

## Rehabilitation Guidelines Drafted at 1969 Congress

An innovation of considerable significance was introduced at the Eleventh World Congress in Dublin, September 1969. A series of "Guidelines for the Future" on the rehabilitation aspects of education, medicine, social planning and vocational training were formulated by working groups of experts, discussed in sectional meetings, amended and finally presented to the Congress participants at the closing plenary session. The observations and recommendations of the Guidelines groups offer a blueprint for the future, of value to Rehabilitation International and other international and national organizations concerned with rehabilitation planning.

For each section of the four categories, the working group consisted of a chairman, appointed by the Congress Programming Committee and two resource persons, one representing the ISRD Committee or Commission most closely related to the subject and the other, the appropriate inter-governmental agency. In addition, three individuals with wide experience were appointed to each section.

### Guidelines in Medicine

Dr. Gustav Gingras, Director of the Rehabilitation Institute of Montreal and winner of the 1969 Albert Lasker Award for Rehabilitation, served as Chairman of the medical group. Resource persons were: Dr. J. Yamamoto, Medical Officer, Organization, of Medical Care, World Health Organization; and Dr. J. Walsh, Director of the National Spinal Injuries Center, England. Members were: Dr. Pierre Houssa, Belgium; Dr. Vladimir Janda, Czechoslovakia; and Dr. Chester Swinyard, United States. Their combined experience covered a

large area of the world and most aspects of medical rehabilitation.

The working group recommended the establishment of regional training schools for medical, paramedical and auxiliary personnel where candidates can be trained in areas similar to their own cultural and economic environments. It pointed out that the organization of effective rehabilitation services in developing countries was not dependent upon sophisticated facilities and equipment, but upon personnel trained to the greatest extent possible. In developing countries, two levels of training are essential because of the scarcity of candidates with sufficient educational background for direct admission to professional schools. Intensified research programs also must be encouraged and supported if the world's disabled population is to benefit from the technological gains of the past decade.

### Guidelines in Special Education

The Reverend J.R.M. Nolan, Psychologist, University College, Dublin, served as Chairman of the working group on education. Resource persons were Mr. I. Skov Jørgensen, Denmark, Chairman of the ISRD's Committee on Special Education. Members of the group were: Mr. William C. Geer, United States; Miss Elizabeth Anderson, United Kingdom; and Miss Elizabeth Rowe, Hong Kong. Mr. Nils-Ivar Sundberg, Division of Equality of Access to Education, UNESCO, joined the working group as an observer.

The group recommended increased responsibility on the part of governments to insure the development of special education facilities equally and at the same rate as general education; consideration of the child within the framework of national and family cultural patterns; a continuous process of assessment and reassessment and a realistic approach to social, cultural and economic backgrounds to determine the best educational setting for the handicapped individual.

## Vocational Rehabilitation

Chairman of the Guidelines on Vocational Rehabilitation Section was Dr. James F. Garrett, Assistant Administrator, Social and Rehabilitation Service, Department of Health, Education, and Welfare. He was assisted by Mr. Norman E. Cooper, Vocational Rehabilitation Officer, International Labour Office; and Dr. P. J. Treveethan, Chairman of the ISRD's World Commission on Vocational Rehabilitation. Members of the Guidelines group were: Mr. Ian Campbell, Canada; Mr. Peter Quinn, Ireland; and Dr. B. Trampeznski, Poland.

As a premise for their recommendations, the group stated that vocational rehabilitation services should be made available to all disabled persons, whatever the origin and nature of their disability or age, provided they can be prepared for and have reasonable prospects of securing and retaining suitable employment. The group made the following major recommendations:

1. The establishment of realistic vocational goals through comprehensive vocational counseling.
2. The integration of vocational training schemes for the disabled wherever possible into the national program of education.
3. The utilization of existing community placement services for selective placement of the disabled.

Governments were urged to concern themselves with the vocational training of the disabled in rural areas and to set up services appropriate to the rural development programs of the country.

## Social Planning

The Guidelines group on social planning was chaired by Mr. Donald V. Wilson, President, Leonard Wood Memorial, United States. Resource consultants were: Mr. Esko Kosunen, Chief, Rehabilitation Unit for the Disabled, United Nations; and Dr. Hellmut Strasser, Federal Republic of Germany, Chairman of the ISRD's Committee on Social Aspects of Rehabilitation. Completing the group were Dr. Aleksander Hulek, Poland; and Mr. D. P. Farley, Ireland.

It was agreed that the social component of rehabilitation, while evading precise definition, is the inter-relating factor for the medical, educational and vocational aspects. The ultimate objectives of the social services provided to the disabled are the adjustment of the individual to his environment and, where possible, the alteration of the environment to meet the needs of the individual.

All Guidelines groups emphasized the need for intensified research in all areas concerning the handicapped. They were unanimous in agreeing that the disabled must benefit from the technological advances of the 20th Century and that a constant exchange of experience between communities and nations is essential for the rapid development of public understanding of the requirements of the disabled.

The attempt to prepare "Guidelines for the Future" with the active involvement of Congress participants was agreed upon by the Eleventh World Congress Committee in cooperation with the ISRD Council. It was viewed as an experiment and as a possible means of replacing with a more meaningful procedure the previous practice of enacting Congress resolutions. The results appear to warrant further development of the idea for the Twelfth World Congress in Australia, in 1972.

**Source:** RI International Rehabilitation Review, Vol. Xxi No. 1 1st Quarter 1970. (p.3)

# Section 4.2

**RI 16th World Congress**

# RI 16th World Congress, Tokyo, September 1988

Satoshi Ueda

## General View

The 16th World Congress of Rehabilitation International was held on September 5 to 9 (Monday to Friday), 1988 in Hotel Keio-Plaza, Shinjuku, Tokyo, Japan. The main theme was “Realistic Approaches - Looking Ahead Towards Comprehensive Rehabilitation”. The attendance was about 2800 persons from 84 countries and regions (about 900 from abroad and 1900 from Japan). It was the first RI Congress held in Asia.

The organizer was Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD) in conjunction with RI. The Congress President was Mr. Hirokuni Dazai, the JSRPD President. The Chairman of the Executive Committee was Dr. Naoichi Tsuyama. I served as the Executive Secretary and the Chairman of the Program Committee.

In the first two days, the mornings were for Plenary Sessions and afternoons for Sectional Meetings. In the third day, September 7, the whole day was devoted to the Site Visit where the participants could visit many rehabilitation-related institutions, while in the main site ‘Special Sectional Meetings’ were held, such as the Third Asian Physical Therapy Congress, Asian-Pacific Conference on Occupational Therapy and other meetings.

The fourth day’s program was, again, Plenary Sessions in the morning and Sectional Meetings in the afternoon. The fifth and last day was devoted to two Plenary Sessions of which the last one was the Closing Ceremony.

## The First Day – Opening Ceremony and Keynote Addresses



The first Plenary Session in the first half of the morning was devoted to the Opening Ceremony. After the Opening Address by Mr. Dazai, the Congress President and the Welcoming Address by Dr. Otto Geiecker, RI President, there was the Remarks by his Royal Highness Prince Hitachi. These were followed by welcoming speeches by the Prime Minister, Mr. Noboru Takeshita, and the Governor of Tokyo, Mr. Shun-ichi Suzuki, and the message from the Secretary General of the United Nations, Mr. Javier Perez de Cuellar.

The second Plenary Session in the second half of the morning was for the Keynote Addresses: the first speaker was Mr. Kenzaburo Ohe, the famous writer who had a disabled son and later became the Nobel Prize laureate for literature in 1994, titled as “Rehabilitation as conceived from literature”. It was followed by “Future realities for the children of the world” by Dr. Vulimiri Ramalingaswami, a famous Indian medical scientist, and “Realistic Approaches: Looking ahead toward comprehensive rehabilitation” by Dr. Geiecker.



## The Afternoon of the First Day

The afternoon was divided into two series of five sectoral sessions (SS) each. The first series were as follows: SSA-1 'Development of Comprehensive National Disability Policies' by Mr. L. Carter-Jones from UK; SSA-2 'Community-Based Rehabilitation' a discussion chaired by Prof. Charlotte Floro from Philippines; SSA-3 'Independent Living, the Total Concept' by Mr. Kalle Konkola from Finland; SSA-4 'New Trend in Biomedical Technology' by Dr. Yasuhiro Hatsuyama from Japan and SSA-5 'Leprosy: Disability Prevention and Rehabilitation' chaired by Dr. Sharad Gokhale.

The following second series of sectoral sessions (SSB) were: SSB-1 'Legislation', SSB-2 'Training of Personnel', SSB-3 'Comprehensive Services for Severely Multiply Handicapped People', SSB-4 'Changes in Prosthetics and Orthotics with regard to New Technology, and SSB-5 'Oriental Medicine in Rehabilitation.

The Welcome Reception was held in the evening.



## The Second Day

Plenary Session (PS) 3 in the first half of the morning of the second day was 'Comprehensive Rehabilitation: Realistic Approaches to Community Needs'. It was followed by PS-4 'Equalization of Opportunities in Employment of People with Disabilities'

In the afternoon, the Sectoral Session C-1 was 'Innovative Methods of Vocational Assessment of Disabled Persons'. In parallel, there were also held C-2 'New Approaches to the Employment of Disabled Persons and the Impact of New Technology', C-3 'Integrating Rehabilitation with Social Security Systems', C-4 'The New Information Technologies:

Improving Access of Disabled People to Mass Communications, and C-5: Special Needs Populations: The Very Young.

They were followed by Sectoral Session D-1: 'New Realities in Vocational Training and Placement for Persons with Disabilities during Periods of Economic Constraint', D-2 'Design and Use of Appropriate Technology', D-3 'Special Needs Populations: The Very Old', D-4 'Using Mass Media as an Influence for Social Integration', and D-5 'Educational Needs of Disabled Young People.

## The Third Day

As stated before, the full day of the third day was devoted to facility visit. Four hundred people were grouped into twelve groups and each group was brought by bus(es) to visit two or three facilities.

The groups were: Group A. Visual Impairment (Japan Braille Library, etc.), B. Hearing Impairment (University of Tsukuba, School for the Deaf, etc.), C. Psychiatric Disability (Tokyo Metropolitan Comprehensive Mental Health Center, Asayake Second Workshop for the Mentally Disabled, etc.), D. Employment (Nihon Rikagaku Industries, etc.), E. Leprosy (National Sanatorium Tama-Zenshouen), F. Geriatric Rehabilitation (Itabashi Nursing Home and Tokyo Metropolitan Geriatric Hospital), G. Comprehensive Rehabilitation Center for Various Types of Disability (Kanagawa Rehabilitation Center), H. Physically Disabled Children (National Center for Disabled Children, etc.), I. Vocational Training and Employment (Tokyo Vocational Training Center, etc.), J. Nursing Care and Work Activity Center for the Severely Disabled (Shimada Rehabilitation Hospital for the Severely Handicapped, etc.), K. Comprehensive Rehabilitation Services from Medical to Vocational (National Rehabilitation Center for the Disabled, etc.), and L. Adapted Housing for the Disabled and International Exhibition (Tokyo Metropolitan Rehabilitation Center for the Physically and Mentally Handicapped, etc.).

## The Fourth Day

The Plenary Session 5 in the first half of the morning of the fourth day was 'Looking ahead: Realities and Possibilities' and following PS 6 was 'Technology Creating New Realities'.

In the afternoon, the Sectoral Session E-1 'Equalization of Opportunities through Barrier-free Design in Architecture and Transport' was held. In parallel, there were E-2 'Special Needs Populations: The Psychiatrically Disabled', E-3 'Change of Attitude: Sexuality and Disabled People', E-4 'Special Needs Populations: The Blind and the Visually Impaired' and E-5 'Extending Life through Technology: Whose Decision?'

These were followed by Sectoral Session F-1 'Equalization of Opportunities in Sports, Leisure and Recreation', F-2 'Special Needs Populations: The Drug and Alcohol Dependent', F-3 'Women with Disabilities: Project Reports on Equalization of Opportunities', F-4 'Special Needs Populations: The Deaf and the Hearing Impaired' and F-5 'Social Rehabilitation: the Nordic Approach'.

In the evening of the fourth day the 'Japan Night' was held with entertainments including 'Kyogen' (comic plays of medieval Japan) both played by the Deaf Theater of Japan using sign language and by the professional troupe of Mr. Mannojo Nomura, etc.

## The Fifth and Last Day



*Left to right: Satoshi Ueda and Donald Wilson*

Friday September 9 began with Plenary Session 7 'Perspectives for the 21st Century RI in the Year 2000' with speakers Mrs. Susan Hammerman, RI Secretary General and Mr. Norman Acton, the former RI Secretary General.

## The Closing Ceremony

The second half of Friday morning was the Closing Ceremony. Starting with recitation of a poem and singing of a song, there followed the presentation of many awards and certificates for persons and organizations contributed to the success of this congress. Then there were many speeches including those by Dr. Otto Geiecker, RI President and Mr. Fenmore Seton, the incoming RI President.

## Accompanying Programs

There were many accompanying programs along with the main program. These were as follows.

1. **Poster Sessions:** There were three sessions (Vocational Rehab., Educational Rehab. and Independent Living) on Monday, 16 sessions (Community-based Rehab., Social Rehab., etc.) on Tuesday, and 7 sessions (Medical Rehab., Rehab. Engineering, etc.) on Thursday.
2. **Technical Exhibition:** With the theme of 'New Technology and the Disabled', the Exhibition on Rehabilitation Technology was held from Monday, September 5. It consisted three sections: the first section dealt with welfare equipment, the second with communication technology, and the third was a model house that was designed to allow a severely disabled person to lead an independent life. This exhibition was also open to the general public and total number of visitors amounted altogether over 1,500.
3. **Program for Accompanying Persons:** This was open to the accompanying persons of overseas participants. On Thursday, September 8, they left the Congress site for sightseeing of Tokyo including the Imperial Palace, the 90th Anniversary Exhibition of the Japanese Art Academy at Mitsukoshi Department Store and they enjoyed Japanese lunch at Chinzanso, a famous restaurant-hotel with a large beautiful garden.
4. **Pre- and Post-Congress Seminars and Meetings:** There were many Pre- and Post-Congress Seminars and Meetings including ICT Seminar, Yokohama International Symposium, Social Rehabilitation Seminar, Chugoku-Shikoku Conference on Rehabilitation Medicine, Sapporo Meeting, the Fourth Western Pacific Conference on Cerebral Palsy and others.

## Conclusion

The 16th RI World Congress was the biggest ever event in the history of Japanese Comprehensive (Total) Rehabilitation. The preparation process itself needed and actually stimulated the cooperation among many and various sectors (medical/ vocational/social/ educational) of rehabilitation of persons (children/adults/the aged) with disabilities (physical/mental). Mutual understanding among various professions was stimulated and has remained so.

It could also be said that the 16th RI World Congress was a successful meeting and has raised the international recognition/appraisal of the rehabilitation activities in Japan. Especially the facility visits on the middle of the Congress could have shown actual rehabilitation activities in Japan.



Author: **Satoshi Ueda, MD**

1932: Born on January 3, in Taira City, Fukushima Prefecture, Japan.

1956: Graduated from University of Tokyo Medical School.

1957: (After one-year's internship) post-graduate training in internal medicine and neurology in University of Tokyo Hospital.

1960: Starts practice of rehabilitation medicine.

1964: Resident training in rehabilitation medicine at the Institute of Rehabilitation Medicine of New York University.

1983-2008: National Secretary for Japan, Rehabilitation International.

1984: Professor and Director of Central Rehabilitation Service, University of Tokyo Hospital.

1992-Present: Professor of two universities, guest professor of a college and a university; Vice-President then Advisor of Japanese Society for Rehabilitation of Persons with Disability (JSRPD).

# RI 16th World Congress, Tokyo: Supporting Partners, Memorable Events and Long Term Impacts

Ryo Matsui

## Contributions of volunteers and public relations activities to the success of the Congress

### 1. Volunteers

The Organizing Committee of the Congress recruited around 270 volunteers who assisted participants with disabilities as well as acted as interpreters for oversea participants. The training of those volunteers was conducted in Tokyo from April to August 1988 with the assistance of the Japanese Red Cross Society. A training course for interpreters of American Sign Language was also organized in Tokyo from February to August 1988.

In addition to those volunteers nearly 200 staff members who were assigned to the Organizing Committee from various collaborating local organizations involved in the preparation and daily operation of the Congress.

### 2. Public relations activities of 16th RI World Congress

A variety of actions took place to create wider publicity, promote participation in the World Congress and also develop the public interest in both the Congress and wider issues of disability in Japan, which included the followings:

1. The Congress symbol was designed by a famous designer, Mr. Aisaku Murakoshi

2. Theme song was composed by a songwriter of Tampopo no Ie (House of Dandelion), which was sung by the volunteer singers' group of Tampopo no Ie on the occasion of the opening ceremony of the Congress.
3. Commemorative stamps, which were designed with the Congress symbol, were issued by the Ministry of Posts and Telecommunications
4. A documentary film on the Congress was produced in Japanese to disseminate the Congress programs to those who could not take part in the Congress for various reasons.



## Contributions of volunteers and public relations activities to the success of the Congress

The total overall cost of the Congress was estimated to be around 430,000,000 yen, which exceeded the expected revenue from the registration fees of around 80,000,000 yen.

In four years of fund raising since 1985, the Organizing Committee received grants from the Japanese Government and Tokyo Metropolitan Government, and donations from many sectors, Federation of Economic Organizations, Consumer Livelihood Corporates, private aid organizations, labor unions, disability organizations, the Rotary Foundation and Rotary Clubs, and many other private companies and organizations, which amounted to a total of around 400,000,000yen.

And as a result the Organizing Committee could have a surplus of some 39,000,000 yen, which was much beyond its expectation. Based the suggestion made in 1989 by Mr. Kunihiro Dazai, President of the World Congress, the half of its surplus (19,500,000 yen, equivalent of around US\$141,300 at that time) was donated to RI Headquarters, and the rest was allocated to relevant projects to promote the UN Decade of Disabled Persons in Asian and Pacific Region

Upon receiving the donation from the RI Japan on behalf of the Organizing Committee, RI decided to establish the 16th World Congress Fund as part of its permanent funds. It is understood by the RI management that the Fund is to be utilized for assisting some disability projects to be implemented by RI member organizations in the Asian and Pacific region.

And during the 1st and 2nd Asian and Pacific Decade of Disabled Persons from 1993 to 2012 by making most of its accumulated interest, small amount of grants (US\$3,000 to 5,000) were given to several disability projects implemented by RI member organizations, including those in the Philippines and Vietnam.

In 2018, US\$10,000 was allocated to JSRPD to cover the traveling costs of its two staff members, assigned to the Editorial Committee of RI Centennial E-publication, to attend its Committee meetings held in conjunction with RI EC in Shenzhen in 2018, and also held in Macau in conjunction with the 13th RI Asia and Pacific Regional Conference in 2019.

In 2020 US\$40,000 was allocated to assist a capacity building project on rehabilitation practice with children with disabilities in Pokhara, Nepal to be implemented by the Hong Kong Society for Rehabilitation (HKSR).

The remaining amount of the Fund at the end of October 2020 is US\$91,592.51.



Author: **Ryo Matsui**

1. Vice President, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)
2. RI National Secretary for Japan; Chief Editor, Editorial Committee of RI Centennial E-Publication; Former Rehabilitation International (RI) Vice President for Asia and Pacific Region
3. Former Secretary General, Asia Pacific Disability Forum (APDF)
4. Chairperson, International Committee, Japan Disability Forum (JDF)
5. Member of the Assembly for Disability System Reform Promotion, the Cabinet Office
6. Member of the Advisory Committee on Disability & Development, International Cooperation Agency (JICA)
7. Chairperson, Committee on Disability Plan Development, Hachioji City, Japan

# Section 4.3

**RI World Congress 2012**



# RI World Congress 2012 Selected Pictures

Joseph Kwok





**Section 5**  
**Journey with**  
**International**  
**Partners**

# Section 5.1

## **Rotary International**

## Rotary International and Rehabilitation International: A Selected Historical Account

Founding of Rehabilitation International: In 1921 Rotarian Edgar F. Allen's Ohio Plan for decentralized hospital care and education had received significant support from various sectors. Allen invited Rotary groups to join. He received support from Rotary's founder, Paul P. Harris, who said, "the Ohio Clubs have opened up the very biggest opportunity available to Rotary." Rotary representatives from New York, Michigan, Illinois, and Ohio who met in Toledo to form the U. S. National Society for Crippled Children in 1921. Allen was elected president. Allen was invited by Canadian Rotarians to Ontario, and the establishment of the Ontario Society in 1922 gave birth to the International Society for Crippled Children – now Rehabilitation International. ([The Rotarian, An International Magazine, December 1973](#))

Representatives of two "R.I.'s" greeted one another on June 27, in Winnipeg, Man., Canada. Rolf J. Klarich, then president-elect of Rotary International, the Honorable Dr. Harry S. Y. Fang, incoming president of Rehabilitation International, (and a member of the Rotary Club of Hong Kong), were attending the 14th World Congress of Rehabilitation International ([The Rotarian, An International Magazine, October 1980](#))

Rotary Foundation and Abilympics:

- Largest Special Grant ever goes to Japan ([The Rotarian, An International Magazine; May 1981, page: 41](#)): "The Trustees of The Rotary Foundation recently approved the largest Special Grant in the history of the program: a grant of US\$92,320 in response to a request from the 24 Rotary Districts in Japan. This contest, popularly known as the "Abilympics" (Olympics of Abilities), will be the tenth such event to be held in Japan. Nation-wide Abilympics

have been held annually, starting in 1972, but the 1981 event will be the first to include contentants from other countries. ....The Abilympics grant will be used to pay travel expenses for teams from nine development Rotary nations: Bangladesh, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, and Tong. ... While most Special Grants are but a fraction the size of this one, the principle is the same: a worthy project, featuring active participation by Rotarians, which helps bring people around the world together. Rehabilitation International was the organizer of the First International Abilympics in Japan."

- The 1st IA was held in Tokyo in 1981 by Rehabilitation International to commemorate the United Nations' International Year of Disabled Persons, and steered by Dr Yutaka Nakamura, founder of Japan Sun Industries (JSI), and an executive committee member of Rehabilitation International. The 1st IA received the wide support of both governmental and non-governmental organizations. His Imperial Highness, the Crown Prince (present Emperor Emeritus of Japan) served as Patron of the 1st IA. The [International Abilympics Federation \(IAF\)](#) was established during the 3rd IA held in Hong Kong in 1991.
- At the Hong Kong Abilympics 1991: During his Asian tour in August, President Saboo travelled to Hong Kong to help open the Third International Abilympics. Hong Kong Rotarian Harry Fang, Chairman of the Abilympics Organizing Committee, introduces President Saboo to participant Deng Pu-fang, son of China's leader Deng Xiaoping ([The Rotarian, An International Magazine; December 1991, page: 41](#)).

# Section 5.2

## International Abilympics

## History of International Abilympics



The 1st IA was held in Tokyo in 1981 to commemorate the United Nations' International Year of Disabled Persons. It received the wide support of both governmental and non-governmental organizations. His Imperial Highness, the Crown Prince (Present Emperor of Japan) served as Patron of the 1st IA.

Japan has held the vocational skills contests for persons with disabilities since 1972 with the aims of improving the vocational skills of people with disabilities in order to promote their participation in socio-economic activities. The title "Abilympics" was coined from the phrase "Olympics of Abilities."

The Abilympics have helped to overturn traditional views in regard to the skills, potentials and abilities of disabled persons, resulting in increased employment opportunities and vocational stability.

The experience and expertise of Japan's National Abilympics was utilized at the 1st IA. In addition to the skills contests, there were various demonstrations, exhibitions and international seminars were held, all of which contributed to raise public awareness on the subject of persons with disabilities, their vast potential and the contribution that they can make to the society.

The success of the 1st IA inspired Colombia to hold the 2nd IA in 1985. During this 2nd IA, it was proposed to establish an international organization in order to promote the IA and to hold it on a regular basis.



After many discussions held among people who had been involved in the IA, the International Abilympic Federation (IAF) was established during the 3rd IA held in Hong Kong. This was a big step forward in realizing the philosophy of the Abilympics.

Since then, the IA has been held in Perth, Australia (1995), Prague, Czech Republic (2000), Delhi, India (2003), Shizuoka, Japan (which was held concurrently with the WorldSkills Competitions for the first time in 2007), Seoul, Korea (2011), and Bordeaux, France in 2016.

It has been and will continue to be held by a host organization that is chosen by the IAF Assembly, and co-hosted by the IAF and RI.

The IA is striving to win wide support from all over the world in its dream to realize a society where people with and without disabilities have equal rights and opportunities.



## What Are the Abilympics?

Harry S. Y. Fang

The 4th International Abilympics, held this September in Perth, Australia, brought people from more than 80 countries together for a week of contests of occupational skills, living and leisure skills, and artistic performances. At the same time, a conference addressed issues of employment, equity and empowerment, legislation and policy, recreation and leisure.

The fourth in a series of contests of occupational skills, living and leisure skills and artistic performances demonstrates that people with disabilities are talented in many different fields.

The 1st International Abilympics - a showcase of the remarkable talents of people usually described as disabled was organized in Japan in 1981 during the United Nations International Year of Disabled Persons. The objective was to demonstrate that people with disabilities are talented in many different work skills and should be offered equal opportunities in the vocational area. So much enthusiasm was created in Japan that the 2nd Abilympics (in Colombia, 1985) and the 3rd Abilympics (in Hong Kong, 1991) both saw increased participation and a greater number of work areas contested.

The Hong Kong event attracted almost 2000 participants, both disabled and able-bodied. In addition to 30 "occupational skills" contests, including typing, woodworking, computer programming, accounting, drafting and engineering drawing, Hong Kong extended the original concept by creating categories of Leisure and Living Skills and Performing Arts.



*Painting orchids. This young girl has developed the potential offered by her feet to compensate for having no arms.*

The Leisure and Living Skills category is about pursuing quality in life. It challenges participants to exercise their imagination and creativity in events such as cookery, kite design and flying, flower arranging, and waste recycling. The Performing Arts section appeals to music, dance and drama enthusiasts. In these contests, participants compete in teams composed of people with and without disability, highlighting the ideal of equality through participation. The emphasis is on cooperation, friendship and interdependence.

By contrast with the well-known Paralympics- the international sports competition for people with disability, the Abilympics offer opportunities for more people to explore their own potential and resources in diverse and productive areas. The competitive aspects provide motivation and reward. It is not only the "strongest and quickest" who can take part but those with and without disabilities, of all ages and backgrounds, independent of movement abilities.

Whether held at district, city, national or international level, the Abilympics festival provides opportunities for people to learn the fun and value of cooperation and mutual respect. There are obvious advantages in holding these competitions in combination with conferences on rehabilitation. Many people who would not normally attend such meetings enjoy the chance to share experiences and exchange ideas, while also demonstrating their skills and reminding more seasoned conference-goers of the enormous resource that people with disability represent. In the long term, the aim of the International Abilympics is a better working and playing society for all.



**Professor Sir Harry S.Y. FANG, GBM, CBE, OBE, JP** was a renowned orthopaedic surgeon, a rehabilitation expert, an organizer, a volunteer, a fund raiser extraordinaire, a politician as well as a reformer. He had devoted himself to helping people with disabilities. He established the Hong Kong Society for Rehabilitation in 1959 and had served the Society in various capacities. The Society was designated as World Health Organization Collaborating Centre for Rehabilitation in 1986 in coordinating the training programmes in China. He introduced the first policy paper on rehabilitation, "Integrating the Disabled into the Community: A United Effort" to the Government in 1977. Professor Sir Harry Fang was the first Asian elected as President of Rehabilitation International (RI) 1980-1984. He raised funds and purchased the headquarters of RI in New York, USA. He was a Founder and the Vice President of International Abilympics Federation, and a Founder of Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons 1993-2002. In Hong Kong, he had been the Chairperson of Hong Kong Joint Council for Persons with Disabilities (the umbrella body of organizations for and of people with disabilities) for more than 30 years. He has founded and served as President of a number of active rehabilitation and disability organizations in Hong Kong. He was a Steward of Hong Kong Jockey Club, and a Member of the Government's Executive and Legislative Council and the Chairperson of its Rehabilitation Advisory Committee in the 1970s, 1980s, and 1990s.

## Japan's Global "Abilympic"

Andrew Hagen

### Conquering handicaps at the "Olympic of Ability"



*At the opening ceremony of the first International Abilympic, held in the filled-to-capacity Tokyo Metropolitan Gymnasium, children of several nations roll a huge "earth ball" toward the stage. During the Abilympic, disabled persons competed in a wide variety of occupational skills.*

Physically disabled men and women from every corner of the earth thronged the huge room. Many sat in wheelchairs, others had limbs missing, or were deaf or blind. But all were performing skilled tasks at a pace able-bodied people would envy. They were competing in the first International Abilympic, held in Tokyo last October. The full name of the three-day event was International Skill Contest for the Disabled. The shorter name, "Abilympic," is a combined word denoting, "Olympic of Ability." It is an apt designation. The traditional, athletic Olympic features near-perfect physical specimens competing at the pinnacle of sporting achievement. The Abilympic, on the other hand, allows physically disabled men and women to test their vocational skills against each

other in a wide variety of proficiency competitions. In Tokyo, 305 contestants from 53 nations, including Japan, demonstrated their abilities in 17 skills, ranging from lathe-turning to dressmaking, from architectural and engineering draftsmanship to knitting, from English-language typing to radio and television repair. Japan has held an annual National Abilympic since 1972, but the 1981 event was the first to include non-Japanese participants. Much of the credit for making the event a truly worldwide competition must go to generous Japanese Rotarians and a special grant from The Rotary Foundation.

Originally, The Rotary Foundation approved a \$92,320 special grant, which was then matched with an equal amount contributed by Japanese Rotarians. This money paid the travel expenses for teams (contestants, attendants, and coaches) from nine developing nations: Bangladesh, Indonesia, Malaysia, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand, and Tonga. However, because of good financial managing and, in some cases, smaller teams than anticipated, about \$58,000 was left over after the travel expenses of all nine teams were paid.

This enabled 11 additional teams to be partly funded by Rotary. With the consent of The Rotary Foundation and the governors of all 24 R.I. districts in Japan, teams from Australia; Guam; Hong Kong; India; Korea; Macao; the Marshall Islands, U.S. Trust Territory of the Pacific Islands (Micronesia); New Zealand; Papua New Guinea; Republic of China (Taiwan); and Singapore received funds to help cover their travel expenses to and from Tokyo.

The Abilympic is designed to prove to everyone, especially those who hire personnel, that even a very severe physical disability need not prevent a person from doing skilled and useful work, and doing it with amazing efficiency. The disabled become valuable employees. By moving from a dependence on government or private support to earning their own living, they also enjoy a heightened feeling of self-esteem that no able-bodied person can completely appreciate.

A seminar held in conjunction with the Abilympic concluded: "Whilst some severely disabled persons do require special assistance, the great majority of them can and should be trained and employed alongside the non-disabled. Disabled persons have the same hopes, aspirations, and rights as everyone else."

Contestants in each of 17 occupational categories were required to complete designated tasks within a specified time. Their work was judged according to quality, not by their degree of disability.

When the last judging was completed, the Japanese team, by far the largest, with 75 contestants, had swept the events, winning 31 of a total of 55 medals (11 of 19 gold, 12 of 19 silver, and 8 of 17 bronze). Of the teams receiving Rotary funds, Korea (17 contestants) performed best, winning a total of 10 medals (1 gold, 4 silver, and 5 bronze). The only teams besides Japan to win more than one gold medal were New Zealand and the Republic of China, both Rotary-supported teams, with two each.



*During a break in the competitions, participants from different countries developed friendships in a mixture of spoken and sign languages. Rotary funds helped 20 nations send teams.*

Far more important and lasting than the excitement of the competition and the thrill of victory, however, was the sense of camaraderie and accomplishment which prevailed throughout. Each participant had ample reason for pride: he or she had overcome a disability, mastered a valuable skill, and traveled, some a great distance, to match skills against those of men and women from many nations. This feeling of personal accomplishment, amplified by the sheer numbers, naturally led contestants to set even higher goals. Those who won nothing, as well as those who did, shared in the feeling that, "What one of us has done, all of us can do!"

Pisarn Wongsiriparchnakul, 31, of Bangkok, Thailand, who has a hearing disability, won first place in woodpainting. He was the only gold medalist among the teams fully subsidized by Rotary funds. In sign language, he commented, "I will not forget this throughout my life. I am very grateful to The Rotary Foundation and the Japanese Rotarians through whose generosity I could join this significant event."

"I hope this sort of event may be held annually so that disabled persons like me may be encouraged to find their way to self-support. Thanks again to Rotary!"



*Yutaka Uyeno, Rotary Foundation trustee (leaning forward) and Senju Satoh, 1974-75 governor of R.I. District. 358 (to trustee Uyeno's right) greet Mr. A.A.£. Emanbakum, 40, of Mauritius, who competed in watch repairing. Rotarians Satoh and Uyeno set up vital financial support from the Foundation and Japanese Rotarians.*



A. Hossain-Abul, leader of a five-member team from Bangladesh, added, “We are very glad we could come here. But for the assistance of The Rotary Foundation and Japanese Rotarians, we could not have. This event will be of great help to the contestants in finding jobs back in Bangladesh. Many thanks to Rotary!”



*Besides the contests, the Abilympic spotlighted many disabled persons demonstrating their skills. Here A. Dulnuan, 15, of the Philippines, creates original works of art using only his feet.*

Increased awareness of their own abilities, and more and better job openings—these 1981 Abilympic benefits to the world’s disabled will continue for many years, additional examples of Rotary’s continuing commitment to helping people help themselves.

All photographs and documentary materials for this report were provided to THE ROTARIAN by Fumio Tamamura, public relations director for the Abilympic, and Kakutarō Kawasaki, editor of the Japanese regional Rotary magazine, The Rotary-No-Torno, both of whom are members of the Rotary Club of Tokyo; and by Nagayoshi Murata, overseas editor, and Isamu Asami and Naomi Bessho, assistant editors, The Rotary-No-Torno. Your editors are most grateful for their skillful and generous assistance.

## 7th International Abilympics, November 13-18 2007, Shizuoka, Japan



The International Skills Festival for All, Japan 2007 (ISF2007) brought together the 7th International Abilympics (IA2007) and the 39th WorldSkills Competitions (WSC), for the first time in history in Shizuoka, Japan, at the foot of beautiful Mr. Fuji. A total of 1,172 IA and WSC competitors from 55 countries/regions around the world showcased their brilliant skills in a range of vocational areas sending the clear message that people with disabilities are independent and productive contributors to a Society for All.

His Imperial Highness the Crown Prince of Japan, who served as Honorary President of IAF2007, stated in his message to the ISF2007 participants as follows: “I do hope that the participants from various countries and regions will compete enthusiastically in exhibiting their skills, discuss their ideas and experiences, and develop new personal ties and friendships.” He also expressed his hope that the ISF2007 would help “to further the development of a Society for All where all people will respect and support each other’s personal character and individuality.”

According to Mr. Yoichi Masuzoe, Minister of Health, Labor and Welfare, all the relevant Ministries in Japan had worked together for the success of the ISF2007. He said that the government regarded this event as a very important national project, which would give young people the incentive to acquire higher vocational skills as well as to increase the vocational independence of persons with disabilities through the acquisition of top-level skills.

The grand event attracted about 293,000 people from home and abroad.





## Skills Contests

In the IA2007, 26 Vocational Skills and 4 Leisure and Living Skills Contests were held in the South Wing of Twin Messe Shizuoka.

In order to facilitate participation of contestants with various kinds of disabilities, “basic courses” were set up in 3 categories, namely, Data Processing, Dress Making and Furniture Making. Skills contest categories conducted in the IA2007 were as follows.

### Vocational Skills Contest Categories

Artificial Limb Making, Basket Making, CAD-Architecture, CAD-Machinery, Computer Programming, Creating Web Pages, Data Processing (Advanced and Basic Course), Dental Techniques, Dress Making (Advanced and Basic Course), Electronic Assembly and Testing, Electronic Circuit Connection Technique, English Desktop Publishing, English Text Processing, Floral Arrangement, Furniture Making (Advanced and Basic Course), Jewelry Making, Mechanical Assembly, PC Assembly, Photography, Poster Design, Precision Sheet Metal Work, Tailoring and Wood Carving.



### Leisure and Living Skills Contest Categories

Embroidery, Hand Knitting, Painting (Water Color) and Pottery.



The list of winners of the skills contests is in the following website: <http://www.skillsfestival2007.or.jp/abilympics/en/result/Winners.pdf>

## Demonstration and Exhibition



In the North Wing of the Twin Messe, Japanese companies, NGOs and GOs introduced their initiatives regarding disability employment. These included various assistive technologies under the banner of “IA2007 Work Fair.” Delegations from Chinese Taipei, Germany, Hong Kong, Japan, Korea, Nepal, Pakistan, Thailand, Rwanda and UAE also demonstrated various vocational skills and their unique culture, as well as exhibiting/selling products made by disabled workers.

In the International Massage Corner, participants and visitors enjoyed massage given by professionals with visual disabilities from Hong Kong and Thailand as well as by Japanese high school students with visual disabilities.



On the stage set up in the exhibition area, various attractions were prepared by overseas and Japanese organizations.

## International Symposium

Under the theme of “Good Skills, Good Job, Realizing a Society for All,” International Symposium attracted 250 participants from 21 countries/regions. In addition to the 3 keynote speakers, Ms. Debra Perry of ILO, Mr. Don Crosby of McDonald’s Corporation and Mr. Kazuto Ono of Canon Inc., 15 speakers from Australia, Austria, Germany, Hong Kong, India, Japan, Korea and Singapore had heated discussions in 3 sessions under the titles of “Enjoying My Working Life”, “Supporting Disabled Workers” and “International Abilympics: A Valuable Step in My Career.”

## Other Programs

Shizuoka City conducted **Shizuoka Friendship Program**. Many delegation members and contestants visited local elementary schools and junior high schools for students with/without disabilities, where they participated in various international exchange and hospitality programs. Also students visited the Twin Messe to watch contestants showing off their brilliant skills in various work areas.



## Performing Arts Festival

Under the theme of “Art, Culture and Cultural Exchange,” Performing Arts Festival was held on November 18, before the Closing Ceremony. All participants fully enjoyed the Korean folk dance, Japanese traditional music and dance, and piano performance by a Japanese pianist with visual disabilities.



## Closing Ceremony and Farewell Party

Contestants with excellent skills were awarded medals in the Closing Ceremony.



At the final stage of the Closing Ceremony, the IA Flag was handed over to Korea, the host of the 8th IA to be held in 2011.

In the relaxed mood of the Farewell Party held after the Closing Ceremony, all contestants and delegation members developed old friendships and made new ones, looking back over the memories of their time in Shizuoka.

## IAF Meetings

The 23rd Executive Committee and 8th Assembly Meeting were held at the Twin Messe Shizuoka on November 13 and 16 respectively.

### Amendments to IAF Constitution

The Assembly endorsed the following amendments to the IAF Constitution, which were proposed by the Executive Committee. Also, respective articles of the Rules of Procedures for Election of Officers were automatically revised in connection with the amendment to Article 6.1.

The amended parts are underlined.

- Constitution

<Article 6.1> The maximum number of officers of the IAF shall be twelve (12), including the President and a Vice President.

<Article 8.1> The Assembly shall consist of representatives of member organizations (hereinafter called representatives). Each organization shall designate one representative, who is entitled to one vote at each meeting of the Assembly. Notwithstanding the above stipulation, one vote is allocated to each country when deciding a future IA host. In the case of there being plural organizations in one country, one vote for the said country will be divided by portion according to the number of its member organizations.

- Rules of Procedures for Election of Officers

<Article 4> In the event that there are more than nine (9) candidates, the voting members, namely one representative from each member organization and RI, shall write a maximum of nine (9) candidates' names on the ballot. Voting by proxy is not accepted.

<Article 5> Among those who have obtained a majority of votes, up to nine (9) candidates in descending order of votes obtained will be elected.



## RI's Support and Cooperation for Promoting International Abilympics

In April 1979, the Pan-Pacific Conference was organized by RI in Seoul, Korea, where the concept of “Abilympics” (vocational skills competitions for persons with disabilities) was introduced to the RI members.

The Abilympics was organized for the first time in Japan in 1972, with the aims of improving the vocational skills of persons with disabilities in order to elevate their desire for vocational independence and participation in socio-economic activities. The title “Abilympics” was coined from the phrase “Olympics of Abilities.”

Since then, Japan's national Abilympics have helped to overturn traditional views in regard to the skills, potentials and abilities of persons with disabilities, resulting in increased employment opportunities and vocational stability.

In 1976, the 31st UN General Assembly proclaimed that 1981 would be the United Nations' International Year of Disabled Persons (IYDP). The wide range of concerned parties in Japan considered that taking this opportunity, the Abilympics should be held internationally.

The Japan's proposal to organize the first International Abilympics (IA) in 1981 to commemorate the IYDP fully supported by the RI members participating in the Pan-Pacific Conference held in Seoul, Korea in April 1979.

This was the first step for the IA to get the full support and cooperation from RI. In May 1979, Mr. Norman Acton, then RI Secretary General, came to Japan and officially proposed

that RI would co-host the 1st IA. Taking this opportunity, the following breakthrough agreement was made between RI and IA Preparatory Committee.

- RI and IA Organizing Committee, Japan, will co-host the 1st IA to be held in 1981 in Tokyo, Japan.
- Events will include vocational skills competitions, exhibitions/demonstrations and international seminars on employment of persons with disabilities.
- RI and Organizing Committee will seek for active participation widely from all over the world.

After this meeting, RI and Organizing Committee, Japan, had seven discussion meetings in total, and further discussed how to organize the event successfully. It was decided that RI President Sir Harry Fang would serve as Honorary Chairman of the International Organizing Committee of the 1st IA, and Mr. Norman Acton as Vice President.

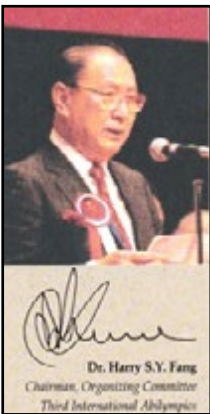
In the RI meetings, including the 14th World Congress held in Canada (Winnipeg) in 1980, IA was effectively introduced to the RI members from all over the world.

Thanks to all the support by RI, the 1st IA was successfully held in 1981, also obtaining full support from ILO and IYDP Secretariat, as well as sponsorship from the Rotary Club, which provided the special grant to support 120 participants from 21 countries/regions, especially to help cover their travel expenses.

His Imperial Highness, the Crown Prince, served as Patron of the 1st IA.



In addition to the skills competitions, there were demonstrations, exhibitions and international seminars, all of which contributed to raise public awareness on the subject of persons with disabilities, their vast potential and the contribution that they can make to society.



The success of the 1st IA inspired Colombia to hold the 2nd IA in 1985. During this IA in Bogota, Colombia, Sir Harry Fang proposed to establish an international organization in order to promote the IA and to hold it on a regular basis.

Under the strong leadership of Sir Harry Fang, the International Abilympic Federation (IAF) was established during the 3rd IA, which was organized by him in Hong Kong in 1991.

This was a big step forward in realizing the philosophy of the Abilympics. Since then, the IA has been held periodically: in Perth, Australia (1995), Prague, Czech Republic (2000), Delhi, India (2003), Shizuoka, Japan (2007), Seoul, Korea (2011) and Bordeaux, France (2016).

In all the IAs, the cooperation and support of RI were integral.

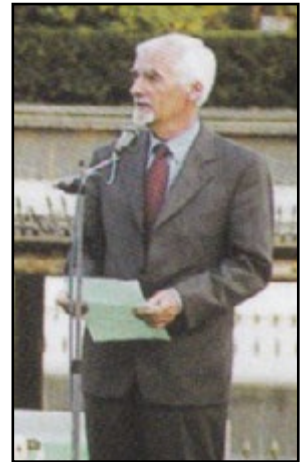
In 1994, Ms. Susan Parker, then RI Secretary General, visited Japan and met with Mr. Kozo Okabe, then IAF President. In the series of discussions, Ms. Parker reiterated RI's continued support by the co-hosting of future IAs.



In the past IAs, the RI President and/or Secretary General participated and introduced RI's initiatives to the IA participants, with the result that many members of IAF who had not known about RI became RI members.



*Mr. Fenmore R. Seton  
(3rd IA)*



*Dr. Arthur O'Reilly  
(5th IA)*

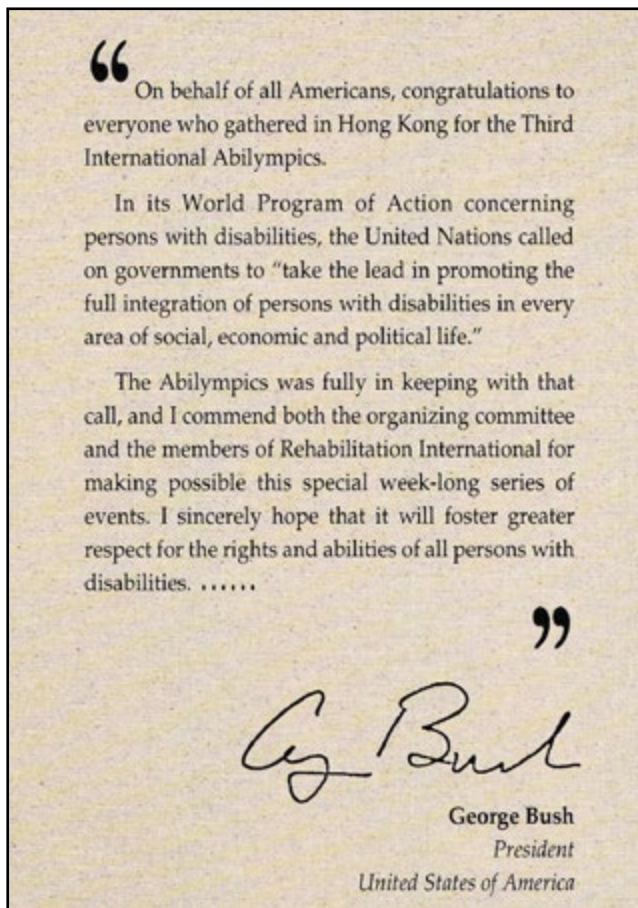


*Ms. Anne Hawker  
(8th IA)*



*Ms. Venus Ilagan  
(9th IA)*

The cooperation between RI and IAF should be strengthened even more, with the aim of further promoting the initiatives of both international organizations all over the world.



*Message by President George Bush for the 3rd IA*



## At the Hong Kong Third International Abilympics 1991



*During his Asian tour in August, President Saboo traveled to Hong Kong to help open the Third International Abilympics, a competition in vocational skills for disabled men and women from around the world. The Hong Kong Abilympics, which also featured a conference on training and employment of disabled people, was supported by Rotarians in Hong Kong and Macau and a grant from The Rotary Foundation of R.I.*

*Bernadette Tsui, a Hong Kong journalist who served as project director for the Abilympics, briefs the president on highlights of the third annual event. Ms. Tsui studied theater in the United States as a Rotary Foundation Ambassadorial Scholar at New York University.*



*President Saboo and R.I. Director Bhichai Rattakul of Thailand use sign language to greet two delegates from Thailand who have hearing and speech impairments.*



*Hong Kong Rotarian Harry Fang, chairman of the Abilympics Organizing Committee, introduces President Saboo to participant Deng Pufang, son of China's leader Deng Xiaoping.*



*President Saboo and Director Rattakul visit two of the 18 Rotarian doctors on duty at the Abilympics.*



*One of the Abilympics' spectacular entertainments featured this spirited dancing dragon, being tamed here by President Saboo, R.I. Governor Andres Guillen (far right), and other Rotarians of District 3450. The colorful creature has entered the "Guinness Book of World Records" as the world's longest dancing dragon - 250 pairs of (Rotarians' and Rotaractors ' ) feet long from head to tail.*

# Section 5.3

## GLADNET

## Susanne Bruyere's RI Centennial Video



Click [here](#) to watch video

### Video Transcript

Hello. My name is Susanne Bruyère. And I'm a professor of Disability Studies at Cornell University and Director of the Yang-Tan Institute on Employment and Disability. I'm pleased to have an opportunity to recap a few of my recollections about Rehab International and its contributions to the field of disability over the past 100 years for this centenary celebration. I was first introduced to RI by Lex Frieden who invited me to become a participant in the RI Work and Employment Commission, and for many years attended both those meetings and also RI's global and regional meetings. And I learned a lot from that about what was happening on the international scene around disability and rehabilitation. I also was a participant with Aldred Neufeldt, the leader of the global GLADNET Association that we worked with RI to begin a collaboration across our two organizations and had concurrent meetings, often for GLADNET at RI International meetings. Both GLADNET, I believe, and RI benefitted from this mutual

reciprocal collaboration, where we afforded each other an opportunity to access our -- each other's memberships, and we were very happy to be able to have our annual general meetings as a part of RI's broader, bigger opportunities to network. Since then, we have certainly seen a big evolution in how RI has operated. If I look over 100 years and how disability and rehab has changed, RI has been a part of that change, moving from a medical model to a more social model of disability and being significantly invested in advancing the rights of people with disabilities. RI has been instrumental in promoting the passage and the implementation of the U.N. Convention on the Rights of People with Disabilities. And I would say its structure, which has been regional in nature, has afforded many people with disabilities an opportunity to come together and have their voices be heard with the reinforcement that the U.N. C.R.P.D. has afforded us. So with that, I want to say happy birthday, RI. And thank you for 100 years of contribution in bettering people with disabilities by promoting their rights and voice at the local, regional, and global levels. Thank you.

# GLADNET and RI Collaboration: Contribution to RI Centennial ePublication

Aldred Neufeldt, Edwin De Vos, Susanne M. Bruyère

## Prologue

This message is being written at the invitation of Joseph Kwok, Ryo Matsui and others who are developing an ePublication for the centennial celebration of Rehabilitation International (RI). This narrative chronicles the inter-organizational interface between the Global Applied Disability Research and Information Network (GLADNET) and RI over an evolving set of collaborations that span a decade of pursuing shared mission and initiatives in service of the rights of people with disabilities, particularly work and employment goals.

## A. Introduction

It's worth celebrating a century of championing people with disabilities as equals in society. That has been the enduring RI-Global mission, and it's in rare company. Few international non-governmental, not-for-profit organizations with similar aims are older. So, congratulations to RI-Global leaders (past and present) who made it possible, from us and our colleagues in GLADNET.

Ties between us have been close since GLADNET's beginnings. RI was one of the over 50 social policy research centers, governmental and non-governmental organizations that cooperated with the International Labour Organization (ILO) in launching GLADNET in 1995 – first as part of its REHAB group, then as an ILO-affiliated organization. The vision was for a global trans-disability network that collaborated on research, and shared information and resources to inform emerging policies among countries on training and

employment to combat the social exclusion of disabled people as called for by the 1995 World Summit for Social Development's Programme of Action. Our joint history is noted in the eBook GLADNET: Promise and Legacy available from <https://digitalcommons.ilr.cornell.edu/gladnetcollect/580/>.

## B. RI-GLADNET Collaboration

The nature of our RI-GLADNET collaboration evolved over time; and, at our best, it strengthened the impact of RI's Work and Employment Commission, whilst also enabling GLADNET to encourage similar outcomes with other international disability employment related organizations on our common agenda. A brief summary of highlights follows.

An early question was how RI and GLADNET might best relate to each other. One option advanced was to merge GLADNET with RI, giving stronger focus to its Work and Employment Commission, a point of discussion at an exploratory meeting held in 2002 of RI President Lex Frieden, GLADNET President Aldred Neufeldt and GLADNET Board member Monroe Berkowitz (well-known economist with ties to RI, the ILO and other bodies). In the end, that seemed not the best way forward for either organization, though an initial draft on GLADNET roles had been prepared (see attachment A). Some years later a more precise Memorandum of Understanding outlining mutual relationships was signed (see attachment B).





Seated bottom row: Lex Frieden. Top row from left to right: Edwin deVos, Aldred Neufeldt and Mac (assistant to Mr. Frieden), Aachen, Germany, November 2002

To strengthen these relationships GLADNET adopted a pattern of coordinating its annual General Assemblies and Thematic Conferences with RI and other international organizations' regularly occurring conferences on a rotating basis – RI in one year, the International Federation of Disability Management or Disabled Peoples' International on another, and so on. Between 1998 and 2012, RI and GLADNET/ILO collaborated in joint meetings on five occasions – in 1998 (Hong Kong), 2002 (Aachen, Germany), 2005 (Manama, Bahrain), 2007 (Djerba, Tunisia) and 2008 (Quebec, Canada).

Thematic Conferences were notably successful. In 1998 in Hong Kong we joined with RI's Asia and Pacific Region in a Conference on *Recent Trends in Vocational Rehabilitation*. It began with a keynote address by Prof. Ryosuke Matsui, followed by workshops led by experts from around the globe on topics such as 'job retention/return to work,' 'income generation,' 'supported employment,' a proposed 'comparative

study on effective non-discrimination work environments,' and others. In 2008 GLADNET and the ILO joined in RI's Global Conference held in Quebec City, Canada with a thematic meeting on *Implementing the Right of People with Disabilities to Vocational Training*, with robust international contributions on experiences from low, middle, and high-income countries.

In 2002, GLADNET participated in the 8th European RI conference held in Aachen on *Networking in Practice: Connecting Partners in Rehabilitation*. GLADNET leaders were in attendance with a significant number making presentations. An absolute highlight was the launching of the 2003.

European Year of People with Disabilities on Thursday November 14, 2002, with more than 1000 participants in attendance.

The Bahrain (2005) event was of a different nature – an experiment in collaboration on development of local/regional resources in support of people with disabilities seeking employment. Following on interest expressed from disability leaders for a capacity-building project in the Gulf States, GLADNET joined the RI Arab Region in their conference titled *Doing the Right Things Right: People with Disabilities in the Labor Market*.

The joint agenda was to explore the interest of senior leaders in Bahrain and others in pursuing a project to develop a regional resource to support development of disability services in the region. A meeting was held with Dr. Fatima Bint Mohammed Al-Balooshi, Minister of Social Services, and Salman Derbas, Director of Social Rehabilitation, Ministry of Social Services; RI Arab Region leaders; and GLADNET President Susanne Bruyère along with several others from GLADNET. Interest expressed by the Minister was cautious, but seemed sufficient for GLADNET in collaboration with RI Arab Region leaders to develop three proposals:

- A project entitled A Community-Based Hub Approach to Support Development of Life-Span Services for People with Disabilities in Bahrain;
- A proposal to the Arab Organization of Disabled Persons (AOPD) entitled Employment and Training Resources in the Arab Region;
- A project entitled Disability Policy in the Gulf Cooperation Council States: Lessons from the Middle East;





*From Left to Right: Monroe Berkowitz, Michael Kamp, Susanne Bruyere, and Bahrain Representatives, Manama, Bahrain, Fall 2005*

When little response was received on those three, a fourth project entitled AOPD-GLADNET Collaborative Proposal was also proposed to Arab Organizations of Disabled Persons (AOPD) in August 2006. Despite encouraging remarks, no funding was allocated for this project either.

A different collaborative direction was pursued a few years later. The proposal was for a Combating Unemployment Project under the joint umbrella of GLADNET and RI-Global (2008). Its purposes were to form a coalition whose members would sign a statement of cooperation in conjunction with the U.N. Convention on the Rights of Persons with Disabilities (UNCPRD); and start supported employment, customized employment and self-employment pilots in different parts of the world. While a number of international partners signed on,<sup>1</sup> funding again proved elusive – at least so far.

While funding may have been elusive in these more ambitious projects, no one familiar with pursuing change at the international level is likely to be surprised. It's a continuing challenge to gain funding for worthwhile causes. What such efforts did do, though, was build closer working relationships between both individuals and organizations that can be built on when future opportunities arise. We want to acknowledge

<sup>1</sup> Rehabilitation International, GLADNET, WASE (World Association for Supported Employment), IASSID (Employment Affinity Group of the International Association of Scientific studies on Intellectual Disabilities), European Association of Service Providers for Persons with Disabilities (EASPD), and other affiliates.

the willingness to explore areas of mutual interest over the years, demonstrated by RI's Secretary Generals and Presidents, such as Susan Parker, Tomas Lagerwall, Venus Ilagen, Lex Friedan, Michael Fox and others.

### **C. Common Focus in Supporting Passage and Implementation of the UNCPRD**

Perhaps the most significant collaboration between RI and GLADNET was to join in with many other organizations of and for persons with disabilities in pursuing adoption and implementation of the UNCPRD. On adoption, GLADNET committed itself to aid implementation by building on its virtual information and communication experience. GLADNET was formed just as the Internet was emerging, and developed two e-resources that have had staying power – the [GLADNET InfoBase](#) (an open access electronic library of policies and research resource material - the first e-library of its kind) and GLADMail (an e-mail based communication vehicle connecting a global network). In 2007, with support of the ILO, GLADNET designed a special InfoBase related to the implementation of 13 articles associated with the training and employment of people with disabilities.

RI was an important contributor to the over 300 publications populating this special e-library that includes reports, policies, and research as well as practical guides, checklists, tools, information sheets, brochures and fact sheets concerning work and employment, international cooperation, habilitation and rehabilitation. Where in 2005 there were 4373 downloads, by 2017 this had grown to 77,725 downloads, with people from all world regions making use of the library (the most frequently downloaded article a Spanish language one from Costa Rica).

Recognizing that just adding related material to the database might not be sufficient to effectively promote use of these materials and desired related support for the UNCPRD, the GLADNET leadership proposed to establish a Thematic Working Group to monitor global and regional progress on the implementation of the UNCPRD in relation to Article 27 - Work and employment; Article 28 - Adequate standard of living and social protection; and Article 32 - International cooperation in the areas of training, work and employment. In the end, this Working Group did not come into being, although the concept could be revisited, given the wealth of information available through the periodic country reports to the Committee on the Rights of Persons with Disabilities and other sources.

## **D. In Closing**

In closing, at a time when the world community is being collectively challenged by the presence of a global pandemic, we are reminded of how interdependent our actions and our lives truly are. The times that GLADNET and RI worked together across interests and country boundaries, illustrate the kinds of synergies needed to effectively work at the common purpose of improving the lives of individuals with disabilities around the world. Even though we mark a 100-year history for RI in the events chronicled here, the job is not in any way done. Now, more than ever, such collective action is needed to make sure that the interests of one in five people globally are represented in the global discussion of equitable access to basic supports and protections for good health, safety, access to employment and economic well-being. We wish RI well in its continuing role as a global leader in this effort for the coming 100 years.

## **Attachments**

- A - GLADNET Role in Relation to RI and Inclusion International (draft, August 19, 2002)
- B - GLADNET-RI Memorandum of Understanding (September 8, 2012)

## **Attachment A - GLADNET Role in Relation to RI and Inclusion International (draft, August 19, 2002)**

### **GLADNET core roles**

1. Promote/support/carry out cross-national comparative research relevant to employment and training of disabled people.

- Research on the range of issues from public policy related issues to person-centred issues
- Of interest to and with the involvement of a wide range of interested parties (both groups and individuals) including, but not limited to, organizations of and for disabled people, governments, private sector companies, unions, universities and research centres, non-governmental organizations, and others

2. Synthesize knowledge –

- Promote/support/carry out meta-analyses of prior research
- Promote development of and gather best syntheses of available knowledge into InfoBase
- Identify ‘near knowledge’ in ‘grey literature’ and seek to make electronically accessible

3. Information exchange and dissemination

- Actively identify and link to each other those around the globe pursuing research on common issues
- Work closely with other organizations supportive of furthering education and employment of disabled people in fostering ‘best practice’ approaches to inclusion of disabled people in employment
- Link specialized research libraries electronically
- Promote/support/develop regional GLADNET networks
- Provide global information exchange via GLADmail

### **Core Roles of RI and Inclusion International re: education and employment?**

To be determined, respectively, by RI and Inclusion Int’l. Each has its own strengths, some of the most significant of which include their wide networks of member organizations and related contacts built up over more than 40 years, and their advocacy capacity

### **Key strengths of GLADNET in relation to the other organizations**

- It’s dedicated focus to issues of education, training and employment
- On a cross-disability basis
- It’s experience in providing electronically accessible information via GLADmail, and the InfoBase
- Its global network of individuals and organizations interested in employment issues

### **Sample of Plausible Possible Roles of GLADNET in relation to RI/Inclusion International (from least to most engaged)**

1. Information Distribution and Dissemination Role via GLADmail at global level - already happening to some degree, but could be more intentional and systematic
2. Joint planning and pursuit of research on issues of common priority
3. Joint development of GLADNET area networks – with networks opened to identifying and exchanging information on ‘best practices’ on issues beyond employment
4. Joint planning and implementation of Global or Regional employment and training development initiatives – with division of roles between organizations based on their respective missions (e.g. GLADNET’s role would emphasize research, evaluation and information exchange as opposed to advocacy and promotional roles)
5. GLADNET assuming leadership for planning and developing global strategies not only for research on, but also for implementation strategies promoting employment and training

## **Attachment B - GLADNET-RI Memorandum of Understanding (September 8, 2012)**

### **Memorandum of Understanding Between The Global Applied Disability Research and Information Network and Rehabilitation International**

The GLADNET Association was established in 1997. GLADNET continues to work in close collaboration with the ILO Skills and Employability Department. GLADNET is registered in Switzerland as an international not-for-profit organization and its administrative offices are in Ithaca, New York, USA.

The Global Applied Disability Research and Information Network (GLADNET) brings together research centers, universities, enterprises, government departments, trade unions, and organizations of and for persons with disabilities. Our common goal is to advance competitive employment and training opportunities for persons with disabilities.

GLADNET began as an initiative of the Disability and Work Programme of the International Labour Organization (ILO), a specialized agency of the United Nations.

RI, founded in 1922, located at 25 East 21st Street, New York, 10010 USA is the worldwide network of people with disabilities, service providers, government agencies, academics, researchers and advocates working to improve the quality of life of people with disabilities. Has as its mission as a global network with all important stakeholders, promoting rights and inclusion of persons with disabilities and or health problems, through means including advocacy, habitation, rehabilitation to achieve an inclusive world where all people actively participate with full human rights.

**Whereas** the United Nations through its Convention on the Rights of Persons with Disabilities has embarked on a major campaign to increase the economic, social and societal participation of persons with disabilities around the world.

**Whereas** the United Nations Convention mentioned above through its Article 27 places a heavy emphasis on the reintegration of persons with disabilities following onset of a disabling condition as well as improved access to broader employment opportunities for persons with disabilities.

### **Objectives**

Whereas the objective of GLADNET is to promote disability policy and program reform with emphasis on integrated training and employment options for working age persons with disabilities. These objectives are achieved through collaborative applied research projects, and by the global exchange of information via the Internet.

Whereas the objective of RI is to promote the rights and inclusion of persons with disabilities with a particular emphasis on medical, social and vocational rehabilitation and habilitation; employment; education; and accessibility.

The overall area of common interest of both organizations is integration, participation and full citizenship in society of persons with disabilities.

Given their common interests GLADNET and RI enter in a cooperative agreement to collaborate on a number of initiatives. These will include, but are not limited to:

1. GLADNET and RI will exchange relevant information and models of good practice with regard to the implementation of the UN Convention on the Rights of Persons with a Disability, the European Disability Strategy "Towards a barrier free Europe" and the Council of Europe Action Plan (AP) to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006 -2015.
2. RI and GLADNET agree to advertise each other's main English-speaking events in their respective publications and websites;
3. GLADNET members, and members of network groups and projects will receive from RI : information ( newsflash), policy papers and invitations for project partnerships;
4. RI members can obtain GLADNET materials such as reports, books, etc. at GLADNET member conditions.
5. GLADNET members, and members of network groups and projects can attend the RI conferences at the same reduced price as RI members;
6. RI members can attend the GLADNET international congresses under the same conditions and price as offered to GLADNET representatives and/or members of network groups and projects;

7. RI and GLADNET, respectively, will appoint a liaison person that carries the main responsibility for the contact between the organizations. There will be an Annual meeting between the liaison persons to evaluate and discuss further development of the cooperation.
8. RI and GLADNET, as appropriate, will seek advice from and cooperate with each other on relevant policy and service development issues, such as employment and training of persons with disabilities and explore the possibilities for new conjoint initiatives;
9. GLADNET and RI will explore cooperation in the Employment Commission of RI. Observer status is offered to GLADNET representatives.
10. GLADNET offers RI a privileged relationship and structural involvement in relevant taskforces and or projects.
11. RI and GLADNET will negotiate possibilities of co-organised and co-located workshops and/or seminars.
12. RI and GLADNET will update this Memorandum of Understanding every 2 years. This agreement covers the period from 2012 to 2014 and will continue to be in force until renewed or terminated by agreement of both parties.

This agreement covers the period from 2012 to 2014 and will continue to be in force until renewed or terminated by agreement of both parties.



RI

Date: 08/09/2012



GLADNET

Date: 08/09/2012

# GLADNET Assembly in Hong Kong SAR 1998

Joseph Kwok

Mr. Chairman, Distinguished guests,

On behalf of the Hong Kong Organizing Committee, I wish to join Wing Tai to welcome you all to Hong Kong and to the City University.

Gladnet is a congregation of finest research and internet data bases experts, with an emphasis on employment issues. It is an honour for Hong Kong as well as the Asia and the Pacific Region, that you have chosen to have your annual assembly here in conjunction with the RI Regional Conference and Campaign '98 for the Asian and Pacific Decade of Disabled Persons. We also deeply appreciate your generous efforts to extend your network to our partners in Asia.

When we started planning for the HK1998 Event some three years ago, we were still so much absorbed by stories of the Asian Miracle. We thought we could make use of these miracles and extend the benefits to all our partners in the Region. However, events have taken a sharp turn around since October 1997. Since then the miracles have vanished one after another, and economic bubbles bursting from bad to worst. Hong Kong is no exception, and recent indicators show that our economy will be facing even toughest tests in the months or years to come.

As Organizers, we have many worries and anxieties. The main issue is whether delegates from Asia could still manage to come. Now, we are pleased that the attendance is much better than our revised expectation. We have around 2,000 delegates from around 50 countries and areas. The largest delegation from outside Hong Kong is the 400 member delegation from China Mainland and 200 from Japan. The delegation from China comprises leaders and experts from all over China, including the areas hardest hit by recent record flooding disaster in China's history. We have also delegates from least developed countries, and countries hardest hit by recent financial crisis, as well as political and social instability.

Our delegates here are no longer seeking luxuries in life, such as shopping and sight seeing, which are so keenly promoted by our Tourist Association. Our delegates are here for one very simple reason now. We wish to seek new initiatives, new directions, making new friends, and consolidate old friendship. We all need to be encouraged and inspired, and we all look forward to more effective networking around the globe.

Our RI Vice President for Asia and the Pacific, Mr. Ryo Matsui, is helping our members to get access to Internet. With the help of the Information Superhighway, I think the geographic distance between countries will become less a barrier, and Asia can better benefit from the experiences of other Region.



We look forward to GLADNET members to inspire us, to share your expertise and your brains. Above all, we look forward to making friends. I wish therefore to appeal to you to reach out to our Asian Partners. Language and communication may be a barrier, but I can assure you that you would easily find a volunteer interpreter within reach inside the Venue.

People of Hong Kong, as well as those from other countries in Asia, are well noted for their hospitality. If you find we cannot match your expectation, please bear with us. I can only say that we have all tried our best.

I wish you all a successful Assembly, and a happy stay in Hong Kong.

Like Wing Tai, I am wearing a number of hats. Other than being an academic member of this University, I am also a founder member of GLADNET. In my other capacity as Secretary General of the HK Event, I wish to thank Wing Tai and his Department for hosting this Assembly.

I wish also you would enjoy the reception tonight given by Mr. M. B. Lee, Co-Chair of the Event.

Thank you.

Joseph Kwok

# Section 5.4

## Beijing Declaration 2000

## Beijing Declaration on the Rights of People with Disabilities in the New Century: Adopted on 12 March 2000 at the World NGO Summit on Disability

1. *We*, the leaders of Disabled People's International, Inclusion International, Rehabilitation International, the World Blind Union and the World Federation of the Deaf, as well as national non-governmental organizations (NGOs) of and for people with disabilities from all continents, have convened in Beijing from 10 to 12 March 2000 to develop a new century strategy for the full participation and equality of people with disabilities,
2. *We recognize*, with appreciation, that the last two decades of the twentieth century witnessed an increased awareness of issues faced by over 600 million people with disabilities, assisted in part by various United Nations instruments,
3. *We express deep concern* that such instruments and mandates have yet to create a significant impact on improving the lives of people with disabilities, especially women and girls with disabilities, who remain the most invisible and marginalized of all disadvantaged social groups,
4. *We emphasize* that the continued exclusion of people with disabilities from the mainstream development process is a violation of fundamental rights and an indictment of humankind at the inception of the new century,
5. *We share the conviction* that the full inclusion of people with disabilities in society requires our solidarity in working towards an international convention that legally binds nations, to reinforce the moral authority of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities,
6. *We believe* that the inception of the new century is an opportune time for people with diverse disabilities and their organizations, and other civic organizations, local and national governments, members of the United Nations system and other inter-governmental bodies, as well as the private sector, to collaborate closely in an inclusive and wide consultative process aimed at the development and adoption of an international convention to promote and protect the rights of people with disabilities, and enhance equal opportunities for participation in mainstream society,
7. *We therefore urge* all heads of state and government, public administrators, local authorities, members of the United Nations system, people with disabilities, civic organizations that participate in the development process, and socially responsible private sector organizations, to immediately initiate the process for an international convention, including by raising it in all forthcoming international forums, especially the Special Session of the United Nations General Assembly on Social Development, the NGO Millennium Forum, the United Nations Millennium Assembly and related preparatory meetings,
8. *We further urge* all participants in this process to actively facilitate the adoption of such a convention, which should address, inter alia, the following areas of priority concern:
  - (a) Improvement of the overall quality of life of people with diverse disabilities, and their upliftment from deprivation, hardship and poverty;
  - (b) Education, training, remunerative work, and participation in decision-making processes at all levels;

- (c) Elimination of discriminatory attitudes and practices, as well as information, legal and infrastructural barriers;
- (d) Increased allocations of resources to ensure the equal participation of people with disabilities;

9. *We hereby send out* a call to action to all concerned with equality and human dignity, to join together in widespread efforts embracing national capitals, towns and cities, remote villages, and United Nations forums, to ensure the adoption of an international convention on the rights of all people with disabilities,

10. *We commit* our respective organizations to strive for a legally binding international convention on the rights of all people with disabilities to full participation and equality in society.

### **Signatories to the Beijing Declaration on the Rights of People with Disabilities in the New Century**

- **Lucy Wong Hernandez**, Executive Director, Disabled Peoples' International (DPI)
- **G Don Wills**, President, and **Robert Martin**, Third Vice President, Inclusion International
- **Pedro Zurita**, Secretary-General, World Blind Union
- **Young Woo Kang**, Vice Chairman, World Committee on Disability
- **Carol-Lee Aquiline**, General Secretary, World Federation of the Deaf
- **Arthur O'Reilly**, President, Rehabilitation International
- **Alexander Klepikov**, Vice President, All-Russian Society of the Disabled, Russian Federation
- **Jose Monteagudo Gonzalez**, Board Member, Asociacion Nacional Del Ciego, Cuba, and President, Latin American Union of the Blind
- **Moody Awori**, Chairperson, Association for the Physically Disabled of Kenya, and Vice President of RI for Africa
- **Deng Pufang**, Chairman, China Disabled Persons' Federation
- **Ick Seop Lee**, Editor Handicapped Weekly Korea, and Member, International Committee, DPI Korea
- **Narong Patibatsarakich**, Chairperson, DPI Asia-Pacific Regional Council, Thailand
- **Fatima Mansuri**, Chairperson, DPI Karachi / Sindh Chapter, Pakistan
- **Grace Chan**, Executive Director, Hong Kong Society for the Blind, Hong Kong, China, and President, WBU Regional Council for East Asia and the Pacific
- **Sir Harry Fang**, Chairman and Honour Council, Rehabilitation International Hong Kong SAR, China
- **JB Munro**, Chairman, Inclusion International New Zealand, and Chairman, South Pacific Region, Inclusion International
- **Ryosuke Matsui**, Senior Member, Japanese Society for Rehabilitation of Persons with Disabilities Japan, and RI Vice President for Asia and the Pacific
- **Henry Betts**, Board Member, National Organization of Disability, and Chairman, Rehabilitation Institute of Chicago Foundation, USA
- **Javed Abidi**, Executive Director, National Centre for Promotion of Employment for Disabled People, India

## World NGO Summit on Disability 10-12 March, Beijing, China: The Strategy of the World Disability Movement towards the New Century

From 10 to 12 March, the World NGO Summit on Disability was convened in Beijing, China. The leaders of Disabled People's International (DPI), Inclusion International, Rehabilitation International (RI), the World Blind Union and the World Federation of the Deaf, as well as national non-governmental organizations of and for people with disabilities from all countries attended the summit. The theme of this meeting was "the strategy of the world disability movement towards the new century".

Deng Pufang, the chairman of the China Disabled Persons' Federation (CDPF), was presented at the opening ceremony and delivered a speech. On behalf of CDPF as well as 60 million persons with disabilities in China, Mr. Deng extended his warm welcome to all the leaders and elite representatives. He pointed out that to maintain the previous momentum of disability movement worldwide, more effective actions must be taken, especially at the juncture of centuries. Mr. Deng also said the World Program of Action concerning Disabled Persons and the Standard Rules on Equalization of Opportunities for Persons with Disabilities have set good principles and objective. Now we need to adopt a binding international convention such as "The Convention on the Rights of People with Disabilities", to realize our lofty pursuit of "Equality, Participation and Sharing".

After several days of heated discussion, Beijing Declaration on the Rights of People with Disabilities in the New Century was adopted, which marked the first step towards the international convention. (Appendix 1). In the Declaration, all the representatives urged all heads of state and government, public administrators, local authorities, members of the United Nations systems, people with disabilities, civic organizations that participate in the development process, and socially responsible private sector organizations, to immediately initiate the process for an international convention with the priority given to the following:

- (a) Improvement of the overall quality of life of people with diverse disabilities, and their upliftment from deprivation, hardship and poverty;
- (b) Education, training, remunerative work, and participation in decision-making processes at all levels;
- (c) Elimination of discriminatory attitudes and practices, as well as information, legal and infrastructural barriers;
- (d) Increased allocations of resources to ensure the equal participation of people with disabilities.

All the organizations attending this summit promised to commit themselves to strive for the convention and worked out their accorded follow-up actions. For example, this initiation will be raised in all forthcoming international forums, especially the Special Session of the United Nations General Assembly on Social Development, the NGO Millennium Forum, the United Nations Millennium Assembly and related preparatory meetings. The Beijing Declaration will be widespread disseminated to make as many disabled people as possible to know it.

During the Summit, Tang Jiaxuan, the Chinese Foreign Minister, met with all the representatives and held a talk with them. Mr. Tang congratulated on the convening of the summit and hoped it successful. He said the Chinese Government has attached great importance to the work of the disabled people and great achievement has been made. In future, the Government will, as always, show concern to and support this work. As the foreign minister, he will do his job to call the international community to protect the human rights of disabled persons. Mr. Tang's speech won the applause of the audience.





**Section 6**  
**RI Regional**  
**Journeys**

# Section 6.1

## **Africa Region**

## Enlight Abilities Works with Rehabilitation International

Enlight Abilities has been in existence since May 2018 registered as Not for Profit Organization, whose goal is “to contribute in improving the living standard of people with disability through community mobilization, capacity building, advocacy & strengthening of institutions at the grass root level”.

The organization was admitted to Rehabilitation International as an Associate Member on 3 November 2018. Since then, EA has worked with RI to foster the partnership through capacity building. In 2019, EA engaged in the following works with RI:

### Proposal Development Capacity Building

EA responded to the call for proposals on Inclusive Education, which was submitted to RI at the beginning of 2019. Since then EA and RI have been working together to enhance and strengthen the quality of proposals in line with the awarding standards of RI. EA worked on an Inclusive Education Proposal focusing on five Schools in Eastern Province of Zambia, which is still under consideration.

### EA Activities in Eastern Province Zambia

#### Empowerment and Rehabilitation

In the year 2019, EA was engaged in a number of grass root activities. EA held three radio programs to promote the rights of children with disabilities. Community Radio programs have a wider audience and are considered to be an effective tool of community engagement. EA also conducted a training for 30 mothers to children with disabilities and 12 youngsters on

entrepreneurship skills development. The objective of the trainings were to build capacity to the mothers to take care their children and to empower them with knowledge on the importance of educating a child. The skills trainings were conducted and a pillar of self-reliance and sustainable livelihoods to the youths.



*EA Founder/CEO during the awareness radio phone in programme*

*During the livelihoods training for mothers to children with disabilities*



As a way of empowering children with Disabilities, EA was engaged in donating pairs of special orthopedic shoes and braces to children with disabilities and Chipata Cheshire Homes for disabled children. The donation was worth 12,000 Euros. This was a little donation but very touching to the beneficiaries. EA hopes in the near future will donate more of such assistive devices to many children in the district. Other assistive devices donated were 22 Wheelchairs worth \$3,300 and 15 elbow crutches worth £160 respectively. Additionally, EA also supported twenty children with disabilities with education support such as books, and uniforms.

*Some of the school uniform beneficiaries*



*EA Board, Chief Chinunda presenting a wheelchair to Timothy Daka*

## Networking

In efforts to build a wider networking for collaboration, EA created partnerships with Luyando Foundation, Health Help Zambia, Chipata Cheshire Homes, a loose partnership with SOS Children's Villages Zambia and partnership with Weltwaerts volunteer program from Germany of which Enlights Abilities receives volunteers from the said organization and then attaches them to different organisations in Zambia. We are also in the process of signing a partnership agreement with Chipata Diocese. A partnership with Chipata Catholic Diocese to be more centered on promoting Inclusive Education in Eastern Province. These networking approaches were aimed at sharing knowledge and resources so that the global goal on disability can be achieved together. Further, some relationships that Enlight Abilities has created a good working relationship that has seen it being covered in the media more often.

EA is optimistic of a good year and wishes all its partners a progressive 2020.

# Section 6.2

## Arab Region

## Khaled Toufic El Mohtar's Journey with RI



It is long, excited and somehow difficult experience I have had through my journey with Rehabilitation International, the first and probably the only Organization from one hundred years raised the issue of promoting and working for Rights for Persons with disabilities.

In 1986, and after the Civil War in Lebanon, many persons were left with physical disabilities in addition to many existing with special needs. It was a must to have an organization to serve those cases in Western Mount Lebanon area, where none was existed. It wasn't my domain and I knew nothing before about Disability Issue, but, due to my Social work background, I thought of doing something to help those persons with disabilities. The decision was taken, and so I established the National Rehabilitation and Development Center through which I began to communicate with international and regional associations . In 1997 I was invited to a conference in Kuwait where I met Dr. Issa Al-Saadi - RI Vice President for the Arab Region then, and Mrs. Munira Al-Mutawa Chair of Kuwait

Handicapped Society, they provided me with good information about RI mission, vision, policies and procedures, and so I was encouraged to join the organization without hesitation.



Work in the field of social welfare and people with disabilities is closer to being a holly message rather than being a job. It does not only touch people's needs, concerns and pain, but sometimes it also requires a lot of effort, perseverance and impartiality. It also requires work and knowledge to determine the needs and then the possibilities to secure them. I acknowledge that when I started in this field I was not an expert. All what I had was the will, decision, encouragement and support of many friends, experts and stakeholders.



My believe concentrated on some essential goals:

1. To consider the disabled as a human being “ with full rights in society.
2. Duty to defend the rights of the person with disability.
3. The need to establish research and information centers on disability.
4. Ensure the participation of the disabled person in all decisions that concern his life and affairs.
5. Ensure the participation of persons with disabilities in the construction of peace and institutions of civil society.
6. Respect equal opportunities for persons with disabilities
7. Adopting preventive activities and programs to reduce disability.



From this point of view the journey started by joining RI through NRDC, and started to attend RI meetings and General Assemblies. I was elected as Deputy Vice President for the Arab Region in 2000 and Vice President on 2005. NRDC was granted the special consultant status at Ecosoc on 2001, where the international doors were more opened, and decided to organize the First RI-International Conference in Lebanon **Disability, Rehabilitation & Inclusion**, in coincidence with RI EC and GA Meetings in September 2001. It was very successful, although most of the participants from the United States could not reach Lebanon after the 11th of September, one week before the conference.



After that, I started to promote RI in the Arab Region on wide level, we gained more than 65 members (organizations and individuals) joined RI Global within two to three years.

Contribution with UN agencies also was very fruitful, through attending more than 150 Local, Regional and International activities between 2001-2017, events, seminars, conferences and workshops on several issues related to Disability, Health, Education, Inclusion, Human Rights, Women, Mines and other issues. Also participated in all UN sessions and meetings for negotiation the draft of UN Convention for the rights of Persons with Disabilities (CRPD) between 2003 and 2006 and until it was adopted on 2008.



In addition, I participated in most of RI world congresses worldwide, and during the 22nd World congress in Korea I was honored by Congress Organizers and RI as well.



Empowerment of Women with Disability Issue was taken very seriously in our journey, where we gave this issue a special attention, we organized many workshops and training session to advocate Women with Disability Rights in all aspects of life and their inclusion within society. The first training was in Bahrein, then in Tunisia and Egypt and also in Qatar.

Moreover, and because Accessibility is considered as one of the most important issues in the life and mainly for Persons with Disabilities, RI- Arab Region, in collaboration with RI-ITA, and with support from Supreme council for family Affairs in Qatar, conducted Qatar Accessibility Strategy in 2008.

We conducted Kuwait Accessibility Strategy in collaboration with Kuwait Society for Handicapped in 2009.

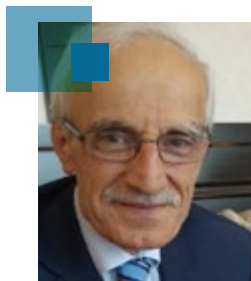


Main Conferences organized in the Arab Region:

1. The First International Conference: **Disability, Rehabilitation & Inclusion**, 19-21 September 2001, Beirut-Lebanon.
2. The Second International Conference: **Disability Rights in Changing World**, 14-16 November 2005, Manama-Bahrain.
3. The Third International conference: The First Arab-African conference on Disability: **Rights-Decades-Partnership**, 24-26 October 2007, Djerba-Tunisia.
4. The Fourth International Conference: **UN Convention on The Rights of Persons with Disability... Ratification and Implementation Strategies**, 10-12 November 2009, Dubai- UAE.
5. The Fifth International Conference: **Together for a Better World for all... Inclusion of Persons with Disability in Development**, 24-27 September 2012, Doha- Qatar.

Accessibility also have had special attention, so that we conduct with collaboration with ICTA, Qatar Accessibility Strategy on 2008.

In the meantime we are preparing for an International Conference on Disaster Risk Reduction to be held in the Arab Region. Where it is a main issue for Persons with Disabilities to be aware about and should be included in all steps and decisions.



Author: **Khaled Toufic El Mohtar**

- Enjoying Lebanese Republic National Award granted by Lebanese President, 2004.
- Acting as the Honorary Consul of Cyprus in Lebanon between 1987- 1992.
- Volunteer, entirely dedicated for Humanitarian, Social and Development activities since 1993.
- Representative of Lebanese Minister of Social Affairs in the National commission for Disability.
- Founding member and Chairman of the National Rehabilitation and Development Center, 1980-2016.
- Rehabilitation International Deputy Vice President (2000-2005) and Vice- President for the Arab Region (2006-2013)
- Founding member and President of the Rehabilitation International-Arab Region Organization (RIAR).
- Founding member and Deputy General Coordinator of Lebanese Voluntary NGO's.
- Vice President of Lebanese Union of Health Mutual Funds in Lebanon.
- RI- Foundation Board Member 2016- still.
- Chairman of RI- Social Commission 2016 – still.
- Member of Lebanese Economic and Social Council, and Rapporteur of the Human Development and Human Rights Commission since 2018.

## Munira Khaled Al-Mutawa's involvement in RI

The Kuwait Society for the Handicapped (KSH) and the Ministry of Social Affairs and Labour of Kuwait were the first member organizations from the Arab Region to join RI in 1974.

One of the founders and President of the Kuwait Society for the Handicapped, Munira Al-Mutawa has been involved in disability field since 1972. Through years, she has built contacts and relations with international institutions dealing with disability issues such as Mobility International, Rehabilitation International, Inclusion International and many others following up continuously the latest achievements, experiences and up-to-date developments related to persons with disabilities, improvement of their life conditions, achieving their rights and inclusion in the society. She has been particularly committed to promoting rights of persons with disabilities.

After attending the RI II International Conference on Legislation concerning the Disabled, held in Manila, Philippines, in 1978 and its recommendations for the International Year of the Disabled, Munira Al-Mutawa started working on the law for persons with disabilities in Kuwait. A Legislation Committee was formed in Kuwait to draft the Law and she was its Head. The Law No. 49 for 1996 on the Handicapped Care was promulgated in 1996 and Munira Al-Mutawa presented it to H.H. the Emir of Kuwait at that time, Sheikh Jaber Al-Ahmed Al-Jaber Al-Sabah. As the Law, besides other matters, stipulated forming of the Higher Council for the Disabled, Munira Al-Mutawa was chosen as its Vice Chair.

After been implemented for a certain period of time, the Law was amended on the basis of comments and suggestions of persons with disabilities and the new Law No. 8 of 2010 on the Rights of Persons with Disabilities was adopted in 2010.

Munira Al-Mutawa started her cooperation with RI in 1974 and became the RI National Secretary for Kuwait in 1984. She extended her contribution financially, as well as, through participation in international, regional and national conferences, meetings, seminars and workshops organized by RI. She has been holding several positions in RI such as the RI Arab Region ICTA Global Chair as well as a member of the RI Education Commission. She has been also elected recently for the position of a Vice Chair of the RI Arab Region.

Life Patron Award was presented to Munira Al-Mutawa during the RI General Assembly Meeting, in London, 1999.

Elected as a Board member of the RI Foundation in 2007 and a Vice President of the RI Foundation for the RI Arab Region from 2009 – 2011.

Munira Al-Mutawa was awarded the first-ever “Sir Harry Fang Empowerment Award” for Leadership in Promoting Disability Rights and Inclusion in 2009 along with Mrs. Charlotte McClain-Nhlapo, Senior Disability Adviser for the World Bank, from South Africa. That award is granted by RI as appreciation for promoting rights of persons with disabilities



and their inclusion in the society. Munira Al-Mutawa received the award from H.E. Ambassador Luis Gallegos who presided the RI Foundation at that time, in New York where RI meetings were held. She immediately dedicated the award to H.H. the Amir of Kuwait, Sheikh Sabah Al-Ahmed Al-Jaber Al-Sabah for his support of persons with disabilities in Kuwait.

Received the “RI Presidential Award for Leadership in Promoting Disability Rights and Inclusion” at the celebration of the 90th Anniversary of RI, in Incheon, Korea, 2012.

Munira Al-Mutawa contributed and supported financially various RI activities such as:

- International Leadership Forum for Women with Disabilities.
- RI Education Commission for realization of “Quality Indicators in Special Needs Education” project in 1999.
- Arab Region Landmark Study in 2008 but as the project was cancelled, it was agreed that half of the donation be given to the RI Foundation and the rest for the Phase II Global Advocacy Campaign regarding the CRPD.
- Issue of a summer edition of the International Rehabilitation Review in 2009.
- Contributed financially to the Centennial Committee fund in 2016, for the activities to be carried out on the occasion of 100th Birthday Celebration of RI.

Munira Al-Mutawa attended most of the RI congresses as well as international, regional and local conferences, symposiums and meetings organized by RI. Here are some of them:

- RI Second International Conference on Legislation concerning the Disabled, Manila, Philippines, 1978.



*Munira Al-Mutawa with Eissa Yaseen, former Undersecretary of the Ministry of Information, Muhammad Satlan from the Ministry of Education and some other participants in the Conference*

- RI XIV World Congress, Winnipeg, Canada, 1980.
- International Conference, Toronto, Canada, 1981.
- RI XVI World Congress, Tokyo, Japan, 1988.



*Munira Al-Mutawa, Dr Munira Al-Qatami*

- 2nd Regional Conference of Representatives of the Institutions and Organizations – RI Members from the Arab Region, Cairo, Egypt, 1989.

*Munira Al-Mutawa and one of the participants in the Conference*



- RI General Assembly Meeting, Madrid, Spain, 1989.



*Munira Al-Mutawa, Dr Munira Al-Qatami with some of the participants in the Conference*

- RI XVII World Congress, Nairobi, Kenya, 1992.
- First Conference of the RI North America Region, Atlanta, Georgia, USA, 1993.



*Munira Al-Mutawa, Dr Munira Al-Qatami and some of the participants in the Conference*

- X Conference of the RI Asia and Pacific Region, Jakarta, Indonesia, 1995.



*Munira Al-Mutawa, Prof Simon Haskel, Dr Judith Hollenweger and some participants in the Conference*



*Munira Al-Mutawa, Dr Munira Al-Qatami and Hashem Taqi with the wife of the Indonesian President*



- 1st Meeting of the RI Arab Region, Dubai, UAE, 1998.



*Munira Al-Mutawa, Sabeeka Al-Jaser, KSH Vice Chair with some participants in the Meeting*



*Munira Al-Mutawa, Sabeeka Al-Jaser, KSH Vice Chair with some participants in the Meeting*

- RI XIX World Congress, Rio de Janeiro, Brazil, 2000.



*Munira Al-Mutawa presents her paper at the 10th RI World Congress*

- First International Conference of the RI Arab Region, on Disability, Rehabilitation and Inclusion, Beirut, Lebanon, 2001.
- RI EC Meetings, Oslo, Norway, 2004.



*Munira Al-Mutawa and Khaled El Mohtar, former RI Vice President for RI Arab Region*



*Munira Al-Mutawa, Dr Munira Al-Qatami with one of the participants*

- RI Arab Region Conference, Manama, Bahrain, 2005.



*Munira Al-Mutawa, Hashem Taqi, Mouna Bouresli, KSH Secretary General, Dr Sadiqa Al-Awadi with some participants in the Conference*

- New York, USA, 2009.



*Munira Al-Mutawa receiving “Sir Harry Feng Award” from H.E. Ambassador Luis Gallegos, RI Foundation Chair at that time*



*Standing: Anne Hawker, former RI President, Ambassador Luis Gallegos, Munira Al-Mutawa, Ambassador Christian Venzler, Ambassador Naser Al-Naser*

*Sitting: Charlotte McLean, Venus Ilagan, former RI Secretary General*

- RI Conference on CRPD + RI General Assembly Meetings, Dubai, UAE, 2009.



*Munira Al-Mutawa, Ann Hawker, Venus Ilagan, Khaled El Mohtar, Hashem Taqi, Joseph Kwan*

- 4th International Congress of AVAPE & RI EC & Commissions Meetings, Sao Paulo, Brazil, 2011.



*Munira Al-Mutawa with RI Leaders, Chairs of RI Commissions and some participants in the Congress*

*Munira Al-Mutawa, Hashem Taqi, Venus Ilagan and some participants in the Congress*



- RI XXII World Congress, Incheon, South Korea, 2012.



*Munira Al-Mutawa, Hashem Taqi, Haifa Al-Juraiwi*

*Munira Al-Mutawa & Venus Ilagan awarding Munira Al-Mutawa*



- UN High Level Meeting on Disability & Development, New York, USA, 23rd September 2013



*Munira Al-Mutawa & Hashem Taqi with Mrs. Rola Dashti, former Kuwaiti Minister of Planning*

- RI EC Meetings, Kuwait, 2015.



*Standing: Jan Monsbakken, former RI President, Dr Madan Kundu, Hashem Taqi, RI Vice President for Arab Region*

*Sitting: Munira Al-Mutawa, Susan Parker, RI Treasurer, Venus Ilagan former RI Secretary General*



Author: **Munira Khaled Al-Mutawa**  
KSH President, RI National Secretary for Kuwait

- Worked in a Diagnostic Radiology field as a Head of all radiology technicians in Al-Sabah complex of hospitals.
- One of the founders of the Kuwait Society for the Handicapped (KSH) in 1975 and has been currently its President.
- Involved with RI since 1982 till now, as RI National Secretary for Kuwait, Life Patron since 1999, Vice Chair of the RI Arab Region, Chair of the RI ICTA Global for RI Arab Region and a member of the RI Education Commission.
- Elected as a Board member of the RI Foundation in 2007 and was a Vice President of the RI Foundation for the RI Arab Region from 2009 – 2011.
- Awarded “Sir Harry Fang Empowerment Award for Leadership in Promoting Disability Rights and Inclusion” in 2009.
- Awarded many times on the international, regional and local level for humanitarian work.
- Participated in numerous gatherings on all levels, such as conferences, symposiums, forums, meetings, etc. related to disability field.
- Contributed financially to RI as well as some other local, regional and international organizations and institutions supporting projects and activities related to disability.



## Hashem Taqi's and KSH's Journey with RI

I have had the privilege to be associated with Rehabilitation International since I began my career as the Director for the Kuwait Society for the Handicapped (KSH) in 1976.

KSH is a pioneer private charity organization in Kuwait established in 1971 to provide medical, social, psychological, rehabilitation and educational services for children and adults with severe and multiple disabilities. Kuwait was the first Arab country to join RI as a member organization through KSH in 1974. This further encouraged the Ministry of Social Affairs and Labor in Kuwait to join the RI that same year.

I was moved by the children we served and my thirst to improve the lives of people with disabilities in my country grew with each year. I wanted to be able to find ways to make their life easier and accessible, particularly in the field of rehabilitation and education. I was ready to dedicate my life and service to people with disabilities.

When I speak about my journey with RI, I cannot begin without mentioning Dr. Munira Al-Qatami and Mrs. Munira Al-Mutawa who are amongst the group of founders of KSH. They both made it possible for KSH to be involved with RI. In the year 1978, Dr. Al-Qatami became the first Vice President for MENA region and Mrs. Al-Mutawa became the first National Secretary for Kuwait as well as a member of the Commission on Organization and Administration. Both women played a vital role in the services provided for persons with disabilities in Kuwait through their involvement with RI.

Following their lead, I began to work closely with RI in order to exchange information and ideas in the field of disability so that I may better serve children with disabilities in Kuwait. I became a member of the Organization and Administration, International Commission on Technology and Accessibility and Education Commission of RI from 1976 till 1996. I was elected as a member of the Nominating Committee in the year 1996 and was requested to be in that position till date. I was elected as the Vice Chair of the RI Education Commission for the Arab Region for the period of 1996 – 2012. From 2012 to 2016 I was elected as the Chair of the RI Education Commission. In the year 2016 I was nominated and elected as a Vice President of RI for the MENA region.

As an Affiliated National Member Organization of RI, KSH introduced many other members from Kuwait as well as from the Arab region to be involved with RI.

When I was serving the RI as a Vice Chair and Chair of the Education Commission, KSH invited RI experts Prof. Simon H. Haskell and Dr. Judith Hollenweger (who both served as the Chair of the Education Commission in that period) to Kuwait and organized several training courses, seminars and workshops in the field of Special Education for the teachers, therapists and specialists working with people with disabilities in Kuwait during the period from 1999 and 2011. Their dedication and sincere contribution to RI is immense and brought major changes in the services provided by KSH for persons with disabilities.

Kuwait signed the UN Conventional Rights for Persons with Disabilities in August 2013.

I had a privilege of attending almost all the RI World Congresses since I join with RI and also participated in most of the RI Regional Conferences, seminars and workshops as well as actively involved in the Arab Region Conferences and meetings and presented papers in the field of special education and rehabilitation during some of the events on the national, regional and international levels.

I have participated in the following RI World Congresses

- 18th World Congress at Auckland, New Zealand in 1996.
- 19th World Congress at Rio De Janeiro, Brazil in 2000.
- 20th World Congress at Oslo, Norway in 2004.
- 21st World Congress at Quebec, Canada in 2008.
- 22nd World Congress at Incheon, South Korea in 2012.



- 23rd World Congress at Edinburgh, Scotland in 2016.



As a part of the RI Arab regional activity, the following meetings, congresses and conferences were organized in Kuwait.

- Preparatory Meeting of the Arab Regional Committee of RI was organized by KSH in Kuwait from 4th to 6th October 1982 under the Patronage of His Excellency, the Minister of Social Affairs and Labor. Delegates from Bahrain, Jordan, Oman and Libya as well as from RI attended the meeting.
- First Gulf Medical Rehabilitation Congress was organized by Physical Medicine and Rehabilitation Society from 18th to 20th March 1997 in Kuwait. Mrs. Susan Parker, RI Secretary General during that period attended the Congress and visited KSH and other important facilities in Kuwait.
- The First Arab Regional Conference of RI and the Second Gulf Congress in Medical Rehabilitation was held from 15th to 18th March 1999 in Kuwait under the sponsorship of Physical Medicine and Rehabilitation Hospital in Kuwait which gathered many Arab Region members as well as RI Members around the globe.
- Executive Committee Meeting of RI Arab Region was held at the KSH hosted by Mrs. Munira Al-Mutawa, RI National Secretary in March 1999.
- I hosted the RI Executive Committee Meeting in Kuwait on 5th and 6th March 2015 with financial support from my family.





- Kuwait Access Strategy Project was carried out by KSH in cooperation with RI ICTA (International Commission on Technology and Accessibility) Global (Mr. Michael Fox, Mr. Khaled El-Mohtar and Mr. Joseph Kwan) and the ICTA Commission in Kuwait (represented and supported by Munira Al-Mutawa & Hashem Taqi) during the period of 2012 – 2013. The goal of the project was to provide an access strategy and framework for effective implementation and capacity building in Kuwait. This project was financially supported by the Arab Fund for Economic & Social Development.
- My family and I have made several financial contributions on different occasions in support of RI and its initiatives.

In order to improve the knowledge and abilities of the professionals who serve the people with disabilities in Kuwait and in the Arab region, we organized many meetings, training courses, seminars and workshops in the field of disability and special education in Kuwait involving the international expertise through RI.

Working in the field of disability services, every day is a challenge, but every day comes with its own reward. Waking up in the morning, knowing that you are on your way to help someone live their best life is a reward in itself. This has been true of my journey with KSH and RI, when you work in disability services, you have a profound impact on someone's life and I am thankful to be involved with an organization as insightful as Rehabilitation International; an organization that makes it possible for us as workers in the field and for persons with disabilities to interact and reach a common goal. As workers in the field we are providing care and support to someone who needs it most and helping them to become more independent and confident in their own abilities. Every day is a chance to do something different and **make a difference**. This sense of compassion and drive to serve a specific population inspired a career I love.

Working with persons with disabilities brings with it a host of unique challenges and opportunities. The children and people I work with make every day fulfilling, and I know my work is making a positive impact and helping each individual to grow, gain skills and work towards independence. As a person working in Kuwait with people with disabilities, I see the ways my work directly impacts each person and I am thankful to have started this journey in this field.

I have had the honor to be involved with various regional and international experts and specialists to exchange information and ideas in the field of disability and special education through my participation in all the above mentioned World Congresses as well as Regional and International Conferences, meetings, seminars and workshops and presented papers related to disability in some of these events. This enabled KSH to improve and bring new innovations in the services for persons with disabilities in Kuwait as well as in the Arab region.

- RI Meeting in Manila, 1978.



- RI Meeting in Baltimore, 1987.



- RI Meeting in Nairobi, 1992.



- RI Meeting in Tokyo, 1988.



- RI Meeting Tapei on 4 June 1993.



- 1st North America Regional Conference in Atlanta, USA, 1993.



- RI Meeting (AVAPE) in Brazil, 2011.



- Italy, 27-30 Nov 2007.





I am proud to be a part of the RI family in its outstanding contribution to enhance the lives of persons with disabilities, integrate them into society, as well as help in creating awareness about the rights and equal opportunities available to persons with disabilities around the globe.

## Norman Acton's Message

**ماذا نعرف عن :**

### منظمة التأهيلي الدولي ودورها ؟

### التأهيل الدولي ( ٦٠ سنة كمنظمة عالمية )

**بمقام منيرة المطوع**

الآنسة مع يوضع التامع المتاحم ركل موضوع من هذه التامع الأربعة ريسطة في التامع مع فرق معين من الفرق السيل . وهذا لأظهار الوحدة التوافقية لكل الشكلا أيضا التامع مستخدم مع بعضهم البعض مع التغيرات الخاصة السياسية الاجتماعية .

ويحلل هذه المفرد السنة . وعندما كانت هناك تغيرات متسوية في فهم التغيرات التي جاءت نتيجة لاستجابة الامتنان للأفلا . هذا التأهيل الدولي ويظهر التامع المنظمة العالمية التوجهة التي التخصصت لكافة المواقف المختلفة بعدا التامع والجهود المتعددة بصورة مباشرة أو غير مباشرة مع معظم التامع التي اهتم وحصل بعض التامع .

ويجاءت الجمعية الدولية للأطفال التامع في وقت لم تكن الامانة إلا أن بعد التامع الأفتتاح . وفي وقت أيضا كانت تامل قريبا جدا قد وضعت برامج في هذا التامع .

العمل التأهيلي الدولي ٦٠ سنة من عمله كمنظمة دولية . وقد عرف سنة ١٩٢٤ باسم الجمعية الدولية للأطفال التامعين . وتاريخها يعكس جهود الامتنان في مجال التامعين .

ويكافؤ من أن المنظمة الاسفلية عرفت بتطورها فتمساعدة للأطفال ذوي الإعاقات في التامع . والأولس العالمي الأول لشباب التامعين . الذي تم تنظيمه في سويسرا سنة ١٩٦٤ .

التكاتف . الأكتشاف . العلاج . التربية . التوافق . وكان القرار الاجتماعي .

• وكان بعد أن هذه التوجهات التامع بعضها البعض . والتامع بعدت على سرعة أو ببطء الأكتشاف . والتربية أيضا كالأفلا . العلاج ولا يتصلب بها . ويكفل التوافقية التامعية بالمتابعة .

٢٢

Norman Acton's Message "What we know about RI?" On the occasion of 60th Anniversary of RI

Translated and published in the magazine issued by Kuwait Society for the Handicapped in 1984



Author: **Hashem Taqi**

Respected for helping organizations grow, thrive and innovate. Known for optimizing resources for reaching core mission by earning the confidence of stakeholders and establishing a positive and an enthusiastic corporate culture. Verifiable success in managing complex global initiatives, creating value-added programs, driving successful social and education initiatives and implementing effective strategies and policies. Proven record for organizational growth.

### **Experience: Director General of the Kuwait Society for the Handicapped (1976 - Present)**

- Increased management's effectiveness by recruiting, selecting, orienting, training, coaching, counseling, and disciplining managers; communicating values, strategies, and objectives; assigning accountabilities; planning, monitoring, and appraising job results; developing incentives; developing a climate for offering information and opinions; providing educational opportunities.
- Maintained quality service by establishing and enforcing organization standards.
- Maintained professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; benchmarking state-of-the-art practices; participating in professional societies.
- Grow annual revenue stream by increasing annual securitizations and derivatives.
- Responsible for financial stability and development of growth strategies for multiple revenue streams, including investments and tenant lease programs.
- Increased child program attendance in both Daycare and residential programs.
- Led 13 members Board of Directors to establish goals, strategies and standards.
- Developed human resource policies, procedures, training, and recruitment programs for volunteers and paid staff members to ensure positive guest experience and institution growth.
- Served as media and community spokesperson.
- Developed and implemented successful annual fundraising plans that included strategies and goals for acquiring, renewing, and upgrading support from individual and institutional donors.

### **Professional Organizations**

- President of Inclusion International (UK) for Middle East and North Africa (MENA) Region since 2018.
- Vice President of R.I. (Rehabilitation International, New York) for MENA Region since 2016.
- Chair of R.I. Education Commission since 2012.
- Vice Chair of R.I. Education Commission for the Arab Region 1996 – 2012.
- Member of the Nominating Committee of R.I. since 1996.
- Member of the Education Commission, Commission on Organization and Administration and International Commission on Technology and Accessibility of R.I. 1976 – 1996.
- Participated in a series of meetings in the parliament to review the legislation for the necessary changes to be made according to the United Nations Convention on the Rights of Persons with Disabilities.
- Participated in the national, regional and international conferences, seminars and workshops and presented papers.

# Section 6.3

## **Asia and Pacific Region**



# How the World's First Regional Decade of Disabled Persons Came to be Born in Asia and the Pacific – Home to 690 Million Disabled Persons and 60 Percent of the World's People

SAN Yuen Wah

The circumstances were such that it seemed best to leave everyone with his own impression of how the first Asian and Pacific Decade of Disabled Persons came into existence. Certainly, during the first Decade when I was a staff member of the Social Development Division, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), it was prudent to stay silent, even when pressed rather hard. Remaining silent became a habit that lingered on. Eventually, I thought that I would take the story with me to the grave.

That this story is written is entirely due to Mr Joseph Kwok Kin Fun who has been unrelenting in his persistence and patience ... I feel rather like a clam whose shell has been slowly but surely prised open.

On what has been written about the first Decade ... in the lead up to switching on the PC to type up this story, I was bemused by what came to mind --- the ancient Indian parable of the [blind men and an elephant](#) and the Japanese film classic --- Akira Kurosawa's [Rashomon](#) --- with its message: we should suspect even what we think we have seen.

The story that Joseph has prised out of me may be best perused, bearing in mind the above-mentioned ancient Indian parable and Japanese film classic.

The prelude to this story unfolded in 1989 when I was already a permanent staff member of the Social Development Division. Due to an unexpected staffing crisis in the Social Development Division, I was assigned triple responsibilities: for disability and ageing, in addition to the youth programme for which I was Officer-in-Charge, a.i., following the sudden

departure of the then Chief. Over the course of 16 months, I had opportunity to observe closely the comparative strengths and weaknesses of the three programmes. In 1990, I undertook a memorable mission to Bhutan that involved field observation of its primary health care system and the living conditions of persons with disabilities isolated in homes that could only be accessed on foot in the mountains. It became evident to me that the ESCAP secretariat's potential comparative advantage regarding the three social issues and groups had not yet been fully developed – it stood to contribute most to disability and to the lives of the ESCAP region's disabled persons. However, the United Nations Decade of Disabled Persons was drawing to a close. All indications were that it would not be extended. The disabled peoples of the Asia-Pacific region needed support beyond its conclusion. ESCAP's own disability programme was in its infancy, having only started in the 1980s, in the wake of the proclamation of the International Year of the Disabled (1981).

By that juncture, the then Chief of the Social Development Division had noted that he could get out of me publishable work on any issue assigned to me. In early 1991, he indicated to me his plan to close down the Disability Programme and reassign me to work on the then trending issue of human resource development. It was conveyed to me in terms of recognition of my worth and a reward to relinquish me of a dead issue so that I could focus on a trending one. When I protested the planned closure by citing a wealth of United Nations General Assembly mandates, he was somewhat surprised and pointed out to me that there existed no ESCAP mandate on disability. Despite my professional respect for the administrative prowess of the then Chief of the Social

Development Division, with that conversation, he created a tectonic shift and a fault line between our positions – visible to no one – but my life changed course.

ESCAP mandates, in the form of resolutions, are adopted by the intergovernmental membership of the Commission at its annual meetings, usually around April/May.

I had, for my own learning, sat in on Commission sessions that deliberated on draft resolutions -- often late into the night. However, at that point, I had no prior experience in drafting one. Member States could and often did request the secretariat to prepare draft resolutions on issues of particular importance to them that they wished to sponsor. During my tenure up to that point, no member State had deemed it necessary to sponsor a draft resolution on any social issue that I was assigned to work on.

How could an ESCAP mandate be secured to save the Disability Programme from extinction?

Timing was critical. Every step of the way. With the United Nations Decade of Disabled Persons concluding in 1992, the requisite ESCAP mandate for an Asian and Pacific Decade of Disabled Persons would have to be adopted by the Commission at its 48th session in 1992.

For this, I seized the opportunity presented by an expert group meeting (EGM) to review the conclusion of the United Nations Decade of Disabled Persons in Asia and the Pacific. That EGM already existed in the ESCAP work programme, with budgetary provision for convening experts for five days of deliberations. It was my direct responsibility to conceptualize the EGM, identify invitees, organize it and ensure its smooth servicing, with a credible outcome. ESCAP convened in Bangkok in August 1991 the Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the Asian and Pacific Region. It was a pivotal meeting that marked a watershed moment for disability rights in the ESCAP region. It brought together key actors who found common cause in enabling continuation of a major United Nations role in disability for the Asian and Pacific region.

On the Sunday before the Monday start of the EGM, I hosted an informal lunch meeting at a riverside Thai restaurant by the Chao Phraya River. Among my guests were Mr Sun Zhonghua, the representative of the China Disabled Persons Federation (CDPF), and Mr Akiie Ninomiya, the representative of

Disabled Peoples' International (DPI) Asia-Pacific Region. I carefully mooted before both the idea of a regional decade of disabled persons for Asia and the Pacific.

In the same way that I have not until now shared the story, it was only two years ago that certain circumstances were revealed to me. Mr Sun, a highly intelligent and astute observer of international trends, had noted the unlikelihood of an extension of the United Nations Decade of Disabled Persons. The United Nations Decade had demonstrated its advocacy value for disability awareness raising and resource mobilization for improving the lives of disabled persons. Much more disability advocacy effort was needed in Asia-Pacific. Mr Sun noted this. With both considerations in mind, Mr Sun had sought and obtained the prior agreement of the President and Vice-President of CDPF to the idea of a regional decade of disabled persons. Thus, Mr Sun had come to the ESCAP EGM with his own mandate and was ready to propose a regional decade of disabled persons. Mr Ninomiya, who was Secretary to Senator Eita Yashiro on DPI Asia-Pacific Region matters, also held a similar view and warmly responded to the suggestion of a regional decade. Senator Yashiro was the Regional Chairperson of DPI Asia-Pacific Region.

RI stalwarts, Mr Joseph Kwok and Mr Ichiro Maruyama, radiated energy and enthusiasm in that EGM. I remember being struck by the glow of their youthful dynamism. It was the first time that I met both of them in person. Mr Ryosuke Matsui, then an ILO colleague, was also very supportive in the EGM. When I realized the closeness of their RI bond with each other, it seemed perfectly natural to nickname them The Holy Trinity.

Mr Sun was the Rapporteur of the EGM. The Chairperson of the EGM was the towering and formidable sari-clad Mdm Usha Vohra, Secretary to the Government of India, Ministry of Welfare.

As a permanent staff member of the secretariat, my duty was to fully support the substantive servicing of the EGM. That included, among others, capturing the highlights and key messages of the deliberations of each day in a report that I drafted each night. It was customary to present the consolidated draft report to the Rapporteur in the early hours of the morning of the concluding day of the EGM for review and any further tweaking that might be deemed necessary. The Rapporteur had to sign off on the draft report, before it was reproduced for all participants. The draft report of the EGM was presented in the plenary session on the concluding day

and reviewed paragraph by paragraph. The participants of the August 1991 ESCAP EGM unanimously adopted the report and took ownership of it. The declaration of an Asian and Pacific Decade of Disabled Persons was its key recommendation.

Two months later, some key actors were present again in another meeting serviced by the ESCAP secretariat not by design, but by chance.

Over the years, I have observed how obstacles often prevented senior civil servants in the Government of India from leaving the country and from staying on for the entire duration of an international conference. Fortunately for the ESCAP region, Mdm Usha Vohra was unhampered by any obstacle and arrived safely in Manila to represent India at the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held during 7-11 October 1991. At the Conference, Mdm Vohra tried to propose an extension of the United Nations Decade of Disabled Persons. It was clarified in the course of the deliberations that such an extension was infeasible. Mdm Vohra, as the delegate of the sovereign Government of India and fresh from having chaired a highly important ESCAP EGM on that very subject, made a historic intervention in proposing a regional decade of disabled persons for Asia and the Pacific. That was a vital silver bullet gift from India for the rights of the disabled persons of Asia-Pacific. This was because the intervention, once entered as a recommendation in the report of the Ministerial Conference, had the weight of legislative authority lacking in the report of an EGM. The recommendation of the Ministerial Conference that built on the recommendation of the EGM constituted the Asia-Pacific cornerstone of the draft ESCAP resolution for an Asian and Pacific Decade of Disabled Persons some months later.

Interestingly, Mr Sun was also a delegate in the same Ministerial Conference in Manila. I was a member of the core team that drafted the report adopted by that Ministerial Conference. I was in a position to ensure the inclusion of the critical text on India's recommendation in the draft report of the Ministerial Conference. The then Division Chief, whatever his personal feelings on the matter were, could not excise the recommendation made by the Honourable Delegate of India. Furthermore, Mr Sun was vigilant and support from delegations was on hand, should the need have arisen.

In hindsight, the stars were well aligned for the historic ESCAP mandate on disability.

Importantly, it was an era of Sino-Japanese good will and cooperation. That greatly facilitated cooperation between two wheelchair user leaders, Mr Deng Pufang, President of CDPF, and Senator Eita Yashiro, in his capacity as Regional Chairperson of DPI Asia-Pacific Region.

With an ESCAP mandate, not only would it be impossible for a Senior Manager in the ESCAP secretariat to unilaterally eliminate its Disability Programme, it would have to be allowed to grow.

On my part, I continued to use my position as a permanent staff member of the ESCAP secretariat to augment the chances for securing an ESCAP mandate. I facilitated, consulted and strategized in complete secrecy. Yutaka Takamine, who had joined ESCAP as a Project Expert in April 1990, was the only colleague whom I kept in the loop. A careless word to any other ESCAP colleagues could, either inadvertently or intentionally, have led to undermining or elimination of the one opportunity at the 48th session of the Commission in April 1992 to save the ESCAP Disability Programme. In that regard, I was meticulous in leaving no trails and deliberately kept a low and innocuous profile within the secretariat. I did not use the office phone for making overseas calls on this matter. My home phone bills, on the other hand, were astronomical.

I had always been ready to oblige whenever help was needed for tackling the work load of the Division. A critical opportunity arose in January 1992 in the form of a field study programme for Asia-Pacific criminal justice administrators to China and Japan. Although criminal justice administration was not my core work, I had always maintained friendly relations with the Regional Advisors on Crime Prevention and Criminal Justice Administration who were seconded from the Ministry of Justice, Government of Japan, to the Social Development Division. I had serviced ESCAP meetings held in the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI) on youth crime prevention and juvenile justice administration. When I was assigned to organize and lead the field study programme, I seized the opportunity to advance the ESCAP disability mandate agenda.

At the final destination of the field study programme in UNAFEI, Fuchu, Japan, I borrowed the office phone for well over an hour. I updated Ichiro Maruyama and discussed with him options and elements for a strategy to secure the much-needed ESCAP mandate. I still remember the disapproving looks of UNAFEI staff members in that office ... it must have

seemed an abuse of goodwill by me to have used their office phone for such an inconsiderate duration.

Following the conclusion of the field study programme in Fuchu, I used annual leave and paid my own way to double back to Beijing. I remember standing in a queue in Narita International Airport to board the flight to Beijing, when someone quietly tapped my shoulder. It was Mr Osamu Nagase who had, by then, succeeded Mr Akiie Ninomiya as Secretary to Senator Eita Yashiro. We both flew to Beijing for a secret meeting with CDPF decision makers.

Mr Sun was a master strategist. All operational details for a strategy had been thoughtfully worked out and were thoroughly discussed. Following the secret Beijing strategy meeting in January 1992 and as per agreement reached in that meeting, Mr Deng Pufang sent a letter to Senator Yashiro seeking his cooperation in approaching Governments of the ESCAP region for support of an ESCAP resolution on a regional decade of disabled persons, with a view to adopting it at the 48th Commission session to be held in April 1992. Senator Yashiro responded by sending a letter (with the content as proposed by Mr Deng Pufang) to Governments of the Asian and Pacific region. The significance of such a letter, signed by a Senator of the Diet, worked its magic.

Mr Maruyama, Mr Nagase, Mr Sun (with effective CDPF links to both RI and DPI, as well as the Ministry of Foreign Affairs, China) and I coordinated and cooperated very well together. Yutaka Takamine had his own direct communication channel with Senator Yashiro who was his mentor, as also with DPI and Japanese disability networks. The mutual trust and good understanding, as also the networks, were valuable resources put to good use in support of our shared commitment to securing the ESCAP mandate on a regional decade of disabled persons.

Exactly a year after being informed that the Disability Programme would be closed because there was no ESCAP mandate for its existence, the ESCAP secretariat received the request of the Government of China to prepare a draft resolution proclaiming an Asian and Pacific Decade of Disabled Persons. The then Chief of the Social Development Division held on a while to the request until the moment when I was to leave the office for the long journey from Bangkok to Fiji. At that point, he indicated his expectation that I was to prepare the draft resolution requested by the Government of China while conducting a training workshop for persons with diverse disabilities in Fiji. No guidance was given on how to

prepare such a document. Nevertheless, I knew when the request had landed on which desk in the secretariat, before it reached the Social Development Division. I had already spent long hours in the ESCAP Library trawling through the archives and completed research on ESCAP and General Assembly resolutions. The archives had shown me the way and I was able to prepare my first draft ESCAP resolution, in fulfillment of the request of the Government of China.

Yutaka had a fax machine at his home that we used to send faxes in the era before emails and smart phones became commonplace. Yutaka was also independently mobile: he drove his own adapted car. I did not own any wheels. Throughout the period that Yutaka and I were trench mates for the world's first regional decade of disabled persons, I deeply appreciated his practical support rendered with his signature Okinawan easy nature and calmness.

On a critical afternoon, Yutaka and I left the office and went to his apartment where the entire discussion with CDPF over the text of the draft resolution took place over the phone. I stood firm in dissuading CDPF from making any changes to the text of the draft resolution, despite numerous changes that it initially proposed. This was because we stood to lose everything, if the draft resolution invited doubts or required much clarification.

Afterwards, I realized that, in the heat of the moment, I had raised my voice over the phone with the Vice President of CDPF, Mr Liu Xiaocheng. Despite his reputation for a fiery temper, Mr Liu understood the gravity of the stakes and agreed to my approach in the draft resolution. It was a privilege to have had the opportunity to experience true magnanimity combined with high intelligence.

In order to protect the draft resolution from possible sabotage, it had to be watertight and ultra conservative in not stipulating any demand for resource allocations. Thus, no additional regular budgetary resources were sought in the draft resolution for the implementation of the regional decade. A request for additional regular budgetary resources would have complicated negotiations on the draft resolution and jeopardized the otherwise smooth adoption that we all hoped for. This was an aspect that I highlighted to Yutaka, clearly spelling out the implications -- that, if the resolution was adopted, the implementation road ahead would be extremely tough for both of us. To his credit, Yutaka agreed without hesitation and we both made a pact to proceed without seeking any additional regular budgetary resources.

As luck would have it, China was the host of the 48th Commission session. Mr Sun, as the Commissioner for International Affairs of CDPF, undertook careful and thorough preparations to pave the way for supportive deliberations at the 48th Commission session and smooth adoption of the draft resolution proclaiming the Asian and Pacific Decade of Disabled Persons. The disabled persons of Asia-Pacific reaped the benefit of Mr Sun's earlier professional training. Prior to joining CDPF in Beijing at the express urging of his university friend, "Pufang," Mr Sun had been immersed in his chosen profession as a research scientist in Xian.

As a prelude to the 48th Commission session, Mr Deng Pufang hosted a special dinner for the representatives of 14 ESCAP member States --- Beijing-based members of the diplomatic corps. At the dinner, the draft resolution on the Asian and Pacific Decade of Disabled Persons was explained and the cooperation of all present was sought. The wheelchair user President of CDPF and son of the Paramount Leader of China personally sought the support of key ESCAP member States for the draft resolution.

In secretariat servicing of a Commission session hosted away from Bangkok by an ESCAP member State, only staff members who had a real role in report drafting and in supporting the facilitation of intergovernmental negotiations would be included in the servicing team that travelled to the host country. CDPF had issued to me a written invitation to be in Beijing for the 48th Commission session, with an offer of comprehensive coverage of all my return air travel, as well as board and lodging expenses related to the servicing of the 48th Commission session. Under normal circumstances, any Division Chief would have appreciated such a generous offer to enable an additional staff member to assist in secretariat servicing of a Commission session held away from Bangkok. The then Chief of the Social Development Division refused to give the necessary administrative approval for me to accept the CDPF invitation and to travel to Beijing to join in the servicing of the 48th Commission session.

Despite the refusal of approval that made it impossible for me to be physically present in Beijing, CDPF's preparatory work, in follow-up to Senator Yashiro's letters, yielded resounding success. The draft resolution on the proclamation of the Asian and Pacific Decade of Disabled Persons, 1993-2002, was sponsored by China and co-sponsored by Japan. There were altogether 33 Governments that co-sponsored the landmark draft resolution that was unanimously adopted by acclamation. In the history of ESCAP, that was an unprecedented

achievement for upholding the rights of disabled persons as a marginalized social group.

The success of the strategy to secure the ESCAP mandate owes much to the methodical scientific approach adopted by Mr Sun for planning, organizing and implementation.

On 23 April 1992, via resolution 48/3, the Commission proclaimed the Asian and Pacific Decade of Disabled Persons, 1993-2002.

The project budget available to ESCAP largely covered Yutaka's salary and sufficed only for 13 participants to attend the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, in Beijing in December 1992. By the time the Meeting was held, there were over 130 participants from across Asia-Pacific. The venue was the Swissotel Beijing, with its close RI Hong Kong, China, links. The Meeting benefitted from that RI connection.

CDPF mobilized the necessary expenses for the December 1992 Meeting. CDPF also made available to ESCAP a team of nearly 70 staff members and volunteers, to support the servicing of the Meeting that involved many participants with diverse disabilities and individual needs from across Asia-Pacific. The CDPF team was reinforced by the technical expertise and support of senior officials assigned by the Ministry of Foreign Affairs of China to support the Meeting. I gained valuable insight into how to make methodical preparations for a large Meeting with complex parameters and an important substantive agenda. It moved me deeply to observe the thoughtful efforts that were made for launching the decade of the disabled peoples of our region.

Such high-level engagement and generosity by the host Government sent a clear message to all participants from around the ESCAP region concerning the importance attached to the disability agenda. It highlighted through visible means the paradigm shift to a person-focused and rights-based disability inclusion agenda for the ESCAP region. The December 1992 Meeting launched the world's first regional decade of disabled persons on a far grander scale than ESCAP resources could have permitted. Whenever I think of that period, I feel that Mr Sun's selfless and invaluable contributions to the regional Decade initiative never received due acknowledgement or appreciation for the monumental efforts and personal sacrifices made which enabled us all to secure the critical outcomes achieved.

Another silver lining for the Disability Programme came in the form of the United Nations Secretary-General's assignment to ESCAP of Mr Rafeuddin Ahmed from New York where he was Under-Secretary-General for Economic and Social Affairs-cum-Special Representative of the Secretary-General for Humanitarian Affairs in South-East Asia. Mr Ahmed arrived in Bangkok to assume his duties as United Nations Under-Secretary-General and the sixth Executive Secretary of ESCAP, on time for the start of the 48th Commission session. Mr Ahmed had a keen eye for detail and a razor-sharp intellect. He was also a seasoned diplomat with superb leadership and management capabilities. He grasped immediately the significance of the regional decade of disabled persons and connected the in-house dots for himself. Mr Ahmed attended the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, in December 1992 in Beijing and was present for the adoption of its report.

There existed secretariat standard operating procedures for clearance and approval of draft letters, speeches and any document intended for signature by the Executive Secretary of ESCAP for despatch to member States. Often, when Mr Ahmed saw my name for "Drafted," he would ring me directly to suggest how my draft could be amended for higher impact in ways that could only have come from him. It was Mr Ahmed's idea to have Heads of Government or State and Ministers sign the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region.

On 29 April 1993, via resolution 49/6, the Commission noted with appreciation the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and adopted the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002. The Agenda for Action was a pragmatic strategy for promoting, protecting and upholding the rights of disabled persons without any mention of "human rights." In that era, those two words – "human rights" – were not yet accepted by most Governments of the ESCAP region. They were hardly ever mentioned in intergovernmental deliberations.

Mr Ahmed habitually worked late and his Office often summoned me for discussions with him on the progress of the Decade. This was most unusual and cut through conventional protocol and gatekeeping barriers at every level. It became known that I was a frequent after Close-of-Business-hour visitor to the Executive Office during Mr Ahmed's tenure (1992-1994). During those critical initial years of the Decade

when its foundation was being laid, Mr Ahmed took the even more unusual step of inviting me a few times to his home when he and his wife hosted dinner for Senior Managers of the ESCAP secretariat. Thus, in ways that were open to him, Mr Ahmed used his position of authority to send powerful signals to those within the secretariat who were indifferent to the Decade, unsupportive or hostile, whether by commission or omission. Mr Ahmed's understanding and support were immensely encouraging. It was perplexing for many colleagues. They did not understand how a disadvantaged social group that few cared about suddenly had an ESCAP resolution and the personal attention of the Executive Secretary.

The then Chief of the Social Development Division could find no trace of any breach by me of the code of conduct that I was bound to as an international civil servant. And, yet he had a strong suspicion that I was somehow responsible for the spanner thrown into the works regarding the closure of the Disability Programme. He used means within his authority to make life challenging. He re-assigned to the Disability Programme an old-timer General Service support staff member with chronic depression whom no one else in the Division could work with – the longest anyone else had managed was three weeks. Yutaka and I were told that "Charity begins at home" and we both lasted three years in that torturous situation. At some point during that period, computers were introduced. I liberated myself from the tyranny of dependence on secretarial assistance by learning to use the computer. Yutaka was the first Mac user in the Social Development Division. I was given an inordinate number of assignments that were unrelated to the Decade. I accepted all of them and gained knowledge and insights that I applied to Decade work. The unspoken yet clearly communicated message to me was that if I wanted to work on disability issues, I would have to pay for that with my labour on other Divisional assignments.

After Mr Ahmed's re-assignment back to New York as Associate Administrator of UNDP, the gloves were off and the work environment became much more challenging. At Divisional staff meetings, I had to demand the right to report on Disability Programme updates on an equal basis with all others. However, I also realized that, in the secretariat bureaucracy, no one could touch me so long as I worked exceptionally hard, delivered all work programme outputs and stayed within the rules. I also learned that I had acquired a layer of protection: the Division Chief could never be quite sure when or if I might write an interoffice memorandum to the Secretary-General himself, if he himself went a tad too far



and pushed me over the edge. Furthermore, he had no idea whether Mr Ahmed, who was in New York and uncomfortably close to the halls of UN Headquarters power, kept in contact with me.

In retrospect, all the attempts to punish me for the existence of the first regional Decade of Disabled Persons proved to be sound training for a real “double assignment” years later. They toughened me for life as Secretary to the Commission-cum-Special Assistant to the United Nations Under-Secretary-General and Executive Secretary of ESCAP.

When Yutaka and I were not on mission away from ESCAP Headquarters, we would work in the office day and night. One day, it hit me that I spent far more time with Yutaka than with my own long-suffering spouse. Yutaka nearly always drove me home late at night or in the early hours of the morning. After retirement, when I returned to help the secretariat in preparations for the Asian and Pacific Decade of Persons with Disabilities, 2013 – 2022, I had to find my own way home from the secretariat in the early hours of the morning. I often recalled, with nostalgia, Yutaka’s heartwarming, steadfast, practical expression of solidarity.

In those early first Decade days, inter-Divisional collaboration was uncommon. Given the central importance of accessibility, I developed good rapport with colleagues in the ESCAP/United Nations Centre for Human Settlements (HABITAT) Joint Section on Human Settlements, Rural and Urban Development Division, whose innovative work on slum dweller exchange programmes and local authorities had inspired me. Mr Adnan Aliani, who now heads the ESCAP Strategy and Programme Management Division, was then a young, new colleague in Human Settlements. The original idea for a one-square kilometer pilot project for access improvements was his contribution. It was also Mr Aliani who encouraged Yutaka and me to include Penang, with its vibrant civil society and Local Government engagement in urban issues, as a venue for the training of trainers of disabled persons for the promotion of non-handicapping environments. Two missions to Penang under that project led to Penang becoming my choice for post-ESCAP retirement.

In addition to Yutaka, the Government of Japan also supported the assignment to ESCAP of Mr Katsushi Sato, JICA Expert on Accessible Environments. Mr Sato provided technical support for ESCAP’s pioneer initiative on the promotion of non-handicapping environments. Seconded from the Building Research Institute, Ministry of Construction, Government of

Japan, Mr Sato was a quiet young specialist who worked very hard on producing technical design proposals for access improvement. I appreciated deeply Mr Sato’s technical contributions. ESCAP issued a series of three publications on the Promotion of Non-handicapping Physical Environments for Disabled Persons: Guidelines; Case Studies; Pilot Projects in Three Cities. The Katsushi Sato technical design proposals formed the core of the ESCAP Guidelines. They were also used in pilot projects in Bangkok, Beijing and New Delhi. The secondment of Mr Sato to ESCAP was the outcome of a personal request that I had made to Professor Satoshi Kose, after meeting him in Budapest in an international seminar on accessibility organized by our mutual friend, Mr Adolf Ratzka, of the World Institute for Independent Living. At the same seminar, I also met Mr Jim Harrison.

Numerous technical experts contributed pro bono services to ESCAP’s endeavour to promote accessibility in the region. Mr Joseph Kwan of RI was the only ESCAP consultant on accessibility in the first regional decade.

The ESCAP initiative for accessibility improvement benefitted immeasurably from the pro bono contributions of Mr Jim Harrison and Mr Ken Parker. They were two UK nationals who were teaching in the School of Architecture, and the Department of Building, respectively, in the National University of Singapore. Mr Harrison’s contributions to ESCAP work on access improvements continued into the early years of the third regional Decade -- the Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

It was through Mr Harrison that I met Ms Judy Wee, then President, Handicaps Welfare Association of Singapore. Ms Wee contributed pro bono her expertise and experiences to the development of guidelines for training disabled persons as trainers for access improvement. Her contribution was unique because she was a self-taught expert on accessibility who understood from experience the perspectives of users with disabilities. Ms Wee would fly into Bangkok on the last flight from Singapore on a Friday night, stay at my apartment where we would work solidly over the weekend, not stepping out until her departure on the last flight back to Singapore on a Sunday night, on time for her return to work on the Monday morning. Ms Wee came repeatedly until all the drafting and drawing were completed. I paid for her return air tickets from my own pocket. It became a habit to use scarce ESCAP project funds for items of expenditure that had to be “official” in some way.

Another fine Singaporean who contributed to Decade work was Mr John Ang, now Senior Fellow, Department of Social Work, National University of Singapore. I had worked with Mr Ang when he was an ESCAP consultant on ageing issues. After the Decade commenced, Mr Ang made a personal commitment of two weeks of his work per year to supporting the ESCAP secretariat on a pro bono basis. In that regard, I benefitted greatly from his insights, experience and generosity in making himself available to assist in servicing challenging meetings on promoting multi-sectoral/ multi-ministerial collaboration on disability-related concerns (in Kuala Lumpur and New Delhi) and on developing preliminary draft guidelines for trainers of people with disabilities in the promotion of non-handicapping environments (in Pattaya, Thailand).

My engagement with India commenced with my first mission to India --- as a member of the ESCAP secretariat team servicing the 50th Commission session hosted by the Government of India. To the incredulity of all my colleagues, I did not sign up for a once-in-a-lifetime special Indian rail journey for all delegates and secretariat staff members led by Mr Ahmed to the Taj Mahal which was exclusively reserved for a day visit by the VIP group.

By staying behind in Delhi, I could accept an invitation to dinner at home with a former ESCAP colleague. That former ESCAP colleague had, on completion of his five-year secondment to ESCAP as Regional Advisor on Technology Policy and Industrial Development, turned down repeated offers of a senior position in the ESCAP secretariat in order to return home and serve his country and his home state of Andhra Pradesh. He was Mr Bukkapuram Nadella Yugandhar (B. N. Yugandhar). At the time of the 50th Commission session, he was Secretary to the Government of India, Ministry of Rural Areas and Employment. Mr Yugandhar was far too busy with the upliftment of the rural poor to attend the Commission session or any of the magnificent social functions organized by the Government of India. However, he had glanced through the list of secretariat staff names and circled mine for a personal invitation. In the cosy ambience of his modest government-allocated residence, I challenged Mr Yugandhar to introduce disability inclusion in rural development schemes, with explicit benefits for India's vast numbers of rural-based disabled persons.

The leaders of self-help organizations of disabled persons who attended ESCAP meetings were all urban-based, educated, fluent in English, from elite backgrounds. They did not

articulate poverty issues. The majority of the region's poor were in slums and rural areas. I took it upon myself to gain exposure to conditions of rural poverty that impacted the lives of the majority of India's disabled persons. Mr Yugandhar facilitated my visits to parts of rural India.

In the ESCAP region, India is the pioneer of disability inclusion in government rural development schemes. The credit for that goes to Mr Yugandhar. Among others, he also initiated the establishment of the Council for Advancement of People's Action and Rural Technology (CAPART). In its initial years, I regularly attended CAPART meetings. CAPART pioneered a significant breakthrough for multi-sectoral and multi-ministerial dialogue when it convened, in New Delhi in February 1995, a first-ever national consultation of representatives of voluntary organizations, as well as Government officials responsible for rural development, welfare and science and technology. I was the ESCAP officer who served as a resource person and assisted in follow-up to the national consultation: the drafting of the CAPART strategy for achieving the full participation and equality of persons with disabilities in all Government-aided rural development initiatives.

Further to my suggestion, CAPART tracked down Mr Balakrishna Venkatesh, India's renowned Blind Master Trainer of persons with disabilities in social mobilization and grass-root group facilitation. It was my privilege to introduce Mr Balakrishna Venkatesh or "Venky," as he is popularly known, and Mr Yugandhar to each other. Together, they collaborated on taking to a whole new level the growth of rural self-help associations (sanghams) of persons with disabilities, including of women with disabilities, now a significant movement in Andhra Pradesh, south India.

Mr Yugandhar, together with close colleagues in the Indian Administrative Service, Andhra Pradesh cadre, had established Commitments as a public trust to empower marginalized rural persons in poverty. Mr Yugandhar adjusted the thrust of Commitments to focus more sharply on rural persons with disabilities, on mobilizing sanghams of poor rural persons with disabilities, facilitating their building of participatory, self-managed institutions for improving access to services, as well as on disability inclusion in mainstream rural life. Mr Yugandhar served as Managing Trustee of Commitments and involved Venky as a Trustee. Afterwards, whenever he had to disentangle issues that invariably arose in managing Commitments, Mr Yugandhar would blame me as the original source of his woes: for challenging him to demonstrate

disability inclusion in the empowerment of India's rural poor.

Mr Yugandhar introduced me to Mr Sudhakara Reddy, a mechanical engineer with extensive disabilities who was Director, PwD Strategy, in the Society for the Elimination of Rural Poverty in Andhra Pradesh. I, in turn, introduced Mr Sudhakara Reddy to Yutaka. In the depths of an Andhra winter in 1999, I organized in Hyderabad an ESCAP workshop on disability and poverty reduction. The workshop was organized in close cooperation with the National Institute for Rural Development and Panchayati Raj in Hyderabad, which I later learned was recognized as an ESCAP Centre of Excellence. The Institute provided the venue and support for conducting the workshop. Yutaka, along with a Dutch colleague from the Rural Development Division, ESCAP, joined me in servicing the workshop. As for most of the participants, it was Yutaka's first exposure to rural poverty reduction schemes in South India, especially to sanghams of the rural poor. It made a deep impression on Yutaka. After he left ESCAP and transitioned to academic life in his home in Okinawa, Yutaka raised project funds to undertake research on the sanghams that had impressed him in 1999.

Under the auspices of a Government of Japan-funded ESCAP project, Venky trained a "first Decade generation" of trainers with disabilities as promoters of non-handicapping environments. Venky's training methodology was rigorous and comprehensive. Along with the participants, Yutaka and I followed the strict training regimen that started on the dot at 8 am daily. Each night until midnight, Venky, Yutaka and I sat together and had enormous fun drafting training methodology notes that I later converted into training modules. Discipline, time management and focus were essential habits to acquire with the speed of lightning, to survive "Venky training." Mr Dipendra Manocha, Developing Countries Coordinator and Lead of Training and Tech Support, DAISY Consortium, and Ms Naziaty binti Mohd. Yaacob, Associate Professor, Department of Architecture, Faculty of Built Environment, University of Malaya, are two outstanding graduates of that training. They command huge respect in their respective areas of specialization – Mr Manocha in digital accessibility and Ms Naziaty in physical accessibility.

Just over a year after the 50th Commission session, Mr Yugandhar was re-assigned to serve as Secretary to the then Prime Minister of India, H.E. Mr. P.V. Narasimha Rao. By then I had visited many organizations and listened to key disability activists. I shared with Mr Yugandhar my observations on the fractious nature of issues that had

hampered, for some 17 years, the passage of a bill to protect the rights of persons with disabilities in India. From the Prime Minister's Office, Mr Yugandhar quietly worked on behind-the-scenes facilitation that resulted in the Parliament of India passing on 12 December 1995 India's first law on disability rights: The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Mr Yugandhar, renowned for the low profile that he maintained throughout his distinguished professional life, never made known his role in resolving the 17-year impasse.

India's Act was the first on disability rights enacted in the Asian and Pacific Decade of Disabled Persons, 1993-2002, serving as a beacon of hope for many in the ESCAP region. Mr Yugandhar had served as Director (1988-1993) of the Lal Bahadur Shastri National Academy of Administration, India's premier institution for training its civil service in public policy and public administration. With his continuous interest in and close contact with the Academy, disability inclusion in its training programme had significant impact on public administrators who graduated from the Academy.

I used my annual leave and made numerous personal trips to India in an effort to understand the complexities of the Indian disability movement and India's work on disability. I learned a great deal that informed the discharge of my responsibilities for Decade work. Furthermore, it was important to have tangible achievements of demonstration value that could inspire others in Asia-Pacific. On that, India had much to offer.

Culturally-appropriate, high-quality and low-cost assistive devices for the majority, together with accessibility, were crucial for the disabled persons of our region. Mr SK Rungta, India's first Blind Advocate, Supreme Court of India, and now Senior Advocate, took time off from his busy practice to accompany me on the bumpy road journey to visit the home of the Jaipur Foot.

The five-volume ESCAP series on the production and distribution of low-cost assistive devices grew out of that visit. The publication was part of an ESCAP project funded by the Government of the Republic of Korea. It was significant for me personally not only because of the subject that I was passionate about, but also because it was the first project proposal that I had written which the Republic of Korea had chosen, from among all the secretariat proposals submitted in that cycle, for receipt of part of its contribution of extra-budgetary funding resources.

The Government of India contributed additional funding and technical support for the hosting of the Technical Workshop on the Indigenous Production and Distribution of Assistive Devices held at Madras (now Chennai) in September 1995. Mr A.K. Choudhury, Joint Secretary to the Government of India, Ministry of Welfare, played a major role in mobilizing the requisite contribution. He also secured the participation of Dr A.P.J. Abdul Kalam, then Chief Scientific Officer to the Prime Minister of India, and later President of India, who delivered the keynote address at the Technical Workshop. For the opening, the meeting hall was decorated overnight with tons of red roses. Security was exceptionally tight with sniffer dogs on duty. That was because the Technical Workshop was inaugurated by the Chief Minister of Tamil Nadu.

Handicap International's funding support enhanced participation in the Technical Workshop, while its staff members in Bangkok, Phnom Penh and Paris peer reviewed the manuscript, thereby assisting in its finalization. An extensive list of persons (civil society organizations, Governments, United Nations entities) contributed paragraphs or reviewed specific parts of the manuscript. The list included Mr Lee Sang Yong, Ministry of Health and Welfare, Republic of Korea; Dr Nurul Ainy Sidik, Ministry of Health, Government of Indonesia; Ms Anuradha Mohit, Chairperson, Women's Committee, Asian Blind Union, and later Deputy Chief Commissioner for Persons with Disabilities, Government of India; Ms Mohua Paul, Centre for the Rehabilitation of the Paralysed, Bangladesh; Mr Cyril Siriwardene, Sri Lanka Foundation for the Rehabilitation of the Disabled; Colonel Topong Kulkanichit, DPI-Thailand; and Dr Enrico Pupulin, World Health Organization.

Altogether, the Government of India contributed funding and in-kind resources for three ESCAP meetings during the first Decade. In addition to the above-mentioned meetings on disability and poverty reduction, and on assistive devices, it also hosted a seminar-cum-field study programme on multi-sectoral and multi-ministerial collaboration on disability-related concerns. That was a special India-China seminar, on a South-South technical cooperation basis, for a large multi-ministerial and multi-sectoral delegation of Chinese officials. For the field study programme, the participants travelled to South India to observe the working of rural sanghams and social mobilization of the poor in a drought-prone tribal area.

From 1993 onwards, the Government of China commenced annual funding contributions to the ESCAP Disability Programme. The contributions continue and the amount has

grown significantly. The Beijing Pilot Project on the Promotion of Non-handicapping Environments was a jewel in the significance of its impact. From the tiny ESCAP allocation made available for the pilot project, CDPF facilitation, coordination and cooperation with diverse Government entities and university research institutions enabled the dissemination and implementation of accessibility throughout China. It was gratifying, years later, to receive from ESCAP colleagues on mission to various parts of China reports on access features that increasingly appeared, even to county and township level. It was not lost on me that Mr Deng Pufang's personal interest in the progress of this work had much to do with the outcome. A tiny contribution that I made was to suggest that CDPF invite concerned officials from other parts of China to join in the Beijing Pilot Project meetings, to show them what could be done and to inspire them to do the same.

Since there were no additional regular budgetary resources, I had to work on resource mobilization. I deeply appreciated the funding and in-kind contributions of the Government of Malaysia. Datin Fauziah Ramly, then Secretary-General, Ministry of National Unity and Social Development, Government of Malaysia, was an exceptional senior official. Through her efforts, Malaysia hosted in Putrajaya, then a newly-built administrative capital, an ESCAP seminar on multi-sectoral collaborative action for disability-related concerns. The unusual feature of the seminar was the multi-ministerial composition of each national delegation. Just before the seminar, Datin Fauziah broke her leg. Undaunted, she attended the seminar daily in a wheelchair. The lengths to which Datin Fauziah appeared to have gone, to demonstrate solidarity with disabled persons and the Decade, made a deep impression on the participants!

In the early Decade years, I took leave and travelled annually to Vienna to interact informally with UN Secretariat colleagues working on disability issues, and to share with them updates on the Asian and Pacific Decade of Disabled Persons. The Disability Programme was part of the Centre for Social Development and Humanitarian Affairs that was, until the second half of the 1990s, located in the United Nations Office in Vienna.

As part of those trips to Vienna, I travelled often to Finland and Sweden. The Governments of Finland and Sweden contributed extra-budgetary and in-kind resources to the ESCAP Disability Programme. The Government of Canada and the Municipal Environment Cooperation Programme-Asia sponsored by the Commission of the European Union made

available to the ESCAP Disability Programme the services of accessibility experts.

I learned a great deal from interactions with European leaders of the disability movement, especially Mr Adolf Ratzka who had established the Stockholm Cooperative for Independent Living. Mr Ratzka had also pioneered a scheme for State-funded personal assistance that enabled persons with disabilities to live in their own homes in the community, rather than as residents of institutional living arrangements.

Ms Maija Könkkölä, a Blind Finnish woman architect and built environment access specialist, contributed as a resource person to ESCAP training workshops on the promotion of non-handicapping environments that were held in Bangkok and Bangalore, as also a planning meeting in Yokohama. Ms Könkkölä's spouse, Mr Kalle Könkkölä, the first Finnish Parliamentarian with a disability, became an important ally. In the Ratzka and Könkkölä homes, I received warm hospitality, with sharing of valuable insights from personal, local and European struggles, as well as engagement at the international level. All that gave me food for thought in charting the path forward on the work of the ESCAP secretariat in the Decade years.

A very important contribution from the Government of Sweden was coverage of all expenses for the three-year assignment of a Swedish Associate Expert, Ms Annet Hjalmeffjord, to the ESCAP Disability Programme. Ms Hjalmeffjord, with a background in physical therapy, was creative, dependable and a superb addition to the team.

There were three exceptionally wonderful Japanese young people who interned with the Disability Programme to support its Decade work. Mr Hisao Chiba, has continued to work in the field of disability and is today Chief Advisor, JICA Project on Disability, in Mongolia. A major contribution by Ms Ai Kawamura (daughter of Mr Hiroshi Kawamura) and her friend, Mr Jun Yamaguchi, was the conversion of ESCAP Decade information materials into html format. That was a first in the Social Development Division of ESCAP.

Mr Hiroshi Kawamura was the first to draw ESCAP's attention to the importance of digital accessibility: he demonstrated Digital Accessible Information System (DAISY) digital talking books played in a prototype of a Plectalk CD-ROM player in a first Decade exhibition at the United Nations Conference Centre. Mr Kawamura was instrumental in shaping my appreciation of DAISY as a landmark

innovation, and other technological advancements that were liberating for Blind persons and persons with low vision. I introduced Mr Dipendra Manocha and Mr Hiroshi Kawamura to each other and they continue to work together in the DAISY Consortium.

The management of self-help organizations of people with disabilities was an ESCAP flagship programme. Mr Frank Hall-Bentick of DPI Australia was an early source of inspiration for this work. In an effort to further strengthen the programme, I looked outside of the field of disability. Ms Foo Gaik Sim, then Regional Director, International Organisation of Consumers Unions (later renamed as Consumers International) made important contributions: a participatory, learner-centric facilitation approach to training and extremely helpful insights from her expertise in the management of a vibrant civil society organization on consumer protection. Together, Ms Foo and I also co-produced in 1995 the ESCAP publication entitled "Hidden Sisters: Women and Girls with Disabilities in the Asian and Pacific Region."

In order to optimize in-kind resource contributions to ESCAP, a small forum of disability organizations that existed was expanded and strengthened. The ESCAP secretariat in effect became the secretariat for an inter-organizational forum of all major civil society organizations of and for persons with disabilities, and members of the United Nations family. This was formally named the Subcommittee on Disability-related Concerns of the Regional Interagency Committee for Asia and the Pacific. Meetings were held biannually, with everyone from outside Bangkok attending at no expense to the secretariat. Whenever necessary, Governments were invited to participate in its meetings. Mr William Godwin Brohier, popularly known as Mr Bill Brohier, represented CBM in all meetings of the Subcommittee. Always immaculate in a suit with matching tie, socks, polished leather shoes and his hallmark leather briefcase, Mr Bill Brohier was the most regular of all who attended those meetings. Indeed, Mr Bill Brohier, with his expertise in the education of Blind persons and persons with low vision, as well as children with multiple disabilities, was a pillar of support at every milestone Decade meeting.

The Subcommittee on Disability-related Concerns served as an important regional information-sharing platform, as also a consultative and advisory body that guided the ESCAP secretariat in all its work on disability-related matters. It was an easy relationship and I consulted often with its members, including RI. For the servicing of major ESCAP meetings, the

regular members of the Subcommittee on Disability-related Concerns all contributed actively. At the end of each day, various participants would hand over for my attention bits of paper on which were scribbled points that they had made in the deliberations. On critical issues, participants took turns to sit with me in crafting the text that they wanted to have reflected in the draft report for adoption by the Meeting. In the absence of resources, I learned to maximize the impact of whatever scarce resources were available to deliver optimal outcomes.

Dr Handoyo Tjandrakusuma of RI Indonesia, who established the Community Based Rehabilitation Development and Training Centre in Solo, Indonesia, invited me to serve as a resource person at training workshops organized by the Centre. Located beside rice fields -- lush green on my first visit -- the Centre was a wonderful training venue. And, this was not just because participants enjoyed twice daily (at morning and afternoon tea breaks) pastries from the best bakery in Solo run by Mrs. Prissy Tjandrakusuma. The Centre provided convenient access to CBR field study options. It was there that I met Ms Penny Price whose ESCAP secretariat tenure for the final two years of the Decade I facilitated.

The circumstances of the first Decade generated opportunities for aesthetic creativity in advocacy of a kind that had hitherto not been seen in the ESCAP secretariat. I looked for someone who could help in forging a different kind of advocacy that could engage the senses in diverse ways and use more effectively the space available in the United Nations Conference Centre.

I found Ms Marie-Ange Sylvain-Holmgren, a superbly talented designer of Haitian origin and a Swedish national, whose services I secured to mount Decade exhibitions held in conjunction with major Decade meetings. Mr Maruyama made available to ESCAP a collection of long, colourful, hand-woven saori banners. It was Ms Sylvain-Holmgren who tied the saori cloths to the circular teak railing on the first floor above the open space of the Conference Centre Atrium and hung them, forming a soft, yet distinct art installation of long, multi-coloured banners. This was incredibly innovative use of the interior architecture of the Conference Centre. It completely transformed the dull grey décor, creating a celebratory, energizing ambience that set the tone for Decade meetings in the Conference Centre.

It was as important to challenge ableism among government officials and civil society actors working on disability issues as

it was to challenge ableism among those not directly involved in disability. Designing the openings of Decade meetings for heightened advocacy impact became much more important. For that, I put together what had impressed me most about the openings of meetings that I had experienced. One of the loveliest openings of any international meeting was in Tallinn in August 1989: as host, the Government of Estonia had organized a rich cultural programme of colourful national costumes, folk songs and musical performances for the opening of the International Meeting on Human Resources in the Field of Disability. It reminded me of the first ESCAP meeting ever held in Bhutan which was a youth meeting that I had serviced. For the opening, the Government of Bhutan had organized a cultural programme that was unique with its serving of yak butter in tea, and a Buddhist prayer chant. In Fiji, for the ESCAP/Fiji training workshop on strengthening self-help organizations of disabled persons, palm fronds, leaves and fresh flowers had been used to decorate the venue, with Christian prayers and songs at the opening. Mr Maruyama brought with him for opening a Decade Meeting in the United Nations Conference Centre a Japanese opera singer who sang the Decade theme song. Her memorable performance was yet another first for ESCAP meetings introduced during the first Decade.

RI, through the Regional NGO Network for the Asian and Pacific Decade of Disabled Persons, organized a series of Decade events that were rich in substantive content and fabulous in form and style. The events were held in various venues, such as Okinawa, Japan; Hong Kong, China; Manila; and Kuala Lumpur.

Such unprecedented beauty, colour, music, song and vigour fuelled strategic advocacy for disability inclusion, capturing attention from people who had hitherto given little thought to disability. The intent was also to infuse in those of us working on disability rights a new sense of solidarity in our collective Decade efforts. It was a deliberate effort to chip away at negative stereotyping and associations with disability, towards replacing those with a fresh and more sophisticated aesthetic style in disability pride associated with ESCAP disability events. It was the sight of the RNN saori banners in the Okinawa sea breeze that gave life to a seed planted in Tallinn in August 1989 where I had attended, for the first time, an international disability meeting.

Chance played a role at several points before and throughout the first Decade. Many good people gave unstintingly of themselves, sharing generously their expertise, insights and



time for the world's first regional decade of disabled persons to succeed. Some, like Mr Yugandhar and Datin Fauziah, used their positions of authority to help advance the Decade agenda. Like-minded people came together by chance and embarked on cooperation ... in some cases long after the first Decade. When I was asked to support the secretariat's preparations for the third Asian and Pacific Decade of Persons with Disabilities, I resumed the easy collaboration that I had enjoyed in the first Decade with Mr Joseph Kwok, Mr Hiroshi Kawamura, Mr Osamu Nagase, Mr Ryo Matsui and Mr Akiie Ninomiya, among many others.

Some might think that the first regional Decade was a success, despite enormous challenges. Not so. Not "despite" the challenges, but "because of" the challenges. The absence of additional regular budgetary resources, the punishing assignments and the high stakes – all these parameters evoked a special dynamic and a solidarity that were breathtakingly spectacular to experience. The relative material poverty of ESCAP's Disability Programme, with its secretariat responsibility for the Decade, emanated a light in dark terrain that brought out the best in people, drawing them in to power charge the Decade momentum.

There was a shared appreciation among the many who helped that the Decade initiative was a special gift. For a limited duration, there existed a clear historic mandate to work for the rights of persons with disabilities. It was a start. The start of a 100-year journey to change attitudes and behaviour in the Asian and Pacific region. Towards acceptance of persons with diverse disabilities on an equal basis with others. Maybe, we shall need 150 to 200 years. In a region with civilizations that are 5,000 years old or more, what is a Decade? Three Decades? Or, more?



Author: **SAN Yuen Wah**

### Contributing in a pro bono capacity to the work of the following:

Harapan OKU Law Reform Group, Malaysia, focusing on civil society advocacy for harmonization of domestic legislation (including via drafting of civil society amendments to the Persons with Disabilities Act 2008) with the Convention on the Rights of Persons with Disabilities (CRPD).

#OKURightsMatter! Project focusing on advocacy and related policy research on key issues faced by persons with disabilities in Malaysia, including advocacy for disability inclusion directed at Parliamentarians, aspiring politicians, and government officers.

National Council for the Blind, Malaysia (NCBM), focusing on pioneering digital accessibility in Malaysia, reinforced by related training, research and advocacy for fostering cross-disability and inter-sectoral civil society solidarity in support of domestic implementation of international disability-related mandates and strategies that the Government of Malaysia is explicitly associated with.

Social Development Division, United Nations Economic and Social Commission for Asia and Pacific (ESCAP), as Honorary Senior Advisor, Disability Inclusion, engaging, inter alia, the production of ESCAP publications for government officials and civil society leaders on harmonization of domestic legislation with the CRPD; and promotion of sign language awareness.

Primary caregiver of parent and spouse, both with disabilities.

**2010-2014: Senior Advisor on Disability Inclusion, Social Development Division, United Nations ESCAP, Bangkok, and member of the ESCAP core team that undertook the following:**

Worked on drafting the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, including related consultations with governments of the ESCAP membership, civil society stakeholders and members of the United Nations family;

Engaged in laying the regional foundation for implementing the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, including the:

- ✓ Preparation of the regional road map on implementation of the Incheon Strategy;
- ✓ Establishment/launch of a regional mechanism for promoting Decade implementation;
- ✓ Promotion of South-South cooperation on accessibility for persons with disabilities;
- ✓ Advocacy of disability inclusion in the post-2015 global frameworks on disaster risk reduction and in the sustainable development goals, respectively.

Prior to early retirement in 2009, served as a permanent staff member with the ESCAP secretariat (largest of the five regional commissions and Asia-Pacific arm of the United Nations secretariat headquartered in Bangkok). Much of the tenure was devoted to advocacy, secretariat facilitation of intergovernmental negotiations, research, training, coordination of ESCAP secretariat flagship publications and publishing on social issues, including youth development, juvenile justice administration, youth crime prevention; development dimensions of health; health promotion for the prevention of silent killer non-communicable diseases; support for comprehensive, strategic and expanded responses on HIV / AIDS prevention, treatment, care and support; and transforming the ESCAP secretariat’s policy approach to ageing (from an initial emphasis on geriatric care to life-long preparation for old age).

**2001-2009: United Nations staff member holding, among others, the following positions with the United Nations ESCAP, Bangkok:**

Chief, Health and Development Section;

Secretary to the Commission (Economic and Social Commission for Asia and Pacific, with its membership of 62 Governments)-cum-Special Assistant to the Under-Secretary-General of the United Nations and Executive Secretary of ESCAP;

Statistical Analyses and Publications Coordinator.

First woman in the above positions in the history of the ESCAP secretariat

Served as the ESCAP secretariat’s disability focal point from 1989 through 2000 and, in close partnership with the Asia-Pacific disability movement, promoted via the intergovernmental platform and process, the rights of persons with disabilities:

- ✓ Re-focused the ESCAP Disability Programme to strategic advocacy of and support for the empowerment of persons with disabilities and equalization of opportunities for full participation, with emphasis on the promotion of multi-sectoral, multi-ministerial and multi-level coordination and cooperation for disability inclusion.
- ✓ Took the first steps to break barriers within the ESCAP secretariat to disability inclusion, by initiating dialogue / collaboration with ESCAP Administration, as well as substantive Divisions for statistics, urban management (then referred to as human settlements), rural development, transport and international trade.
- ✓ Laid the foundation for strengthening ESCAP’s strategic alliance with diverse stakeholders, including members of the United Nations family headquartered in Bangkok, as well as the Asian Development Bank and the ASEAN Secretariat, concerning the policy direction and implementation of the world’s first regional decade of disabled persons, i.e., the Asian and Pacific Decade of Disabled Persons, 1993-2002, that paved the way for the second Asian and Pacific Decade of Disabled Persons, 2003-2012.

- √ Expanded significantly the membership of the inter-organizational disability forum hosted by the ESCAP secretariat, increased the frequency of its meetings and options for its active engagement in decision making and resource contributions regarding all major Decade initiatives.
- √ Provided advisory services to Governments and civil society organizations concerning the rights of persons with disabilities in Asia-Pacific developing countries, including servicing the World NGO Summit, 10-12 March 2000, and drafting the Beijing Declaration on the Rights of People with Disabilities in the New Century (adopted by the World NGO Summit on 12 March 2000): the Beijing Declaration sent out the first joint call by Rehabilitation International, Disabled Peoples' International, Inclusion International, World Blind Union, World Federation of the Deaf, and national civil society organizations of and for persons with disabilities, to ensure the adoption of an international convention on the rights of all people with disabilities.
- √ Provided technical advisory services for the establishment of the first African Decade of Disabled Persons, 2000-2009.
- √ Organized numerous meetings, training workshops and policy seminars to support the strengthening of the self-help leadership of disabled peoples' organizations.
- √ Conceived, mobilized resources for, and implemented regional demonstration projects on disability inclusion, particularly on the promotion of barrier-free environments.
- √ Organized and conducted training and advocacy workshops for multi-ministerial and government-civil society engagement in the promotion of accessibility.
- √ Undertook the drafting, design and production (between 1989 and 2000) of all disability-related ESCAP secretariat publications/documents, including training guides, advocacy and reference materials on community awareness, equalization of opportunities, human resources development, access promotion, production of assistive devices, gender-disability issues as faced by "hidden sisters" – women and girls with disabilities, training of trainers and self-help empowerment of persons with disabilities, as well as the production of numerous disability advocacy-focused short films, special events and exhibitions.

Officer-in-Charge (1989-1990) for ageing, disability and youth programmes, Social Development Division.

Served in the ESCAP Youth Programme (1984-1989/1990).

Coordinated and co-edited the production of ESCAP flagship publications on 60 years of ESCAP; energy security; food security; ASEAN integration; and ASEAN-UN relations.

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# UN ESCAP Asian and Pacific Decade of Disabled Persons: The Game Changer in Global Disability Movement

Yutaka Takamine

During the 1990s, many political incidents occurred. Germany reunified on 3 October 1990 as a result of the fall of the Berlin Wall. In December 1991, with the resignation of Gorbachev from presidency and the dissolution of the USSR, Yeltsin became president of the renewed independent Russian Federation. The Cold War ended. The European Union was formed in 1992. For many of us, the 1990s seem far away.

Twenty-eight years ago, in 1993, the Asian and Pacific Decade of Disabled Persons started. As the former UN staffs, we would like to look back the significance of the first Asian and Pacific Decade of Disabled Persons 1993-2002 as well as the significant contributions of regional NGOs.

At first, let us look at how the Disability Program of ESCAP was created and how the regional decade was initiated.

Senator Eita Yashiro, a wheelchair-user, who was then a member of the House of Councilors in Japan, visited the secretariat of the Economic and Social Commission for Asia and the Pacific (ESCAP) at Bangkok, Thailand, in 1987, the middle of the United Nations Decade of Disabled Persons. He found that despite the fact that the UN Decade had passed the midpoint, ESCAP had undertaken few activities to implement the UN Decade of Disabled Persons. He urged the ESCAP secretariat and the Embassy of Japan in Thailand to take action. To respond to his request, ESCAP created the Disability Program within the Social Development Division, with the support of the Japanese government.

Yukiko Oka was dispatched from Japan as an expert on disability to the Disability Program. In April 1990, Yutaka Takamine, who was a wheelchair user, joined the Disability Program to succeed Oka who had returned to Japan. His initial term was three years. Takamine was a University of Hawaii graduate and served as Chairperson of Japan National Assembly of Disabled Peoples' International (DPI-Japan) before joining ESCAP. SAN Yuen Wah was a social affairs officer of ESCAP in charge of the Disability Program at that time. The focus of the Disability Program shifted from community-based rehabilitation to the development of self-help organizations of disabled persons in 1990 when Takamine joined the program. ESCAP published "Self-help Organizations of Disabled Persons" in 1991.

In 1991, when the UN Decade was about to end, disabled peoples' organizations (DPOs) and Rehabilitation International (RI) in the Asian and Pacific region voiced that the United Nations Decade of Disabled Persons 1983-1992 should be extended to another decade, since decade activities in the region had just begun. However, international DPOs did not agree to extend the UN Decade because they could not find any reason to continue the UN Decade.

DPOs and civil society organizations in the Asian and Pacific region wished to declare a regional decade, as the UN Decade could not be extended. With support of NGOs in the region, Senator Yashiro, then Chairperson of DPI Asia-Pacific Region, and Deng Pufang, the founder of the China Disabled Persons' Federation, acted together to request the member governments of ESCAP to adopt a resolution to proclaim the Asian and Pacific Decade of Disabled Persons, 1993-2002, at the 48th session of the ESCAP general assembly held in Beijing, China, in 1992. The resolution was sponsored by thirty-three members and adopted unanimously. Without the efforts of DPOs, RI Asia-Pacific Regional Committee and other civil society organizations, the declaration of the Asian and Pacific Decade of Disabled Persons was not possible.

The Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region was adopted at the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, in Beijing, in December 1992.



*Deng Pufang and Eita Yashiro attending at the Meeting to Launch the A/P Decade, Beijing, December 1992.*

To achieve the objectives of the Asian and Pacific Decade of Disabled Persons (A/P Decade), an agenda for action was needed that translated the World Programme of Action concerning Disabled Persons into an agenda for the Asian and Pacific region. The Agenda for Action for the A/P Decade, endorsed at the forty-ninth Commission session in 1993, consists of 12 major policy categories. The RI Regional Committee was active to implement the A/P Decade since its inception.

We believe that the most important contribution of the RI Regional Committee was to initiate the formation of the Regional NGO Network for the Promotion of A/P Decade 1993-2002 (RNN) in 1993. Ryosuke Matsui, RI Regional Representative, was one of the founding members of RNN.

RNN was born out of a resolution of the 1993 Campaign for the A/P Decade, 1993-2002, held in Okinawa, Japan in 1993. From the ESCAP side, I attended the campaign in Okinawa together with the Chief of the Social Development Division and SAN Yuen Wah, and all of us witnessed the formation of RNN. RNN was a network of members from both national and international organizations of and for people with disabilities. Since its founding in 1993, RNN's most important contribution to the A/P Decade was its annual campaigns held in the following places: Okinawa, Japan (1993), Manila, Philippines (1994), Jakarta, Indonesia (1995), Auckland, New Zealand (1996), Seoul, Republic of Korea (1997), Hong Kong, China (1998), Kuala Lumpur, Malaysia (1999), Bangkok, Thailand (2000), Hanoi, Vietnam (2001), and Osaka, Japan (2002). (Please see the photos on the following 2 pages.)

The section on public awareness of an ESCAP document stated, "ESCAP has actively supported the regional campaigns for the promotion of the Asian and Pacific Decade of Disabled Persons since 1993. These campaigns have been organized by the Regional NGO Network for the Promotion of the Asian and Pacific Decade of Persons with Disabilities, in collaboration with host governments and local NGOs. Campaign 1994, held at Manila in July 1994, adopted the Decade logo. ESCAP provided financial support for the regional campaigns in Hong Kong, China in 1998, Bangkok in 2000 and Hanoi in 2001 to facilitate the participation of least developed and developing countries."<sup>1</sup>

"ESCAP joined the organizers of Campaign 2000 in Bangkok, which provided a regional forum to review action on targets for the implementation of the Agenda for Action and share experiences on good practices in their implementation. Campaign 2001, held at Hanoi in December 2001, was the largest regional Campaign. The Campaign adopted the Hanoi Declaration of Campaign 2001 on the Facilitation of Community Integration of People with Disabilities, which urged Governments in the region to extend the Asian and Pacific Decade, 1993-2002, for another 10 years. ESCAP will support the final regional campaign to be held at Osaka, Japan, in October 2002."<sup>1</sup>



- 1994: Campaign in Manila, Philippines



*Then President Ramos of the Philippines addressing at the Campaign*



*My honor to be with the President*



*Eiichi Takada (center), then President, Japanese Federation of the Deaf, speaking in sign language, with late Peter Chan (2nd from left), former RI Vice President for Asia and Pacific, from Hong Kong SAR, China*

- 1995: Meeting to review the progress of the Decade in Bangkok, Thailand



- 1997: Campaign in Seoul, Korea

*The Campaign, celebrated by Korean dance*





- 1998: Campaign in Hong Kong, China



As you can see, ESCAP fully endorsed the RNN campaigns. A significant part of the campaigns was the size of overseas participants. The number of overseas participants to the Campaigns varied from 300 (Manila) to 1, 600 (Hong Kong). It was also noted that more than half of them were people with various kinds of disabilities. Quite a substantial number of participants with intellectual disability and some participants with psychiatric disability attended the campaigns.

Regarding the involvement of governments in the campaigns, late Ichiro Maruyama, Secretary General of RNN, mentioned in his article, “All Campaigns have succeeded to invite the top leadership of the nation, for example, presidents and prime ministers to express their recognition and intention to promote measures for fellow citizens with disabilities.”<sup>2</sup>

Concerning the impact of the Campaign, Maruyama also mentioned, “Many concrete results have been achieved: for example, making the campaign host city accessible, and governments to promote measures for people with disabilities. In some countries, because of the significant success of the Campaigns, they organized follow up national conferences bringing even more concrete impacts to their countries. We have also witnessed the formation of new organizations of people with disabilities following Campaign activities or a significantly improved status and participation of these organizations in decision making processes at the national level.”<sup>2</sup>

I believe that annual campaigns of RNN contributed greatly to the success of the Asian and Pacific Decade of Disabled Persons, not only because they rose awareness of the counterpart government officials, but also the campaigns drew so many disabled persons, DPOs and civil society organizations to the A/P Decade activities, and the A/P Decade became so familiar to them.

I acknowledge the contribution of late Ichiro Maruyama who had frequently visited host countries to negotiate and arrange campaigns, and made each campaign successful. We also recognize the dedication of Etsuko Ueno who supported Maruyama as his trusted associate in organizing all campaigns.

Other contributions of RNN include logo, theme song, poster and RNN information services. Logo, theme song and poster were selected by open competition in the region and were presented to ESCAP during the Campaigns. ESCAP endorsed the winning entry and winning song as the official A/P Decade logo and theme song.

As information services, the Asia and Pacific Journal on Disability was published jointly by RNN and the RI Asia-Pacific Regional Committee. The journal provided opportunities for practitioners and researchers to publish their practices and ideas during the A/P Decade. Ryosuke Matsui and Joseph Kwok were the executive editors.

As the last but not least contribution to the Decade, RNN set up thirteen Thematic Research Task Forces to evaluate the Decade activities. These Task Forces corresponded to the 12 policy areas of the Agenda for Action for the A/P Decade, plus “Women with Disabilities”. The RNN review scheme was extended by adding country NGO reports and international NGO reports. The consolidated review report was submitted as an NGO input to the final Campaign 2002 and to the ESCAP High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons, held in Otsu, Japan in 2002<sup>3</sup>.

The A/P Decade has been extended twice. We are now in the third Decade. We believe that the Decade has been extended because the first Decade ended successfully and influenced other regional decades, such as the African Decade of Disabled Persons 2000-2009, extended to 2010-2019, Arab Decade of Disabled Persons 2003-2012, Decade of the Americas for the Rights and Dignity of Persons with Disabilities 2006-2016.

I believe that the first A/P Decade was successful, because the active participation and support of NGOs such as RI Asia-Pacific Regional Committee and DPI Asia-Pacific Regional Council.

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Author: **Yutaka Takamine** has been being a wheelchair user since 1995. Graduated from the School of Social Work, University of Hawaii and Joined ESCAP from 1990 till 2003. Professor at the University of the Ryukyu, Japan (2003-2013), and presently the President of the NPO Empowerment Okinawa.

## Participation of China Disabled Persons' Federation in the Centennial Journey of Rehabilitation International

China Disabled Persons' Federation (CDPF) joined Rehabilitation International (RI) in 1984 (then in the name of its predecessor China Foundation for Disabled Persons, and afterwards as CDPF since its establishment in 1988) and is a national member of RI.

As a member of RI, CDPF has actively supported and participated in various RI activities, strengthened exchanges and cooperation with RI commissions and members, promoted the implementation of RI's development strategies and its latest ideas in China, and deepened cooperation with RI in jointly improving the well-being of persons with disabilities worldwide. For example:

In 1984, the Chinese government accepted the *Rehabilitation International Charter for the 80s* handed over by Sir Harry Fang Sin-yang, the then President of RI, to further promote rehabilitation work.

From October 22 to 24, 1990, CDPF hosted the 15th Annual Conference of Rehabilitation International. From October 25 to 31, 1990, entrusted by RI, CDPF hosted the 9th Asia Pacific Conference of Rehabilitation International in Beijing. With the theme of "Equality and Participation", the conference included eight symposiums, respectively on government participation in legislation and policymaking, special education policy, disability prevention, creating employment opportunities, mass media, accessible design, family life, as well as cultural and sports activities. The conference was highly informative and yielded fruitful results, with more than 1,200 Chinese and foreign delegates attending. It effectively promoted the exchange and cooperation among the participating countries and regions in the field of work for persons with disabilities.

In April 1992, with CDPF's strong advocacy and promotion, the 48th session of the UN Economic and Social Commission for Asia and the Pacific (ESCAP) unanimously adopted Resolution 48/3 on the Asian and Pacific Decade of Persons with Disabilities, 1993-2002, proclaiming the first Asian and Pacific Decade of Persons with Disabilities. The launching conference of the Decade was held in Beijing in December 1992. As the first regional initiative following the United Nations Decade of Persons with Disabilities, it has had positive and far-reaching influence on promoting the disability rights movement around the world, and has played an important role in promoting mutual learning on the work of persons with disabilities worldwide, especially in the Asia-Pacific region.

In March 2000, CDPF invited five major international organizations of persons with disabilities, including RI, to the "World Conference of Non-governmental Organizations of Persons with Disabilities" held in Beijing. The conference adopted the Beijing Declaration on the Rights of Persons with Disabilities in the New Century and called on the international society to formulate a convention on the rights of persons with disabilities, which played a driving role in initiating the formulation of the Convention on the Rights of Persons with Disabilities (CRPD) by the United Nations.

In June 2012, CDPF held an international forum themed on "Removing Barriers, Promoting Inclusion" in Beijing. More than 200 representatives, experts and scholars from relevant UN agencies, international disability organizations and over 20 countries and regions attended the forum. The then UN Secretary-General Ban Ki-moon sent a congratulatory message to the forum. The forum adopted the Beijing Declaration on

Inclusive Development, which was submitted to the High-level Intergovernmental Meeting on the Final Evaluation of the Implementation of the Asian and Pacific Decade of Persons with Disabilities, 2003-2012 held in Incheon, Korea from October 29 to November 2, 2012, and to the then UN Secretary-General, advocating that the UN system and all Member States promote inclusive development.

In 2014, Madam Zhang Haidi, Chairperson of CDPF, was elected President of RI for the period 2016-2020 in Warsaw, Poland, and formally inaugurated in Edinburgh, the U.K. In 2018, President Zhang Haidi was re-elected at the RI General Assembly in Berlin, Germany, for a second term until 2024. Since taking office, Mme Zhang Haidi has led RI to reform its management system, optimize its development strategy and better integrate the existing resources of CDPF and RI, enabling RI to embark on a path of innovative development.

Thanks to the efforts of Mme Zhang Haidi, CDPF secured two tranches of funds totaling \$10 million from the Chinese government and donated to RI, with which RI established the RI Global Disability Development Fund and the Africa Fund. More than 30 cooperation projects benefiting persons with disabilities have been carried out in countries such as Russia, Brazil and Lebanon, as well as in the African region, including in Ethiopia, South Africa and Mozambique. Through these projects, persons with disabilities have received tangible assistance, and RI's international influence has been greatly enhanced. In addition, CDPF has hosted RI Executive Committee meetings for multiple times in different cities in China, providing a platform for RI EC members to exchange views and discuss the future development of RI.

In the beginning of 2020, the COVID-19 pandemic raged around the world. To protect the health and livelihood of persons with disabilities affected by the pandemic, CDPF, under the leadership of Mme Zhang Haidi, delivered masks and other pandemic prevention supplies to RI members and its partners in areas hard hit by the pandemic, supporting them in their fight against the pandemic and bringing warmth worldwide during this difficult period of global crisis. To share experience with RI members and the international community, and to strengthen international cooperation on fighting against the pandemic, CDPF compiled a special issue on China's protection of persons with disabilities in the fight against COVID-19 named *Protecting Every Life Against COVID-19* (English Version). The special issue was posted on the RI website and shared with relevant organizations via such forms as email and Twitter. It has achieved good results in calling on

the international community to take scientific measures to effectively strengthen the protection of persons with disabilities affected by the pandemic.

China is home to 85 million persons with disabilities, which is the largest population with disabilities in the world. Over the years, CDPF has actively conveyed the needs and voices of persons with disabilities to the Chinese government and competent departments, participated the formulation and implementation of the UN CRPD, the SDGs, and the Asian and Pacific Decade of Persons with Disabilities, and facilitated the government to incorporate the disability work into the national plan for economic and social development so as to ensure that all persons with disabilities benefit from the economic and social development. We have continued to improve the legal system for the protection of persons with disabilities. By the end of 2020, we had enabled more than 7 million of them nationwide to get rid of poverty. With our efforts, the Chinese government introduced the policy of granting living allowances to persons with disabilities in financial difficulties and nursing care subsidy to persons with severe disabilities, which have benefited more than 26 million people since 2016. We have improved the quality of education and carried out vocational trainings for persons with disabilities, and promoted the development of accessible facilities and information accessibility. We have also actively promoted various undertakings such as rehabilitation, education and employment for persons with disabilities, creating favorable conditions for their participation in society and inclusive development. Due to our efforts, persons with disabilities are living with increased sense of security, gain and happiness. China is building the University of Rehabilitation Sciences, which is a national, world-class university dedicated to exploring most advanced rehabilitation sciences and technology and training high-level rehabilitation professionals. In the future, the university will provide a platform for international exchange and cooperation for RI members and experts and better support the rehabilitation of persons with disabilities. Through these efforts, CDPF has made positive contributions to advancing work on disability worldwide, while sharing with the international community the Chinese practices and experience.

In 2022, RI will celebrate its 100th anniversary. CDPF will host the RI Centennial Celebration, an event comprised of a variety of celebratory and exchange activities, providing an exchange and cooperation platform for RI members to review history, learn from the past, and plan for the future.

On the new journey ahead, CDPF will render continuous support to RI and strengthen cooperation with RI in the fields of rehabilitation, education, employment, sports and social participation of persons with disabilities, particularly of women and children with disabilities. In collaboration with RI, we will mobilize all possible resources, strengthen international cooperation, promote scientific and technological innovation, and apply new technologies such as IT and artificial intelligence, to make new contributions to the inclusive development of persons with disabilities worldwide.

# The Impact of Japan on the Disability Movement / Actions in the Asia and Pacific Region: Chronology of Key Historical Events

Etsuko Ueno

This is the outline of Japan's contributions to the promotion of the disability movement/ actions in the region during the UN ESCAP Asian and Pacific Decades of Disabled Persons (AP Decades) through RI and its regional networks mainly since 1993.

From the year 1993 to the present, there have been significant achievements in the disability field in the Asia and Pacific region. One of them is the adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD), and another is the AP Decades (1993-2002, 2003-2012, and 2013-2022). We would like to firstly introduce Japan's contributions to the AP Decade promotional activities in the disability field through the RI Regional Committee and the AP Regional NGO Network, including Regional NGOs Network for the Promotion of the Asian and Pacific Decade of Disabled Persons (RNN) and the Asian and Pacific Disability Forum (APDF).

## UN ESCAP Asian and Pacific Decades of Disabled Persons

Regional NGO Network on disabilities (RNN and APDF) contributed to the UN ESCAP by promoting the AP Decades during the 1st Decade (1993-2002) and the 2nd Decade (2003-2012). Korean Society for Rehabilitation of Persons with Disabilities (KSRPD) has taken over the leading role in the APDF since the 3rd Decade (2013-2022).

## Regional Networks

### RNN: Regional NGO Network for the Promotion of the 1st Asian and Pacific Decade of Disabled Persons

Late Ichiro Maruyama served as its Secretary General, and its Secretariat was located at JSRPD. Etsuko Ueno was in charge of the Secretariat. RNN organized the NGO Campaign Conferences from 1994 to 2002 in various countries in the AP region, and contributed to the AP Decades mainly through information provision and exchanges.

### APDF: Asian and Pacific Disability Forum

Established in 1993, APDF has been expanding the RNN. Ryosuke Matsui served as its Secretary General, and its Secretariat was also located at JSRPD. Etsuko Ueno has continued to serve as its chief secretary.

One of the major contributions of RNN was its active involvement in the development process of the Bangkok Draft: Proposed Elements of a Comprehensive and Integral International Convention to Promote and Protect the Rights of Persons with Disabilities (2003), which was initiated by UN ESCAP with the intention of providing a fundamental document for drafting the Convention on the Rights of Persons with Disabilities (CRPD). The Bangkok Draft was adopted by the representatives of GOs and DPOs/NGOs in the Asia and Pacific region, including RI AP Committee, who took part in the ESCAP expert groups meeting. Ryosuke Matsui and late Ichiro Maruyama played an active role in coordinating DPOs/NGOs in the preparation process of the Bangkok Draft.



We cannot forget the outstanding leadership of Joseph Kwok who promoted and supported those regional activities through RI, RNN and APDF.

The following chronology shows the summary of the historical overview of the relevant AP regional activities, including RI Asian and Pacific Regional Conferences.

<b>Year</b>	<b>Activities in the AP Region</b>	<b>International Developments</b>
1988	JSRPD hosted the 16th RI World Congress in Tokyo. As its outcome, JSRPD established the Asian and Pacific Support Fund (AP Support Fund) by making most of the surplus of the World Congress budget.	The 16th RI World Congress in Tokyo, Japan
1990	AP Support Fund was used for the implementation of projects on CBR, assistive devices, workshops and seminars in the region.  RI AP Regional Conference was held in Beijing, China	
1991	The Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the AP Region was organized by UNESCAP in Bangkok, Thailand.	
1992	The National Conference to review the End Year of the UN Decade of Disabled Persons was held by NGOs/DPOs in Tokyo. JSRPD was one of the participating organizations at the concurrent session of international cooperation in the disability field, where more than 10 NGOs/ DPOs attended.	End of the UN Decade of Disabled Persons  The 17th RI World Congress in Nairobi, Kenya
1993	The NGO Conference for the AP region was held in Okinawa, Japan. As its outcome, Regional NGO Network for the Promotion of AP Decade (RNN) was established, and late Ichiro Maruyama was nominated as its Secretary General. JSRPD served as its Secretariat.	UN adopted the Standard Rules on Equalization of Opportunities for Persons with Disabilities.  UN ESCAP adopted the AP Decade of Disabled Persons, 1993 – 2002.

Year	Activities in the AP Region	International Developments
1994	<p>The NGO Campaign Conference (Campaign) was held in Manila, Philippines as the first Promotional Conference of the AP Decade. The local host was the National Council of Welfare of Persons with Disabilities (NCWDP, RI Member). President Ramos of the Philippines attended at its opening session.</p> <p>RNN contributed to promote the AP Decade from NGO side.</p>	
1995	<p>The contest of the Theme Song for the AP Decade was organized by RNN. JSRPD supported the contest with its AP Support Fund.</p> <p>The Campaign '95 was held in Jakarta, Indonesia, in conjunction with RI AP Regional Conference, with the collaboration of RI Indonesia (YPAC). Soegeng Soepari, RI National Secretary for Indonesia, was the Chairperson of the Organizing Committee.</p>	<p>RI Vocational Commission organized its seminar in Jog Jakarta, Indonesia, following the Campaign '95.</p>
1996	<p>The Campaign '96 was held in Auckland, New Zealand, in conjunction with the 18th RI World Congress. Anne Hawker was the Chairperson of the Organizing Committee.</p>	<p>The 18th RI World Congress in Auckland, New Zealand</p>
1997	<p>The Campaign '97 was held in Seoul, Korea, in conjunction with the RI AP Regional Conference organized by Korean Society for Rehabilitation of Disabled Persons (KSRPD).</p>	<p>Asian economic crises</p>
1998	<p>The Campaign '98 was held in Hong Kong, China, in conjunction with the RI AP Regional Conference. Joseph Kwok made a great contribution to the success of both the Campaign '98 and the RI AP Regional Conference.</p>	
1999	<p>The Campaign '99 was held in Kuala Lumpur, Malaysia, with the cooperation of the Malaysian Council for Rehabilitation (RI member).</p>	

Year	Activities in the AP Region	International Developments
2000	<p>The Campaign 2000 was held in Bangkok, Thailand.</p> <p>The first AP Conference on Tourism for Persons with Disabilities was organized by the CBR Training Centre in Solo, Indonesia, in partnership with the Government of Indonesia and UNESCAP.</p>	<p>19th RI World Congress in Rio de Janeiro, Brazil</p>
2001	<p>The Campaign 2001 was held in Hanoi, Vietnam in collaboration with the Vietnam Assistance for the Handicapped (VNAH) with support of the Ministry of Labor, Invalids and Social Affairs (MOLISA).</p>	<p>UN General Assembly adopted a resolution to establish an Ad Hoc Committee for drafting a Convention on the Rights of Persons with Disabilities (CRPD)</p>
2002	<p>International Forum on Disabilities to Mark the End Year of the AP Decade (1993-2002) was held in Osaka, Japan. Osaka Forum was one of its programs.</p> <p>The RI AP Regional Conference was also held as part of the Osaka Forum.</p> <p>RNN was reorganized and expanded to APDF (Asia and Pacific Disability Forum) to promote the 2nd AP Decade.</p> <p>Major DPO groups in Japan, which eventually came into the JDF (Japan Disability Forum, 2004) dispatched observers to the 1st Ad Hoc Committee meeting. They were registered as a member of RI. Late Ichiro Maruyama and Ryosuke Matsui acted as liaisons between RI and the Japanese DPO groups as well as interpreters to help their communication with NGO/ DPO participants and observers from other countries.</p> <p>APCD (Asia-Pacific Development Center on Disabilities) was established in Bangkok.</p>	<p>UN ESCAP organized the Inter-governmental AP Decade review meeting in Otsu, Shiga Prefecture in Japan, where the 2nd AP Decade was adopted.</p> <p>The 1st Ad Hoc Committee meeting was held at the UN Headquarters to develop a draft text of the CRPD.</p>
2003	<p>The first APDF Conference was held in Singapore to promote the 2nd AP Decade, with the cooperation of Singapore National Council of Social Service. Judy Wee was the Chairperson of the Organizing Committee.</p>	<p>The 2nd Ad Hoc Committee meeting</p>

<b>Year</b>	<b>Activities in the AP Region</b>	<b>International Developments</b>
2004		The 3rd and 4th Ad Hoc Committee meetings  The 20th RI World Congress in Oslo, Norway
2005		The 5th and 6th Ad Hoc Committee meetings
2006	The 2nd APDF Conference was held in collaboration with UN ESCAP in Bangkok, Thailand.  Regional Workshop on Promotion of Barrier-free Tourism was organized by CDPF and UN ESCAP in Sanya City, China.	The 7th and 8th Ad Hoc Committee meetings  UN General Assembly Adopted the CRPD
2007		UN ESCAP High-level Intergovernmental Meeting on the Midpoint Review of the AP Decade (2003-2012) was held in Bangkok, Thailand.
2008	APDF 2008 Conference was held in Dhaka, Bangladesh as the first NGO Conference held in South Asia. Khandaker Zahurul Alam was the Chairperson of the organizing committee.	CRPD came into effect.  The 21st RI World Congress in Quebec, Canada
2009	“ESCAP - Takayama Congress on the Creation of an Inclusive and Accessible Community in Asia and the Pacific” was held in Takayama, Japan, using the city of Takayama as a successful example of promoting accessible tourism.	
2010	APDF 2010 Conference was held in Bangkok, Thailand. APCD kindly offered the conference venue and technical support for organizing the APDF meetings.	UN ESCAP conducted the 6th Session of the Committee on Social Development in Bangkok, Thailand.
2012	APDF 2012 Conference was held in Incheon, Korea in conjunction with the UN ESCAP High-level Intergovernmental Meeting on the Final Review of the Implementation of the 2nd AP Decade, as well as the 22nd RI World Congress.	UN ESCAP organized the High-level Intergovernmental Meeting on the Final Review of the Implementation of the 2nd AP Decade (2003 – 2012) in Incheon, Korea, where the 3rd AP Decade (2013 – 2022) was adopted.  The 22nd RI World Congress in Incheon, Korea
2013	The Secretariat of APDF was transferred from JSRPD to KSRPD.	1st year of the 3rd AP Decade

Year	Activities in the AP Region	International Developments
2014	APDF 2014 Conference was held by Vietnam Federation on Disability (VFD) in Hanoi, Vietnam.	
2015		UN World Conference on Disaster Risk Reduction in Sendai, Japan  UN adopted the 2030 Agenda for Sustainable Development (17 SDGs and 169 targets).
2017	APDF 2017 Conference was held at the APCD in Bangkok, Thailand.	The 23rd RI World Congress in Edinburg, Scotland
2019	APDF 2019 Conference was held in Macao, China, in conjunction with the RI AP Regional Conference.	

## Support for the Promotion of CBR/CBID

JSPRD has been supporting the implementation of CBR/CBID (Community-based Inclusive Development) projects as one of its pillar activities by making most of the AP Support Fund, which was established as an outcome of the 16th RI World Congress held in Tokyo in 1988.

Year	Activities of JSRPD	International Developments
1980's		CBR Manual was published by WHO.
1990-1995	With the AP Support Fund, JSRPD supported CBRDTC (CBR Development and Training Center) headed by Handojo Tjandrakusuma in Solo, Indonesia for their organization of CBR Initiators Workshop.	
1991	JSRPD supported CBR in Negros in the Philippines with the AP Support Fund.	
1993	JANNET (Japan NGO Network on Disabilities) was established as a network of Japanese NGOs, which have international cooperation programs in the disability field. Ryosuke Matsui served as its President (2003 -2016).	

<b>Year</b>	<b>Activities of JSRPD</b>	<b>International Developments</b>
1994	JSRPD partially supported the establishment of a printing workshop for persons with physical disabilities in Bangkok, Thailand with the AP Support Fund.	CBR Joint Position Paper was issued by ILO, UNESCO and WHO.
2002	At Osaka Forum, one of the key note speakers, Maya Thomas of India made a presentation on CBR.	Osaka Forum was held as part of the International Forum on Disabilities to mark the End Year of the AP Decade (1993-2002).
2003		WHO organized the Conference, "International Consultation to Review CBR" in Helsinki, Finland.
2004		CBR Joint Position Paper 2004 was published by ILO, UNESCO and WHO.
2005	JANNET invited Nazmul Bari of CDD: Center for Disability in Development (Bangladesh) as a speaker of the Workshop.	UN ESCAP organized the CBR Workshop in Bangkok, Thailand.
2006	JSRPD translated a research paper, "Community-based Rehabilitation as we have experienced it" published by WHO/SHIA, into Japanese.	
2007	JSRPD organized a seminar on CBR with JANNET, inviting Noman Khan of CDD (Bangladesh) and Stephen of India as lecturers.	
2009	JSRPD organized a seminar on CBR inviting Chapal Khasnabis of WHO and Jonathan Maratmo of CBR DTC (Development and Training Center) of Indonesia.  CBR AP Network was established and Etsuko Ueno was selected as EC member.	The 1st Asia Pacific CBR Conference was held in Bangkok, Thailand by WHO, UN ESCAP and the Thai Government.
2010	JSRPD organized a seminar on CBR inviting Chapal Khasnabis of WHO to deepen understanding of CBID.	CBR Guidelines was published by WHO, UNESCO, ILO, and IDDC (International Disability and Development Consortium).  Asia Pacific CBR Conference was held in Malaysia.
2011	JSRPD organized a seminar on CBR inviting Maya Thomas of India and Hiromoto Toeda of Japan as lectures.	The 2nd Asia Pacific CBR Conference was held in Manila, Philippines.



Year	Activities of JSRPD	International Developments
2012	<p>JSRPD organized a seminar of CBR inviting Peter Coleridge from UK, and Takeshi Kokaji, Michiko Yamaguchi and Mitsuko Nonomura from Japan.</p> <p>JSRPD translated CBR Guidelines into Japanese with the cooperation of volunteers.</p>	<p>The 1st CBR World Congress was held in Agra, India.</p>
2013	<p>JSRPD organized a seminar of CBID in Nagoya, Japan, with cooperation of three local NGOs in Nagoya. Nazmul Bari of CDD was invited there.</p>	
2014	<p>JSRPD organized a seminar of CBID in Shirakawa City, Japan, inviting Maya Thomas and Yurika Watanabe of Kusanone Mutual Support Project.</p> <p>JSRPD published the Good Practices of CBID in Japan.</p>	
2015	<p>The 3rd Asia Pacific CBR Congress was held in Tokyo. JSRPD was one of the organizers of the Congress.</p>	<p>UN World Conference on Disaster Risk Reduction was held in Sendai, Japan.</p> <p>UN adopted the Sustainable Development Goals (SDGs).</p>
2016	<p>JSRPD developed the CBID Training Program in Japan in order to introduce the concept of CBID to the Japanese communities. Its contents were remodeled so as to suit the needs in Japan. The pilot program was implemented in the three communities in Japan.</p> <p>The “Potluck of What I Can Do” Workshop was in the center of the Training Program, which was introduced in the UN website.</p> <p>JSRPD organized the CBR seminar inviting Barney McGlade and Erly Ocasiones of CBM (Christoffel-Blindenmission: Christian Blind Mission) from Manila, the Philippines.</p>	<p>The 2nd CBR World Congress was held in Kuala Lumpur, Malaysia.</p>

Year	Activities of JSRPD	International Developments
2017	<p>JSRPD continued to implement the Training Program of CBID in other three communities in Japan.</p> <p>The evaluation of social impact of CBID Training Program in 2016 was conducted.</p> <p>JSRPD published the Practical Guide for coping with the needs of various communities in Japan, and translated it into English.</p>	
2018	JSRPD organized the first Coordinator Training Program for teachers who would implement the CBID program.	
2019	JSRPD organized the training program for beginners who would experience the CBID program for the first time.	The 4th Asia Pacific CBID Congress was held in Ulaanbaatar, Mongolia.
2020	JSRPD organized the report meeting on practices of CBID activities in Japan.	
2021	JSRPD organized the International Symposium on CBID on November 6, 2021, inviting three speakers from Thailand, Vietnam and Japan. JSRPD has developed a new training program based on the concept of CBID.	



Author: **Etsuko Ueno**, Former Director, International Relations Division, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)

# Social Rehabilitation in South Korea

Il-Yung Lee

When I attended the UNESCAP meeting in 2005, I was approached by RI leaders from the Asia-Pacific region asking me to organize an RI Asia-Pacific regional meeting in Korea in 2006. They indicated Thailand was originally scheduled to host this meeting but could not so they were looking for another country to hold this gathering. When I returned, I discussed the possibility of organizing this meeting in Seoul with RI Korea leaders and staff. At the time they were more interested in hosting the World Congress in 2012, after the one held in Quebec City in 2008. As a result, there hasn't been any RI regional meeting until 2019 Macau meeting. I appreciate RI Macau for volunteering and reestablishing this regional forum we are now attending.

As you all know the RI World Congress in Incheon, South Korea in 2012, was very successful with over 2000 participants and holding 4 international meetings regarding people with disability. Among those was the UNESCAP session which produced the 'Incheon Strategy 2013-2022'. We selected 10 goals to benefit people with disabilities in the Asia-Pacific region, and we are reaching the end of this 10-year plan.

For the 2019 RI regional meeting in Macau, I prepared a presentation on the history of rehabilitation in Korea, in which emphasized in particular the importance of compassionate leaders who can change the environment for people with disabilities.

## 1. The Beginning of Rehabilitation in South Korea (1950-1970)



*Dr. Howard Rusk visiting South Korea (1954)*

RI Korea was founded in 1954, following the armistice of the Korean War (1950-1953) with the help of Dr. Howard Rusk, the president of RI Global, using only \$5000 to seed the concept of rehabilitation in Korea. \$5000 may not seem that much but at that time the South Korean GDP was less than \$60.

There is a saying: "You can count the seeds in an apple but you cannot count the apple in the seeds." In other words, compassionate leaders like Dr. Howard Rusk and Dr. Harry Fang contributed to seeding the concept of rehabilitation in Asia-Pacific and many of these seeds sprouted to produce apples in Korea and all over the region. This initial funding was used to establish the organization of RI Korea and the training of leaders, including many doctors, meaning the initial model was medically-oriented, institution-based rehabilitation.

## 2. The Emergence of the Social Rehabilitation Concept (1971-1980)



*RI declares "The Decade of Rehabilitation" (1970-1980)*

Starting in the 1970s, mobility and accessibility for people with disabilities to be integrated into their community and participate in education, vocation, social connections and political action became the priority and RI Global designated the 1970s as the 'Decade of Rehabilitation'.

Dr. Harry Fang who was the Asia-Pacific regional representative for RI Global visited South Korea and met the Prime Minister Jong-Pil Kim who adopted this concept and designated April 20th as a national day for persons with disabilities. This promoted awareness of the issues faced by people with disabilities and South Korea eventually hosted the regional Pan-Pacific Rehabilitation conference in 1979.



*Dr. Harry Fang delivered 'Decade of Rehabilitation' declaration to P.M. of Korea (1973)*



*RI Korea declared April 20th as Persons with Disabilities Day*



*First Rehabilitation International Conference held in Korea (April 22-27, 1979)*

### 3. Growth and Challenges for Social Rehabilitation (1981-2000)

By the early 1980s, the first laws for the welfare and quality of life of people with disabilities in Korea were established and the disability rights movement as defined by people with disabilities started to grow. One incident which ignited this movement was the story of Soon-Suk Kim, a street merchant with disabilities who struggled to survive resulting in his suicide. In a suicide letter to the mayor of Seoul he recounted the many barriers for mobility that prevented him from earning a livelihood and the following day the mayor declared he would remove all such barriers.

*Suicide note to Seoul Mayor by Soon-Suk Kim, ignited an accessibility movement (1984)*



In 1988, South Korea hosted the Olympic and Para-Olympic games which drew a great deal of attention and awareness for ordinary Koreans about people with disabilities. Many additional laws and policies including the promotion of employment of people with disabilities were established.

In the 1990s, military dictatorship ended with new civilian governments. Dae-Jung Kim who would later become President was instrumental in nominating a senator with disability to the National Assembly for the first time, setting a precedent that was followed by many other political parties.

As you know, in the 2000s after 8 ad hoc committees the UNCRPD was finalized in 2006, and adopted by the UN General Assembly. South Korea passed the Anti-discrimination act for people with disabilities in 2007, and ratified the UNCRPD in 2009. As Martin Luther King proclaimed, "We have come a long way but have a long way to go...it looks far but is not that far to make a world where no one is left behind."



*Disability Mobility Rights Movement, made a request for low-floor buses, 2001*

I urge you to become compassionate leaders where we can all together change our regions into a better world where all people with disabilities enjoy equal opportunities and a high-quality life. I see many apples in you, rise up and shine and go forward and let's change the world!



- 2019 RI AP Award, in Macau



- 2019 GITC in Busan



2019 in Busan, with Joseph Kwan

- 2018 in Pyongyang in North Korea





- 2017 APDF Conference, with RI AP colleagues



- 2016 GITC in Indonesia



- 2015 Health Centre in Papa New Guinea



*One of the best friends and colleagues, with the former CRPD member Prof. Hyungshik Kim*

*With RI Korea and RI AP committee members*



- 2015 No to Nuclear Power



- 2014 APDF Conference, with RI AP colleagues



- 2014 Support for Korean Disability activists



- 2012 RI World Congress: 90th Anniversary in Incheon, South Korea



*Closing Ceremony*



*With the Chair of RI Global Ann Hawker and the Secretary General Venus Ilagan*



- 2011 RI Congress in Brazil



- 2011 UNESCAP, Preparation for adoption of Incheon Strategy, in partnership with the governments and RI AP colleagues, as well as other CSOs



Author: Dr. **Il-Yung Lee** served as a medical practitioner from 1974 to 1994 in U.S.A.

Since his return to his home country South Korea, he lectured and practiced as a medical professor in the department of the Rehabilitation Medicine in the Ajou University from 1994 until his retirement in 2009. He also served a Chair of the Korean Academy of Rehabilitation Medicine (2002-2004) and a Chair of the Korean Spinal Cord Society (2004-2006).

He has been devoted to bring about real changes into the lives of persons with disabilities by liaising the Korean disability community not only RI Korea but also diverse group of national DPOs with international disability communities as well as UN entities, through is his great works as the Chair of RI Korea (2005-2014), Vice Chair of RI Asia and Pacific Region (2005-2014) and Co-Chair of Korean Disability Forum (2012- ).

## Rehabilitation International: A Cherished Association

Dr. Uma Tuli, Founder and Managing Secretary  
of Amar Jyoti Charitable Trust

My association with Rehabilitation International began in 1981 when I participated in the First International Abilympics in Japan. The empowering and inspiring activities were so motivating that I wanted to know who was the moving spirit behind the show. That was when I met Dr. Harry Fang, the “Father of Rehabilitation”. His vision and mission encouraged me to organize the event in India.

This was the year when I had started working towards realizing my own dream of reaching out to persons with disabilities for mainstreaming in society. I gave up my teaching in college in 1995 to devote full time to the [Amar Jyoti Charitable Trust](#) that was established in 1981 for the rehabilitation of persons with disabilities.

The seed was sown in 1965, following my brother’s accident which led to an amputation of his left leg up to the hip level. This was the year of the Indo-Pak war and all I saw was the attitude of “poor thing” towards the persons with disabilities. Being an educationist I thought of setting up an institution where inclusive education would help in removing attitudinal barriers. My vision was on adopting having a holistic approach of providing education to the able and the disabled in equal number along with facilities for pre-vocational skills and medical care in the same premises.

The United Nations had declared 1981 as the International year of Disabled Persons and while teaching in a college in Delhi, I started a school under a tree in the compound of a nearby NGO. It had 30 children with and without disability in equal number. After training persons to make limbs and calipers in Jaipur, a workshop was started the same year in a tent on the terrace of my house where we also had our office.

During this period, I often recalled Dr. Harry Fang’s strong belief that human beings are creative and innovative to champion principles and programmes to plan and implement systems to change and overcome the attitudinal barriers towards persons with disabilities and their rights to dignity and equality. He reinforced my decision to work wholeheartedly in the field of disability and continue efforts to bring about change in the education system to respond appropriately and efficiently to the diverse needs to persons with disabilities, particularly children with disabilities, in terms of their access to education and their inclusion in mainstream of society on an equal basis.

He was happy to see this being implemented at Amar Jyoti when he visited for the first time in 1986. When he came for the 2nd time in 1989, he was delighted to see that the Trust had its own building in the present location. The school building and rehabilitation centre was constructed in phases. During 1985-86, vocational training courses were started in art & craft, book-binding, jewelry making, watch repair as well as

cutting & tailoring.

Over the years his relationship with Amar Jyoti became stronger and he was gracious enough to suggest that Amar Jyoti should become a member of RI as well as International Abilympic Federation. To expand rehabilitation services, physiotherapy, occupational therapy and an orthotic & prosthetic workshop were started in 1987 to cater to school children and members of the community.

Dr. Harry Fang and Lady Laura visited Amar Jyoti again. Every visit was a source of inspiration and encouragement.

Over the years activities continued to grow – visiting doctors started to give OPD consultations on a voluntary basis and pathology lab was started. Subsequently Teachers' Training Centre for special education and Bachelors and Masters Degree courses in Physiotherapy were started. In addition to the above, Child Guidance centre was also set up. A branch of Amar Jyoti was set up in Gwalior (Madhya Pradesh) in 1989 to provide similar services.

The concept of inclusion is the same as in Delhi. It organized Life Line Express camps in the interiors of Madhya Pradesh in collaboration with Impact India Foundation and Rajiv Gandhi Foundation. The members of RI, especially Dr. Harry Fang greatly appreciated this outreach programme. Even the inclusive sports meets organized at the school, state and national level, were applauded by the RI members. The inclusion in cultural activities and in all the co-scholastic and other activities was considered to be worth replicating.

In 2001, I was fortunate enough to be appointed as Chief Commissioner for Persons with Disabilities by Government of India, the first ever non-bureaucrat. This enabled me to work at national level to see the common dream of Dr. Fang and myself coming true. The RI members made a special mention of my innovative approaches in creating barrier free environment, promotion of inclusivity and empowerment of persons with disabilities.

Amar Jyoti is the first institution to start basketball and football on wheelchair for children below 18 years of age. A few children have had the opportunity of representing India in International competitions.

Amar Jyoti also initiated participation of children with disability in Republic Day Parade in 1995.

The major projects of Inclusive sports, cultural activities and Abilympics are being conducted in collaboration with several NGO partners like Akshya Pratisthan, Delhi, Blind People Association, Ahmadabad, Vidya Sagar, Chennai, Indian Cenbral Palsy, Kolkatta, Disha, Bhopal. The heads of these institutions – Mrs. Aruna Dalmia, Mr. Bhushan Punani, Ms Sudha Kaul have been partnering many programmes. The support from government, corporate sectors, and individual philanthropists have made this possible.

A delegation of Disabled Persons' International visited Amar Jyoti and saw for themselves the various activities carried out.

The efforts to promote inclusive education were intensified in India and abroad. The Governor of Saitama (Japan) invited me to conduct workshop on inclusive education for Principals and Teachers in Saitama, Japan, which resulted in good implementation of the concept.

For its pioneer efforts, Amar Jyoti Charitable Trust received First Hong Kong Foundation Award for outstanding and innovative services in 1987. Over two decades later, Dr. Tuli received the Rehabilitation International Presidential plaque for exemplary services in October 2012 and the Rehabilitation International award in June 2019 at Macau, China.

The University of Manchester also awarded me the M.Ed. in Special Education for her dissertation on "Efficacy of Integrated Education". I was conferred Doctor of Laws, Honoris Causa, from Roehampton University, London in recognition of her extraordinary commitment to inclusivity.

I also received in 2008 Appreciation Plaque from Mr. Sang-Chol Lee, President of Korean Society for Rehabilitation of Persons with Disabilities, The Life Time achievement award for inclusion from Rehabilitation International during the Assembly in Incheon in Korea in November 2010" and 'Mother of Inclusive Education' award by Mr. A Parsuramen, Founder & President, Global Rainbow Foundation, Mauritius in recognition of pioneering work in the field of Inclusive education.

I was awarded 'Padma Shri', the third highest national award, in 2012 for contribution in Social Work.

Mrs. Sheilabai Bappoo, Hon'ble Minister of Social Security

National Solidarity Senior Citizens Welfare & reforms Institutions, Mauritius visited Amar Jyoti on two occasions and after my follow up visits, a MoU was signed with them.

Out of 8 International Abilympics, I have had the privilege of attending the events in Japan, Hong Kong, Czechoslovakia, New Delhi, Japan, Korea and France.

During the 5th International Abilympics in Czechoslovakia in 2001. Amar Jyoti made a bid for hosting the 6th IA in Delhi which was accepted unanimously.

The 6th International Abilympics were organized under the aegis of RI. During this event, an international conference on “Education towards employability for persons with disability” was also organized and challenges faced by teachers, role of universities and institutions taken by the UN in this regard were discussed. It was attended by 237 delegates from 25 countries. The conference was inaugurated by Mr. Tomas Lagerwall, Secretary General, RI.

As a natural fall-out of this great international event, India initiated measures for large scale, “Access Audits” for public areas, buildings and stadiums which created awareness about accessibility required in every walk of life.

We could do it with the invaluable help and guidance of the Hong Kong Foundation, the International Abilympics Federation and Rehabilitation International. A special mention needs to be made of Ms Chikako who made a special trip to India prior to the 6th International Abilympics for ensuring required arrangements.

The international event was inaugurated by the Hon’ble Prime Minister of India and Hon’ble President of India invited all the participants for an “At home” at the President’s House.

In Hong Kong during the 3rd International Abilympics, Dr. Harry Fang gave me an opportunity to make a presentation of Abilympics in India.

A CBR project in partnership with Action Aid was undertaken in 30 urban slums of Delhi during 1993-2003. The programme covered a population of over 190,000 people. The programme involved a multipronged activities viz group organization, medical care, education and vocational training to mainstream persons in society providing them required aids and appliances

creating social acceptance and empowering them through vocational training. Amar Jyoti also issued Indian edition of CBR news “Reaching Out” during 1995-98 in collaboration with AHRTAG. The RI members were sent copies of the same.

During the past four decades I have had opportunities to meet and exchange ideas and views with veterans of Rehabilitation International like Mr. Michael Fox, Ms.Susan Parker, Mr. Tomas Lagerwall, Prof. Simon Haskel, Ms.Anne Hawker, Ms.Venus Ilagan, Prof Lee, Mr.Joseph Kwan, Mr.Matsui, Ms Penny Price and many others. I was nominated the Regional Chair for Asia Pacific for the RI Education Commission in 2008. During this period several initiatives were undertaken to promote inclusive education and networking amongst NGOs in the region.

Subsequently, as Chairperson RI Education Commission during the period 2008 – 2012, efforts were made to achieve the purpose and mission of the Education Commission. An Inter-country Meeting on promotion of inclusivity in education towards greater employability of persons with disabilities in South-East Asia was organized in Delhi, 2010. Ms Anne Hawker, President, RI, Ms Venus Ilagan, Secretary General, RI, Mr Michel Fox and several other members of the RI also participated in the discussions. During this period a meeting of RI Executive Committee and General Assembly were also organized. This occasion also provided an opportunity to the experts to visit and see the functioning of Amar Jyoti Charitable Trust.

The main objective of the meeting was to formulate a broad framework for establishing a network of professionals and for improving independence of persons with disabilities by sharing and learning from each other’s experiences in the field of health, inclusive education and employment of persons with disabilities. The meeting was attended by over 250 invited speakers and delegates from a large number of countries.

While chairing the Education Commission, the article ‘Promoting Inclusive Education for Persons with Disabilities’ was published in International Rehabilitation review Vol.56, No.1 which was jointly authored by Ms Penny Price and self.

During the meeting Ms Anne Hawker, President, RI and Ms



Venus Illgan, Secretary-General, RI made presentation on “Transition to employment and importance of networking for disability”.

As National Secretary RI – India, I was instrumental in facilitating admission of a number of organizations in the country to become members of RI.

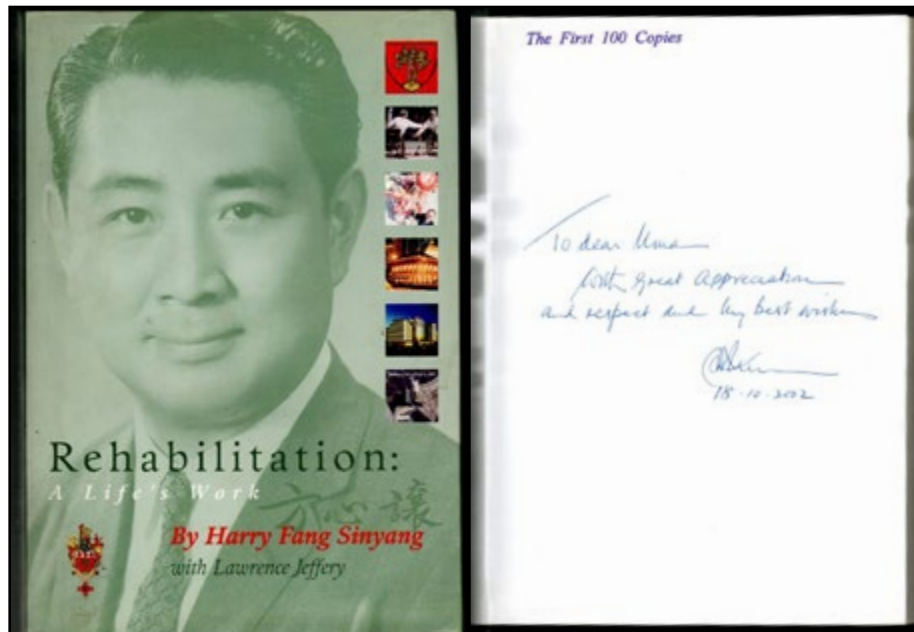
I was nominated as a member of the Committee set up by Government of India to amend the Persons with Disabilities Act 1995 to harmonize its provisions with UNCRPD. The new Rights of Persons with Disability Act has since come into force.

Amar Jyoti Charitable Trust in collaboration with Asian Centre for Inclusive Education (ACIE) Bangladesh, organized the 5th International Conference on “Fostering Excellence through Inclusive Education” in New Delhi from November 28-30, 2018. Over 250 delegates participated from 13 countries and 24 cities of India.

My association with Rehabilitation International over the years has strengthened my zeal to continue to work to achieve the objectives of RI to empower persons with disabilities to gain access to education, rehabilitation, health care, justice and inclusion in all aspects of society. Amar Jyoti Charitable Trust has been a major player towards empowerment of persons with disabilities so that they can enjoy full rights on an equal basis with others.

It has been a pleasure and a rewarding experience for me to be a member of the RI family, which has been in the forefront to promote rights of persons with disabilities for almost a century. I look forward to the day when each country is barrier-free, inclusive and rights-based, where persons with disability can have a life of equality and dignity.

## Memories of Joining Hands with Harry Fang Sinyang



### Rehabilitation in India

The world body of Rehabilitation International has always been short of funds because it is entirely dependent on membership fees. On the one hand, we want all countries to join, on the other, we understand that not all countries can afford to pay a high membership fee. To accommodate this issue, we tried to adopt a UN formula that is based on a sliding scale that calculates the fee according to the country's Gross National Product. This is a good idea in theory, but not in practice. No matter what the formula, many countries default on their fees.

India is a very large but very poor country. Nevertheless, there are many very wealthy Indians – especially in Hong Kong. I approached the Indian Commissioner in Hong Kong. Mr Ranaganathan. Mr Ranaganathan later became an ambassador for India in Europe. Mr Ranaganathan called a meeting of the Indian community in Hong Kong. I got up and asked who amongst them would join me to make a contribution to build a fund of US\$100,000. My words were met with silence. A few people stood up and said that they had given money to help their country in the past, but that it had always ended up in somebody's pocket. I told them that I had a solution to this problem. I said that we would keep all the money in Hong Kong and that the money would only go towards paying international fees. And then suddenly -- as I was speaking -- a

rather brilliant idea came into my mind. I said that once the fund was organized and financed, I would pay to bring each and every contributor to meet the Prime Minister of India, Rajiv Gandhi, in New Delhi. Everybody liked that idea very much. Mr Sita, the president of the Indian Community, visited each and every donor at home to collect all the pledges. We raised over US\$100,000.



Meeting with Prime Minister Rajiv Gandhi in Delhi in 1986. With us are members of Hong Kong's Indian Community

Fortunately, I had a friend in the Indian government. Her name was Mrs Sushila Rothagi. She was a minister in Mr Gandhi's government. She had no trouble in arranging for the Prime Minister to meet with the donors. Mr Sita wanted to bring his daughter with him. He offered to donate an additional US\$5,000. Of course I accepted his donation and he and his daughter joined the group that went to meet the Prime Minister.

Meeting Prime Minister Rajiv Gandhi was a very joyful occasion. He was tall and handsome and had a very pleasant temperament. Mr Gandhi invited all of us to tea in his private residence and allowed each donor to have his or her picture taken with him.

As a result of creating the Hong Kong India Foundation Fund, India is now able to pay its annual membership dues to Rehabilitation International each year. In addition to this, a small sum is sent to Rehabilitation Co-ordination India for worthwhile rehabilitation projects in India. My friend Mrs Rothagi founded Rehabilitation Co-ordination India. The condition of the grant is that they raise matching funds in India. Some funding has gone to a project for disabled children in New Delhi called Ama Jotji. Dr Uma Tuli is the director of this centre, which is run as both a school and a treatment centre. Dr Tuli attended the General Assembly of Rehabilitation International in Brazil in 2000. At the meeting in Brazil, Dr Tuli was able to bid and win for India the right to hold the next International Abilympics (the Sixth) in New Delhi in August 2003.

# Development and Training Centre (DTC) of CBR, Solo Indonesia: Collaborating Partnership with Ip Yee Trust (Hong Kong SAR, China)

Handojo Tjandrakusuma

## 1. How Did the Collaboration Happen?

In the 1989, Dr. Handojo Tjandrakusuma visited Hong Kong for the rehabilitation international meeting to present the idea on the Community Based Rehabilitation (CBR) in this occasion. During this meeting he met Mr. Joseph Kwok, he was interested to develop collaboration with the DTC for CBR solo in term of establishing community bases rehabilitation in Indonesia. Since then, the collaboration of the Ip Yee Trust fund and Development and Training Centre (DTC) of CBR has begun.

## 2. The Nature, Characteristics and Uniqueness of the Collaboration:

The uniqueness of the collaboration was mutualism. The CBR activity was developed in some areas in Hong Kong with bases on the local community culture with more modern. However, in the development of CBR in Indonesia based on traditional culture using “mutual cooperation and mutual help” which so called “Gotong Royong”. Both institutions shared the method and strategy in term of stimulation community participation for developing community based rehabilitation based on different social cultural. As global known that disability issue was not a priority of many countries included in Indonesia. By developing CBR program, CBR Centre has stimulated the local government to put CBR program into annual program plan, therefore, the central government has taken the concept and the strategy in term of the right of person with disability.

The characteristic of the implemented program was promoting the program into all community level to participate in the implementation of the community based rehabilitation. It can be described through the figure as bellow:



Figure 1: the Concept of the strategy of CBR program

### 3. The Target Recipient of the Collaboration and the Characteristic of the Target Recipients:

The target of CBR activities is the community living in urban or rural areas. The priority of CBR activities is the community living far away from health institutions and rehabilitation centers. CBR doesn't touch the PwDs directly in the community but educate the community (volunteers / cadres) to do the implementation. Therefore, CBR gives some levels of training from the district, sub district and village (implementation). The specific targets:

- a. Person with disability (PwD) and families in all level
- b. All volunteers who work in all level
- c. Key persons in all level
- d. Local Government
- e. Local NGOs which supported and participated in the developing CBR activities.

The characteristics of the project developed are:

- a. To place the Person with Disability as the subject of the program working together hand in hand with community.
- b. The entry program of the CBR activity is using existing activity community, such as early detection and intervention of children with disability at the local health post.
- c. Activation and mobilizing the community especially woman support group in to CBR activity.
- d. Using existing community activity as an entry program (patchwork strategy)
- e. Involving the school of physiotherapy Surakarta by sending students participating in the implementation of CBR program in the pilot project. This is as mutual collaboration between the CBR centre and the school of physiotherapy in term of study regarding community participation in the CBR program.
- f. Combining top down and bottom up method by putting the program in to annual local government program and stimulating community participation.

The priority of CBR activities is the community living far away from health institutions and rehabilitation centers by providing a simple training for CBR volunteers from the district level and community level. The theme of the training was how to manage and spread an activity in the community.

To gain the goal of the CBR program, the general objectives of CBR activities are : (1) Improve the attempt for health services in general and rehabilitation services for PwD in specific; (2) Increase the community skill and knowledge on disability and rehabilitation issue; (3) Develop the operational pattern of CBR program; (4) Increase the community understanding on disability in general, causation, prevention and treatment simply; and (5) Increase awareness of the community and PwD's family on how to handle PwD. The specific objectives of CBR activities are : (1) Creating the operational pattern of CBR program implementation; (2) creating managerial implementation pattern in the district, sub-district and village level through developing CBR team in the district, sub-district until village level for implementing work program; (3) Stimulating technical implementation pattern in the district, sub-district and village level, such as: early detection and its instruments, disability intervention and its instruments, referral activities and its instruments, and administration and reporting; (4) developing instruments of CBR activities implementation; and (5) establishing a referral pattern of CBR activities.

To maintain the activity in the community, CBR centre stimulate the local government to develop a pattern of inter-sectoral role in CBR implementation through developing CBR Team which included local government and related institution.

- CBR team in district and sub district. In this CBR team, members is government and non-government institutions/ offices related with CBR activities such as local government, Ministry of Health, Social Department, Educational and Cultural Department, PKK, BKKBN, Labor Department, etc.
- CBR team in village level. We use the existing organization in village. This organization structure has a tight relation with all activities in the village. Basically, CBR activities do not establish a new organization.
- Developing referral system to sustain CBR activity (Figure 2).

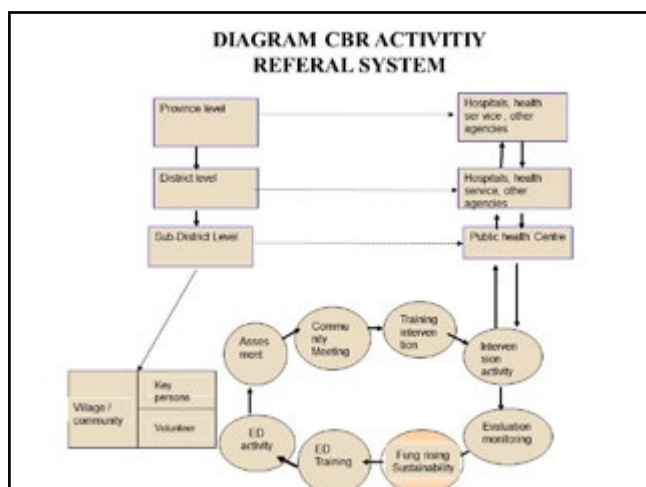


Figure2: Diagram of referral system.

#### 4. The Duration of the Collaboration.

The duration of the collaboration in term of community based rehabilitation project was 3 years from 1990 – 1993. There were 10 villages of 3 districts in central Java province as pilot projects.

In the implementation of CBR, the operational pattern is necessary to facilitate CBR activities. Communication, collaboration and coordination between government and CBR team is very important. Thus, both parties can integrate many kind of activity in the implementation of CBR as CBR activities consist of many aspects such as medical/health, educational, social-vocational activities, community skill and knowledge improvement, etc.

CBR implementation may be divided into some steps as follows (Figure 3):

#### STEP I

Step I is approach and motivation to the local government officials and the head of related institutions/offices/ departments in province and district level.

The objective of the first step is as follow:

- Improve 3C (Communication, Collaboration and Coordination) of related institutions, offices and departments. It is aimed to make an agreement concerning the concept and strategy of CBR implementation.
- To get technical and political support from local government officials.

#### STEP II

Step II is orientation to villages which will be used as CBR pilot-projects. Some factors supporting the success of CBR activities are as follow:

- Social-economical and social-cultural condition.
- Collaboration among the implementers in the village.
- Activities done by LKMD and community groups.
- Political security and stability.

#### STEP III

Step III is motivation and program orientation to the government, public figures, religion leaders, community and family of PwD in the village. It is divided into two activities below:

- Managerial activities: management of organizations for the PwD's welfare (CBR team in the village level).
- Technical activities: early detection, disability intervention (rehabilitation services).

For the success of this step, we need supports as follow:

- Enthusiasm of community member and PwD's family
- Statement from LMD or "Village Meeting" (Rembug Desa) about their support for CBR implementation planning.
- Establishment of CBR team in the village level.

#### STEP IV

Step IV is the implementation of the CBR activity package. Due to step III, we classify it into 2 groups: (a) for the group of government and key persons we focus on managerial activities such as introduction of CBR activities, program planning, preparation for activities until the implementation, sustainability and follow-up of CBR activity development, (b) meanwhile, for community groups we concentrate on technical activities such as introduction of disability, early detection, simple rehabilitation services, referral system, reporting and administration.



## STEP V

Step V is the sustainability of CBR activities. We must consider:

- a. Supporting facilities for CBR activities (such as playing films, skill contest for CBR workers, etc).
- b. Improvement of CBR workers' skill
- c. Improvement of skill on making activity programs/proposals.
- d. CBR team in the village is linked to "Donor Agencies" to support CBR facilities and infrastructures
- e. Providing a place for consultation of CBR activities.

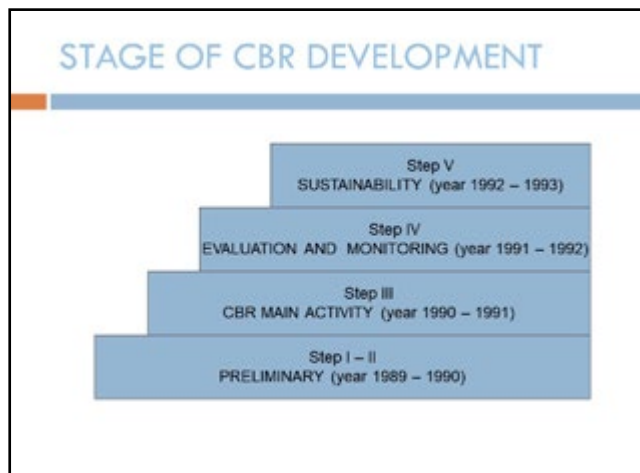


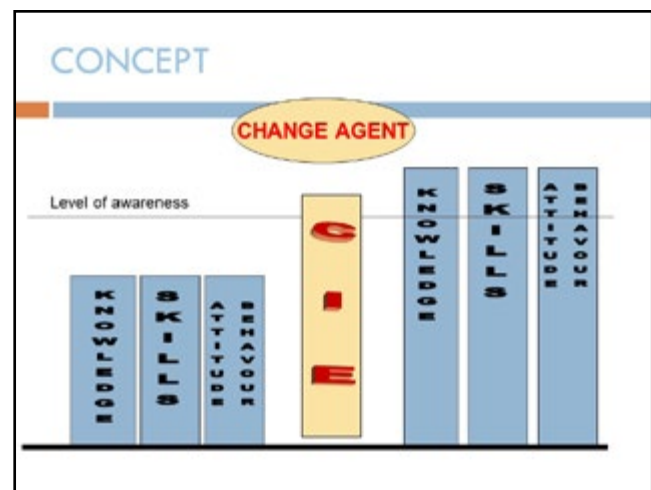
Figure 3: Steps of CBR development

## 5. The Impact of the Collaboration as Selected Target Recipient and the Wider Community in General.

- a. The impact in the selected target recipients: The Target recipients got benefits from the project i.e. they got rehabilitation support based on their needs, so that it is succeeded. For instance, those who needed cleft palate surgery could be operated which was funded by this project.
- b. The impact in the wider community: It had a wide scope so that in the year of 1996 Tegal was stated as the area which was free from cleft palate cases. All of cleft palate patients were operated successfully. In Jepara, Kudus and Demak, PwDs got supports based on their needs. It was given directly by CBR-DTC to the recipients based on the suggestion from the local Social department. In Grobogan, those cleft palate patients were operated by this project fund.

## 6. Changes of the Local Collaborator Since the Collaboration:

Generally, this project improved the community awareness on the treatment of disability problems. Thus, CBR has become a part of community activities especially in villages in the pilot project at that time. It didn't influence the authority succession (local officer's succession) and others, because CBR has become a part of community activities.



The figure 4 (above) shows that the community, basically, has potency such as skill, knowledge, awareness, etc. Those potencies are means for CBR activities. By training, information and communication, they will understand more, their skill will improve and they become aware and willing to implement CBR activities. Ways to improve the community knowledge include giving additional skill and knowledge dealing with disability prevention, early detection, disability intervention, and referral system, implementation of CBR activities in villages, fund collection, program development and sustainability.

## 7. Key Development of the Collaborator and Mission and Vision:

The key development of collaborator is advocacy of human rights to PwD. Its vision is the fulfillment of PwDs' human rights in the community life such as Health, Education, Social, Politic, Cultural, Economical rights, etc. Meanwhile, its mission was to develop the potency of PwDs and the community.

## 8. The Future Development:

The Future Development. In the future, CBR can be national model in the development of community potency especially in the disability problems solving. There are some reasons why Early Detection for children under five can be accepted by women empowerment groups as volunteers called PKK (the member mainly mothers) as follow:

- a. Children is the beloved for their mothers, so that programs for children would be implemented by mothers (volunteers of PKK) happily. Every month, there was baby measurement program which was implemented by mothers (volunteers) in Posyandu. There were 4 tables in Posyandu. Table 1: registration, Table 2: measurement result, Table 3: Supplement Food/Nutrition, Table 4: Vaccination. After CBR program was introduced in the village, there was Table 5: Early Detection for Children under five.
- b. If the disability in children found early, it would be able to be rehabilitated optimally.
- c. The PKK has been existed in all villages around Indonesia because it is part of Ministry of Internal Affairs. Therefore, Early Detection for Children under five can be implemented in all villages in Indonesia.
- d. Manuals of Early Detection for children under five has been published which can be used easily by PKK volunteers.
- e. Besides that, the training for CBR cadres gave many knowledge about disability such as kinds of disability, causes, how to anticipate, institutions of rehabilitation, how to refer clients there, etc. By that knowledge, it was expected that if the community found any kind of disability, they would get rehabilitation as needed.
- f. Village level: early detection, stimulation, intervention and simple rehabilitation can be done on the village level.

## 9. Hope and Wishes for the Future:

Hope and wishes for the future. It is hoped that CBR model which develop community and PwDs can be implemented in the community continuously so that there will be more PwDs get rehabilitation based on their needs. The community will also get more knowledge about how to anticipate disability and refer PwDs to the right institution.

If more PwDs get the right rehabilitation, so the community problem will be decreased. Meanwhile, those PwDs who were rehabilitated will be useful for the community life.

## 10. Quotes from Significant Local Key Persons and with Photos on the Uniqueness of the Collaboration

- a. Ministry of Health: Mother and Child Health. The CBR strategy is an important approach. It is suitable for Early Detection and Early Intervention.
- b. District government: CBR is low cost. It doesn't use too much budgets from the local government but it develops fund resources in the community.
- c. Sub district government: CBR is the kind of approach that moves the community by giving programs which are suitable with their activities.
- d. Village government: CBR listens to people's voices.
- e. Public figures: CBR becomes the need of the community.



# The 6th RNN Campaign Conference in Hong Kong SAR, China, 1998

Joseph K. F. Kwok

The 6th campaign conference was held at the Hong Kong Convention and Exhibition Centre together with the 11th RI Asia-Pacific region conference from 23rd to 28th of August, 1998 and had 1600 participants from 36 countries. The Conference Hall was where the restoration ceremony from Britain to China was held just a year ago. The ceremony was started with the opening speech by the Hon. Tung Chee Hwa, the Chief Executive of Hong Kong Special Administrative Region, and Deng Pu-fang, Chairman of the China Disabled Persons' Federation who read a message from Jiang Zemin, President of the People's Republic of China. The message from the President of China, Jiang Zemin, was a surprise boost to all the delegates at the opening ceremony. Jiang's message came at the last minute and reaffirmed a full support of the Chinese Government toward international endeavours for protecting the rights and equality of Persons with Disabilities in all societies. At the conference, it seemed that the partnerships were emphasized, like the world and regions, developed nations and developing nations, South and North, East and West, specialists and disabled people plus China and Hong Kong as it was implied in its theme. They had highly motivated workshops of all streams such as women with disabilities, the laws, and statistics of persons with disabilities and welfare equipment, as well as the opinion exchange meeting among disabled delegates. They were eight field trips, like the visit to the association of people with cerebral palsy, the facility for the people who recovered from mental disease

and so on. At the large exhibition hall, they had a big exhibition on 'A brave New World' with more than one hundred booths, where more than 60,000 people including primary students, junior high school students, persons with disabilities, the aged and female groups visited in sightseeing buses continuously. They brought home the messages of the A/P Decade effectively. They strongly appealed that they put an effort into publicity work for enlightening people to understand disability more.

## Report of Conference

The event was not without major challenges. In fact, it was only one year after the beginning of the Region's most challenging financial crisis for decades. Most countries in the Region were facing toughest monitoring of public spending, and private donations were also dwindling fast. The success of the event was a good indication of the strong solidarity of the disability network in the Region, and its capacity to ride over difficulty waters. The Government of Hong Kong Special Administrative Region offered its full support to the event, and

the cooperation between government organizations, non-governmental organizations and the private sector was most impressive. The support of the Central Government of People's Republic of China was another important factor underlying the smooth and successful organization of the event. The big exhibition, the scientific deliberations, in-depth exchanges and sharing performances among delegates with disabilities, plus the exhibitions, all these components had beautifully painted lasting memories for many participants, and laid a firm foundation for bringing the A/P Decade forward. The dedication, commitment, devotion and strong sense of solidarity of all participants and organizers would be deeply treasured by us all who are promoters of the Decade.



**Dr. Joseph K. F. Kwok**

Secretary General, Organizing Committee,  
RI A/P Regional Conference cum Campaign 98

# RI and RNN in Asia and the Pacific Region: Past, Present and Future

Harry S. Y. Fang

## Introduction

RI is celebrating its 80th anniversary at this Osaka Forum since its founding in 1922. The RI Regional Committee for Asia and the Pacific was established in 1972, and I was its Chair from 1972-1980. The succeeding chairpersons were Professor Charlotte Floro of Philippines, Professor Tsuyama of Japan, Mr. M. B. Lee and Peter Chan of Hong Kong, and now Professor Ryo Matsui of Japan. RI Regional Committee has been a very dynamic regional structure and has a long tradition in uniting governmental organizations and national NGOs of and for people with disabilities. Its regional conferences have been regarded as major regional platforms in advancing disability causes. RNN as a regional network was set up for the 2nd Asian and Pacific Decade was only 10 years old and is about to complete its life mission at the closing of this Forum. This is indeed a timely platform to revisit the partnership of RI and RNN and to ask what the RI family can and should do to support the new regional network, the Asian and Pacific Disability Forum. To begin with, I wish to share with you briefly the history marks made by RI in the disability movement.

## The UN Decade: A Decade of Charting New Frontiers and Many Voices

It is worthwhile to note that prior to United Nations' launching of the International Year of Disabled Persons, 1981, the UN Decade of Disabled Persons 1983-1992, and the UN World Programme of Action Concerning Disabled Persons, RI undertook an extensive international consultation exercise and published the Declaration of the 70s and 10 years later, the RI

Charter for the 1980's. When I was the President of RI during 1980-1984, I noted the historical impacts made by the RI Declaration and Charter on major inter-governmental platforms and on United Nations. I presented the RI Charter to many heads of government all over the world, and I noticed increased awareness at high governmental levels towards disability issues.

While RI and all its collaborators were charting new frontiers in the disability movement and making lasting impacts in GO and NGO sectors at both national and global levels, within the family of RI, we witnessed and a certain degree of tense intra-family relationship. Disabled Persons' International was formed in 1981 to call for "A voice of our own", and some senior RI members became leading members of DPI. During the remainder of the UN Decade, RI and DPI shared a relationship of collaboration and mutual recognition of "voices of our own".

In the same year, as one of its contributions to the IYDP, RI organized the first International Abilympics, which was hosted by Dr. Nakamura of the Sun Industries in Japan. I still remember the joyful moments when I led the entire audience at the opening ceremony singing "Happy Birthday" to then Crown Princess, who was the official guest of honour. The event was so much treasured and valued by all participants that a new international organization was launched, the International Abilympics Federation at Columbia in 1985. Since then the Presidency and Secretariat have been shouldered by the Japanese Association for the Employment of Disabled Persons. The third IA should have been in France.



But it backed out at the 11th hour and Hong Kong took it on in 1991, and all the two thousand delegates made a Guinness Record of the longest dancing dragon in the world.

The IA movement is not without challenges over the past two Decades. The foremost challenges again came from the family of RI. I remember in a number of RI world platforms, there were debates whether IA was promoting inclusion or stigmatization. I remember also such debates were rather heated with RI family divided into 2 major camps, the countries that have and the countries that don't have, only in its global platform, but not in the Asia and Pacific region. RI family members in this Region have always been staunch supporters of the IA movement. IA is considered as the only global platform to focus the world's attention on the abilities of disabled people in areas of occupational, living and leisure skills. Now I am rehabilitating from a stroke, I can see even more clearly the global significance of IA. The 6th IA will be hosted by Dr. Uma Tuli, of India. She is an active RI member, and the first non-official appointed to the very prestigious position of Chief Commissioner for Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India. The 7th IA will be hosted by Japan, and JAED has made a landmark contribution by securing the consent of the mainstream global vocational skills competition to go in partnership with IA activities. To deal with all these challenges, RI members in the Region have always been staunch supporters and unfailing partners of all its collaborators. RI members share the happy moments when achievements are witnessed, and stand tall in solidarity with all partners in times of difficulties.

### **The Asian and Pacific Decade: A Decade of Partnership for Disability Rights and Weakening Intra-family Strength**

At the close of the UN Decade, and when the world was debating whether the Decade should be extended, RI regional members joined hands with all partners in lobbying for intergovernmental support for the Regional Decade. It is also a founder member of Regional NGO Network. I am very pleased to note that RNN Campaigns in 1995, 1996, 1997, 1998 and 2002 were hosted by 10 different Asian and Pacific countries each by a RI member in conjunction with a RI Regional Conference, World Congress or RI World Meetings. The efforts made by RI and RNN in promoting the Asian and Pacific Decade can hardly be understated given the severe challenges in the Region, including the regional financial

crises, political instability, war and terrorism and racial conflicts. Within the INGO sector, we are also facing severe leadership and financial challenges. Given such a background, the impacts made by RI and RNN are really amazing.

Japan made the most contribution both financially through JICA and in expertise throughout the 2nd Decade. Two leaders contributed significantly to the success of A/P Decade, Mr Deng Pufang of China and Mr. Yashiro of Japan. They not only proposed the Decade but also used their influences to muscle the political power of their governments to support the Decade. If you ask what is to become of the future. I would firmly say this, that Mr Deng and Mr Yashiro could be strongly supported to rally for a 3rd Decade because a lot yet needs to be done. We need this political forum or platform to continue to help us to move each of our governments to do more to ensure that the UN Convention on the Rights of People with Disabilities, which will hopefully be passed within the next 3 years can be well established and fully implemented.

To provide support to people with disabilities at the grassroots level in the region, RI was fortunate to have been one of the benefactors of Dr Ip Yee's will. He was a Hong Kong doctor practicing internal medicine as well as a serious art and antique collector during his lifetime. He collected a lot of arts items and in particular porcelain (these he gave to the National Museum in China and Taiwan). He left us with the special collection of Rhinoceros Horns, which we sold for US\$3 million. This money was to split three ways according to his will. One third goes to China's emergency relief, one third to Hong Kong and one third to the Asian and Pacific countries for their needed relief and to start work in community based rehabilitation with Asian countries. We used this money to help the Philippines and Indonesia to develop further their community based rehabilitation as well as Vietnam, Nepal, Bangladesh, India, Pakistan, Afganistan and East Timor to set up rehabilitation activities in the late 80s and early 90s.

At the dawn of the New Millennium, RI undertook for itself another landmark contribution to global disability movement. Through another intensive international consultation exercise, it published the RI Millennium Charter, and pledged its full support for an international convention on the rights of disabled persons. In March 2000, a World Summit of INGOs was hosted by China Disabled Persons Federation, and was held in my hotel in Beijing. As an active player of the Summit, RI together with all participating INGOs declared unanimously



for the international convention. I took part in the Summit, and I was very pleased to note the sense of solidarity and seriousness of collaboration and partnership in expanding our frontiers in disability movement. Again I wish to note that our regional members were among the most active players in the Summit.

Nonetheless, our RI family is not without challenges during the A/P Decade. For years RI has been facing financial difficulties in delivering its services to members and its pledges to the world. When I was the President, I and Mr. M. B. Lee, who is also with us today, suggested a number of new measures to raise funds, and we succeeded. We are still members of RI Honour Council and we still actively advising RI on fund raising issues. However the reality is that for past two decades, RI has to rely mainly on membership subscriptions. In order to secure a reliable income from membership subscription, RI has been trying to work on different membership systems, and enforcing “no membership fees, no vote” ruling. Now we are facing a even more critical dilemma, i.e. our members are actually becoming less affluent as compared to decades ago, and more members have become membership fee delinquents. The RI global family, in terms of paid up membership, is shrinking in size almost year after year.

Today we pronounce firmer commitment and stronger solidarity to pursue an “inclusive, freedom of barriers and rights based” extended Decade, and an International Convention on the Rights of People with Disabilities. However, can we deliver what we profess?

## **My Visions for the New Millennium Challenges**

The NGOs would be required to perform a major role in the consolidation of the UN Convention on the rights of people with disabilities. I wish now to focus the discussion on RI, and I believe my vision would be shared by my colleagues from INGOs.

RI would be seen as a Task Master for UN thematic activities concerning disability. My personal view would be that RI should expand its role to include all medical specialties and professions on the scope of disability. Also, it should include all people with visceral disability and the elderly with various disabling and chronic health conditions.

We need an effective and strong RI. This can only be achieved if we can solve RI’s financial barrier. Here again I am giving my opinion of a solution – I am positive that we can do it if we all have the will.

RI has a good background, a long track record of 80+ years, a good tradition and a great connection for networking. If we make full use of electronic communication and keep our present staff, we only need US\$500,000 a year to run the whole establishment’s central administration plus all its World commissions and the Regional committees. Since we have experienced a lot of difficulty in collecting annual dues, we need to rethink of other alternatives.

The method that strikes as the best solution is a special way of fund raising. I have spoken of this with our Secretary General Mr. Thomas Largerwell. He agrees fully with me that it is a very challenging but achievable goal. I shall explain the plans in detail.

The sum we need to generate for an annual interest of half a million US dollars is roughly 10 million. If we divide that by a hundred member countries, each member country will need to raise US\$100,000. This is not an impossible sum to raise in the member country’s own homeland or from their countrymen overseas.

This is a once for all effort. I am sure we can all do it if we make the effort. I have the unique experience in Hong Kong. We raised US\$1 million in 1980 to fund for RI’s various deficits as well as to buy the RI Headquarter in Manhattan, New York. We raised US\$100,000 from the Indian community in Hong Kong in 1992 for India and I am sure you, in the audience can do the same for each of your country. Just think how great it would be when we come to the RI General Assembly in the future when we would not need to spend any more time on solving our membership dues and financial matters and put all our efforts on how to make the world a little better for all to live in.

The major countries with means can offer to raise double that amount, if 20 countries can do that, it would help a great deal the countries in the continent of Africa, Asia and Latin America. A simple analysis of the RI member countries, there are currently altogether 82 member countries. If I group them into 2 categories: the number of countries who have 3 or more votes is 18, and the number of countries who have less than 2 votes is 64. If the 18 major countries are willing to raise US\$200,000 each and the remaining 64 countries raise US\$100,000, it will come up to 10 million US dollars. There are many ways in raising such funds. A shining example is the foreign workers from Philippines in Hong Kong. There are over 100,000 of them, if each is willing to give HK\$10, it comes up to 1 million HK dollars which is a little more than US\$100,000. The US\$100,000 we raised for India from rich India families in Hong Kong. We arranged for the donors to go to Delhi and have personal pictures with the then Prime Minister Rajiv Gandhi. In 1991 amongst the guests who came was Mr Henryk Sokalsky, the UN Commissioner who was given the responsibility to organize the International Year for the Family. He asked me to raise some seed money. I went to 22 rich people for US\$60,000 each and flown them to Vienna where were received by the Major and the Chancellor of Austria as well as treated as a VIP at the UN headquarters in Vienna and was given a certificate of honour by the Deputy Secretary General and Mr Sokalsky netted over US\$1.1 m enough for him to start planning for this program of the International Year for the Family.

RI with such financial strength would be possible to further develop our work in the world commissions and our Regions.

3 months ago, I attended a very special meeting called "Around the World in 80 Ways-The Hong Kong Challenge". The people who started the idea are 3 people with disability.

**Miles Hilton-Barber** – a 53 years old blind gentleman who completed the "Toughest Foot-Race in the World". He climbed the highest mountains in many continents and manhailed a sledge over 400 km across Antarctica. He successfully walked for 11 days across China's ancient Silk Road, across the burning Gobi Dessert and the Great Wall of China and he who said, "Blindness is a challenge not a handicap".

**Mike Mackenzie** – a Phileas Fogg Adventurer. He is a paraplegic who had taken part in the first and only wheelchair push from Paris to Santiago de Compostela.

**Caroline Casey** – a 30 years old blind young lady who

trekked 1000 km across southern India on the back of her elephant together with Robin Dunseath, a public relations giant. The foursomes are going to do the journey round the world in 80 ways.

Those of us who attended the announcement of the Event organized by the sponsor, the Hong Kong Jockey Club all made pledges of what they would promise to achieve within next 8 months when the adventurers will be here in Hong Kong. For myself who have had a stroke, I pledged that I will walk the steps of 7 floors once a week, see my patient at the hospital every other day and greet every one I meet for the first time with a kind word of greeting which I challenge all to join me and we all say with a loud voice, "Yes, I can do it". I am challenging you now to raise your right hand and put your thumb up and say, "Yes, I can do it".

We can sell the package to our donors by making them VIPs of RI. They could be honored as our Honorary Presidents. They should be given a well-designed certificate and a VIP card. Their photo should have a place of honour at our Headquarter and all letterheads. They should be remembered as a dear friend of people with disability.

We could also organize a world trip for them to visit the UN Secretary General, the White House in Washington, D.C. the Japanese Imperial Palace, the Kingdom of Thailand, the People's Great Hall of China, the Taj Mahal in India, the Number 10 Downing Street in London, the St. Peter's Square in Moscow, the Statue of Christ in Rio de Janeiro, the Pope in Vatican and so forth.

## Yes, I Can Do It

I was determined to come to Osaka 3 years ago to say RI is dead: God save the disabled because without enough membership or funds, RI may as well be considered dead. But having met the Hong Kong challenge of doing the impossible, I think RI can be saved if we all work hard at raising the 10 million. With US\$10 million in our office we no longer have to worry about our existence. We will all be equal partners at the Assembly.

We can concentrate on things that matter. Our world commissions will be more at ease to develop their full potential to have all the world experts' work together with one goal. The disabled representatives will no longer be handicapped because there are insufficient funds to sponsor meetings and training.

The advantages are so abundant and beyond imagination that we must all take this up without reservation. Make this our challenge of the Third Decade. May I invite you all to join me in making the sign of pledge with the sign of thumbs up and say, "Yes, can do. I can do it."



Author: **Professor Sir Harry S.Y. FANG, GBM, CBE, OBE, JP** was a renowned orthopaedic surgeon, a rehabilitation expert, an organizer, a volunteer, a fund raiser extraordinaire, a politician as well as a reformer. He had devoted himself to helping people with disabilities. He established the Hong Kong Society for Rehabilitation in 1959 and had served the Society in various capacities. The Society was designated as World Health Organization Collaborating Centre for Rehabilitation in 1986 in coordinating the training programmes in China. He introduced the first policy paper on rehabilitation, "Integrating the Disabled into the Community: A United Effort" to the Government in 1977. Professor Sir Harry Fang was the first Asian elected as President of Rehabilitation International (RI) 1980-1984. He raised funds and purchased the headquarters of RI in New York, USA. He was a Founder and the Vice President of International Abilitympics Federation, and a Founder of Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons 1993-2002. In Hong Kong, he had been the Chairperson of Hong Kong Joint Council for Persons with Disabilities (the umbrella body of organizations for and of people with disabilities) for more than 30 years. He has founded and served as President of a number of active rehabilitation and disability organizations in Hong Kong. He was a Steward of Hong Kong Jockey Club, and a Member of the Government's Executive and Legislative Council and the Chairperson of its Rehabilitation Advisory Committee in the 1970s, 1980s, and 1990s.

# QUO VADIS: Keynote Speech at the Seoul International Conference on Disability, September 1997, Seoul, South Korea

Harry S. Y. Fang

Quō vādis is a Latin phrase meaning “Where are you marching?”. It is also commonly translated as “Where are you going?”

RI was founded in 1922. It is celebrating its 75th (Diamond) Anniversary at this Regional Conference. At this important time landmark, let us pause a while and ask where are we going from here. What will be the challenges facing us in the next 75 years, and what we wish to plan for ourselves?

## The Regional Committee

The first major RI Asia and Pacific Regional event was held 39 years ago in 1958. The Regional Committee is one of the oldest structures in the family of RI. It was founded in 1972, and I was honoured and proud to be its first chair. It is also one of the most active and dynamic structures, bringing significant impacts to the Region. The Committee has had a successful track record in mobilizing the expertise and resources of its members to support the objectives of RI. At this RI World body Diamond Anniversary, and A/P Regional Committee Silver Jubilee year, I wish to pay tribute to its leadership, especially to all the chairpersons and honorary secretary generals. I wish to name the rest of the leadership in succession: the late Professor Charlotte Floro of the Philippines, Dr. Tsuyama and Dr. Satoshi Ueda of Japan, Mr. M. B. Lee, the late Mr. Peter Chan and Dr. Joseph Kwok of Hong Kong, Mr. R Matsui and Mrs. E. Ueno of Japan.

Not to become too nostalgic, let me just recall the achievement of RI’s regional arm in recent decade.

## Mobilizing and Creating Resources to Support Regional Projects:

The impact of the 1988 16th World Congress in Tokyo, Japan has been felt in many ways, but the more visible and enduring within the RI family is perhaps the birth of the 16th World Congress Fund for the Region. The Fund’s small scale grants have provided the much needed stimuli to encourage partnership projects in areas of regional leadership development, information exchange, as well as research and pilot projects. Its latest round of application had attracted over 9 submissions, an indication of its long term, visible impact.

Other small scale grants have also been identified and mobilized, one of which is the Ip Yee Charitable Trust, administered by Mr. M. B. Lee, MBE, JP. The Trust has supported a number of community based and vocational rehabilitation projects in several countries, sometimes in partnership with other Trusts. In recent years, it has been working closely in partnership with the Japanese Society for the Rehabilitation of Disabled Persons, which has also offered small scale grant to projects in the Region. I am also pleased to announce that the Hong Kong Society for Rehabilitation has been invited to administer another trust, the Hong Kong Asia Trust, which provides small scale grant to the Region. Over the years, we are proud to witness that some of the recipient organizations have today become recognized not only in their own country, in the Region but also in the world as experts in their own field.

The latest initiative between RI Regional Committee and RNN, is to identify and encourage trusts and foundations to give priorities to projects supporting the objectives of the Asia and the Pacific Decade of Disabled Persons, 1993-2002. This initiative has just begun, its impact may take longer time to be realized, but we are certain that the potential could be beyond our imagination. At this juncture, I like to recognize Mr. Ichiro Maruyama, the Secretary General of RNN. Mr. Maruyama has been exceptionally creative, wise and effective in initiating a regional network to support the Asian and Pacific Decade of Disabled Persons, 1993-2002, as well as to mobilize a number of Japanese funds to support regional projects. RNN was founded in 1993 in Okinawa, Japan. RNN is the first regional network open to national and international NGOs concerning with disabilities working together to promote the Asian and Pacific Decade of Disabled Persons. It has now involved practically all such organizations in the Region, and has over 35 national, regional and national member organizations.

## Expanding Human Resources in the Region

RI Regional Committee has also been active in nurturing and expanding networks of human resources. For example, RANAP, the Rehabilitation Action Network for Asia and the Pacific, was formed in 1991 during the 3rd Abilympics in Hong Kong, by members who had taken part in leadership programmes in Japan. Some of RANAP members have since played active role supporting the various initiatives of RI and RNN. I wish therefore to commend the leadership of Dr. Joseph Kwok and Mrs. Etsuko Ueno, respectively the Chair and Secretary General of RANAP.

## Extending the Frontiers of Disability Movement

RI Regional Committee, and its national affiliates, have been the prime mover and support of the Abilympics movement, which is now under the leadership of the International Abilympics. The aim of Abilympics is to champion the vocational abilities of people with disabilities, and to engineer changes in attitude among mainstream systems and the general public. Abilympics has now extended its areas to technology and employment, as well as to living, leisure and art skills. A wide international network of organizations interested in this movement has been formed and grown by the year.

RI Regional Committee also initiated and supported the FESPICS Games, which is now well received and recognized by all countries in the Region as the major forum for disabled people to nurture friendship and demonstrate to the general public their excellent performance in sportsmanship.

What lies ahead is how we could further strengthen the bonding between RI and International Abilympics, FESPIC Games, and other similar bodies, with an aim to better support each other and to promote solidarity to deal with challenges and attitudinal changes from local through international levels.

Philosophical and conceptual challenges, and testing the frontiers of rehabilitation practice.

The Region is faced with a cultural challenge in integrating concepts created at international governmental and non-governmental forums. Over the years, the philosophy and values concerning disability and people with disabilities have been intensely researched and debated, creating a rich collection of theories about various dimensions concerning the disability field. However, the ever-expanding concepts and theories in support of policy ideals have found difficulty to grow root and sown seeds in indigenous culture.

For example, there is still difficulty in finding appropriate local terminology in many non-English speaking Asian countries to deal with the theoretical and conceptual differences of the terms: impairment, disability and handicap. Some other terms, such as independent living, have been considered as insensitive to oriental culture, which cherishes family values.

Let us aim to deal with this cultural challenge within the next 75 years. We must learn to develop theories and concepts to guide our common agenda of action that are sensitive, relevant and meaningful to both old and modern Asian cultures.

Similarly we should encourage culture based research work to inform affirmative policies developed in Asian countries that have well defined focus, and can attract public support, as well as involvement of main stream systems.

Another major conceptual challenge that we are going to face is to identify feasible and practical definitions of disability for the Region. The definitions must be living, dynamic and able to meet changing needs of our time. A good definition is one that can involve the increasing categories of disability that are being recognized in various countries and cultures. In Hong Kong, for example, people with visceral disability (or chronic illness, such as heart, cancer and kidney patients) have now been covered by government rehabilitation policies. Old people with disability is another category that has large population in any country. The challenge is not so much our wish to extend the practical definition of disability. It is whether the inclusion of more categories would dilute or strengthen our solidarity in our common struggle. It is also whether our distant brothers and sisters would wish to join this international family and foster a common bonding. The world will hear a loud voice from us all within the next 75 years.

Over the past two decades, RI Regional Committee has supported a range of pilot projects, which have now borne fruit in improving significantly the quality of life of people with disabilities. Some examples are: CBR projects in China, Indonesia, Nepal, Philippines. In Hong Kong, the Community Based Rehabilitation Network (CRN) for people with chronic illnesses, as well as its Conductive Education Centres are now regular major programmes benefiting from the rich piloting experiences in the Region, and in turn ready to support exchanges with regional experts.

### **Involvement of Main Stream Systems**

Main stream systems and various intergovernmental structures have the capacity and command the necessary resources to uphold the human rights of disabled people and improve their quality of life. Our challenge is to create a network in which all partners, whether disability focused or mainstream systems, are equally equal and active in whichever manner it is being interpreted. The bonding is to be based on a sense of common concern, and a willingness to help each other to reach the goals and targets set by the international communities as coordinated by the United Nations.

The recent initiatives of UNESCAP's (United Nations Economic and Social Commission for Asia and the Pacific) main stream systems, e.g., its expert organizations in statistics and census, and transport, have started important projects with the Committee on Disability. This is an important model in mainstreaming.

Hong Kong has been successful in involving the senior engineer of the Mass Transit Railway Corporation in RI forum as early as the early 1990's, who has now become the expert and advocate within the main transport system in making the MTR accessible to people with disabilities.

### **Regional Networking**

Network in the Region has been a priority agenda of RI Regional Committee. One of its major contribution is to become a founder member of the Regional NGO Network for the Asian and Pacific Decade of Disabled Persons (RNN), and a member of the UNESCAP task group concerning disability (now called the RICAP or Regional Inter-organization Committee for Asia and the Pacific). Since many years back, RI regional forums have been useful opportunities for brother and sister networks to organize their campaigns and events. RI Regional Forums have effectively become a collection of major and related international events, all sharing the same objectives of supporting the Asian and Pacific Decade of Disabled Persons.

In this regard, the 11th RI Regional Conference and the Campaign '98 of RNN to be held from 23-28 August 1998 in the new wing of the Convention and Exhibition Centre in Hong Kong will be another landmark in Regional Forum. Hong Kong welcomes and pledges to facilitate your initiative to join and organize related international or regional forum or events. An International Exhibition on Rehabilitation will also be organized. Specialist organizations as well as mainstream organizations are all welcome to join the Exhibition. Please visit the exhibition booth at the Hotel Lobby for more details.

Our future challenge is to make the once four years RI Regional Forum the major regional event not only for members of the RI family, but also all members of all concerned networks from specialist and mainstream systems.



## Regional Information Exchange

During the Atlanta World Assembly in 1993, information exchange at the regional level was recognized as a priority objective. Subsequently, I raised a donation to install a facility in Manila, Philippines, which is now supporting both RI and RNN information exchange programmes. Funding for information projects are being supported by RNN, but funding for recurrent maintenance of the Information Office is still a problem, though the amount involved is relatively small.

This problem has revealed an important challenge that has to be dealt with almost immediately by RI and its Regional Structures.

## Funding Support for Secretariat and Administrative Maintenance Costs

RI Regional Committee and its various substructures have an impressive collection of renowned experts. These experts come from various backgrounds. They may be policy makers in the government, senior professionals, advocates or leaders in the disability field. They have a proud tradition of initiating new ideas, new projects, and answering the calls of RI to take on challenging duties. They are, as expected, very busy people, and have important obligations at home as well. They need at least some form of funding for secretariat support, so that they can contribute even more to the Region.

Similar to the experience of the RI Head Office, RI's expertise and experiences are well recognized by a variety of funding bodies, including UN organizations. RI therefore has a good track record in attracting funding to support partnership projects with specific objectives.

RI has been fortunate enough not to have worry about rental costs of its Head Office, which is now situated in a donated facility in a prime site in New York. This was made possible during my term of RI Presidency from 1980 to 1984. However, RI still has a recurring problem to raise funds to support its secretariat costs, and has to rely almost solely on its membership subscription.

The same is true to RI's Regional Structure. So far activities of RI's regional structure are dependent entirely on the goodwill and capacity of its affiliate members, which are facing more difficulty to raise funds to support their administrative costs. This problem has critically limited RI Regional Structure and its members to liberate their huge human resources potential, and enhanced their capacity to effectively generate practical regional initiatives.

I believe the only possible solution is for RI to assign a portion of its membership subscription to support a skeletal and essential secretariat at the Regional level. The regional portion of the membership subscription shall best be divided into two parts, one part to be spent on essential recurring administrative costs, the other part to form a seed fund with its investment income to support pilot projects in the Region. To begin with the sums of money involved would be insignificantly small, but the goodwill generated will be able to bring in immeasurable impact. If we are thinking ahead for the next 75 years, we will have no difficulty to imagine the happy and sound financial situation of RI Regional Structures in the year 2072.

RI Head Office may face even more stringent situation if membership regionalization programme is implemented. RI World leaders must therefore face this challenge with creative fund raising strategies, and to follow a similar approach as I suggested for the Region. Perhaps RI could learn from the successful experiences of many national and international business corporations which have encountered economic downturns, and survived with even better results through many creative approaches, including consolidation and down sizing. RI must find a path that will help it to survive and grow in the next 75 years. We must have the vision that by the year 2072, RI not only has no worry to fund its secretariat at the Head Office, but also has created a Trust to support international and regional projects. The vision does seem far and unreachable at the moment. We shall gain the confidence and wisdom if we are bold enough to start the first step.

## Recognition of Experts

The original idea of establishing world and regional scientific commissions, as I recollect, is to identify and involve RI experts in a formal network. So far these scientific structures do not seem to be fulfilling the original objectives. At least, our experts do not have a sense of belonging. One main reason is that they are not duly recognized. RI must develop a system of recognition that will instill a sense of belonging and mobilize a sense of dedication from the experts in our family. Certificate of Appreciation and scholarships are some of the common means. Perhaps we should think of some other form of more creative and low cost recognition, which can touch the heart and minds of our own experts. Just imagine by the year 2072, what will RI be standing in the eyes of the world that we have in our family an army of dedicated and effective experts from all fields of disability and concerned mainstream systems.

## Focusing Governmental Recognition

RI membership has one major advantage that it admits both governmental and non-governmental organizations. RI Regional Committee has always had a close and effective working relationship with governments in the Region. In the next 75 years, RI Regional Committee should formulate a major focus and to further strengthen this important relationship. To do so, RI Regional leadership must be seen as experts in the field of disability, and leaders with a vision that can show the goals and direction for the future. I think RI did it beautifully in the early 1980's, through its important and visionary document, RI Charter for the 1980's, and the very intensive presentation programme with chief executives of almost each and every government in the world. RI Regional Committee may find the experiences of the 1980's a useful reference, and develop its own advocate programmes with government leaders. Shall we do it once every decade during the next 75 years?

## What will RI be?

In 1922 a handful of Rotarians in the City of Chicago started an international organization called the International Society for Crippled Children. They were all volunteers, and did not have any funding or secretariat support. This tiny Society has today become Rehabilitation International, which has now a top grade secretariat, a nice office, over 120 members from all over the world, plus a vast network of experts. If our founders, with very limited resources, could create what RI is today, we should feel more optimistic about our capability to deal with our future challenges.

What we need most now is the political will, personal sacrifice and solidarity from RI leadership and all its members.

RI should strive to become the international and regional platform without barriers and boundaries to all interested and concerned bodies and individuals. Our disability reference should not be restrictive, but inclusive, including immediately people with chronic illness, old people with disabilities.

Our network of experts should be dynamic, and interfacing with all concerned professional bodies. Our World and Regional Commissions should network with all professional bodies, such as the Cancer Foundation, Cardiac Foundation, and medical professional associations.

I appeal to you all to join me to explore for at least another 75 years the new frontiers of Rehabilitation International.

Thank you.

# RNN Campaign 1994 and Manila Conference: The Concept of Regional Networking for the Asian and Pacific Decade of Disabled Persons 1992-2003

Joseph K. F. Kwok

## Chairpersons, distinguished guests, ladies and gentlemen:

I am honoured to be given this valuable opportunity to speak about issues of networking in strengthening public awareness on disability concerns.

Before I deliver my paper, I would like to thank the Philippine National Council for the Welfare of Disabled Persons for hosting this Conference, and in particular to Dr. Zeno Zunica and Mrs. Patria Medina, Chairperson and Coordinator of the Conference Organizing Committee, and all my Filipino colleagues for their excellent leadership and hospitality. I have found the Conference deliberations interesting, focused and fruitful. I have indeed enjoyed every minute of my stay here, and I treasure every chance I have in networking with old and new friends.

Networking is a major subject in advance hardware and software technology. As a concept, its theoretical and practical applications to human services has also gained increased importance.

## What is Networking

A network may be conceived as points and linkages among these points. Networks can be distinguished by many factors, such as degree of openness, nature of network points, density and strength of network relationship, reciprocal or one-way support among the network points. ([Trevillion, 1992](#))

Networking may be defined as a ‘supportive system of sharing information and services among individuals and groups having a common interest’ ([The Random House of Dictionary of the English Language, 1987](#)). Networking is a process, a means and a practice to bring about a common objective.

While each network is unique in terms of its own culture and history, we can still identify certain common factors that are likely to affect successfulness of networking practice. These factors include: network identity and relationship, degree of informality and flexibility, pattern of communication, and task forces.

The focus of today’s deliberation is regional networking, which is an area that has attracted scanty research. I believe, however, a discussion on the factors suggested above will deepen our insight about regional networking in the context of Asian and Pacific Decade of Disabled Persons.

## Regional Networking for the A/P Decade

In the “Agenda for Action for the Asian and Pacific Decade of Disabled Persons 1993-2002” ([UNESCAP, 1993b](#)), regional cooperation and support through sharing of experience and expertise is a major area of concern. The “Agenda for Action” aims to promote regional cooperation in the form of building up a network of agencies and organizations concerned with supporting national pursuance of the agenda of action and undertaking specific activities in selected areas.

The “Agenda for Action”, however, does not give detailed description about the proposed regional network, except that the network is to function alongside the formal regional GO network through the UNESCAP. There is also no statement about resources required to establish and maintain the network.

My discussion will focus on networking of NGOs, as networking of GOs has been well established through the formal channels of the United Nations. NGOs in the region shows far more divergences than convergences.

### What are the NGOs in Regional Networking

If regional NGO network is to be inclusive of all potential contributors to the A/P Decade, the number of NGOs to be covered will almost be limitless. These NGOs may take many forms. Some are national or territorial in its service coverage and have an interest in regional exchange. Some are already established networks with regional or even international membership, and wish to support the A/P Decade. Others may be national / territorial organizations not directly involved in the field disability but have a wider concern for human development issues. Further categories should include professional bodies, employers’ and employees’ organizations. National and multi-national profit-making organizations are also potential network members as we witness a growing degree of social accountability among these organizations.

Each and every network members, potential or existing, already has its own organizational goals, policies, identity and culture. Some may have interests in certain specific areas of the A/P Decade. For example, our media partners may be more interested in areas of public awareness. The Regional NGO network will therefore have to recognize the diversities and richness of these individual identities and cultures.

### What are the NGOs in Regional Networking

How will members identity with the Regional NGO network, when each individual member has the legitimate interest to preserve and advance its own identity and culture. The identity of the Regional Network will become clearer when its objectives are specific to the promotion of the A/P decade, when network relationship is to be founded on principle of equal partnership, and when it practises true networking and not organization building. Regional networking should be guided by the principle of partnership for human development.

If networking relationship so created is to be strengthened and sustainable, individual partners will need to eventually reciprocate each other’s concern, and develop a strong sense of mutual help and mutual support.

### Regional Networking as a Practice

Networking practice should be flexible, informal, with priority in enabling communication and exchange of information. We must recognize the vast differences in culture and development among countries, and also the wide geographical spread of the millions and millions of disabled people in the Region. Flexibility and informality will enable network members to recognize and respect each other’s uniqueness, to nurture mutual understanding and a sense of partnership relationship. It will also facilitate multi-directional communication and exchange of information among network members.

Networking on an organizational basis at the territorial or national levels seems to be the only feasible practice in order to reach more individuals at a low cost. Such a practice could easily become depersonalised, or encounter breakdown in communication. Networking practice will be more effective if there are formal and informal linkages with active leaders of network organizations, and who have a wish to communicate with each other and exchange each other’ concerns and unique culture.

Networking practice needs also to develop specific task forces with objectives achievable in the short and medium terms. The task forces pool the resources, manpower expertise and others, of clusters of members, and help to focus the attention of the whole network. Regional forums of networking provide opportunities to identify needs and objectives of such task forces.

The Manila Conference on Media, Public Awareness and Action has provided a useful model for networking practice. This Conference has the importance presence of media leaders who are concerned with disability issues. I see this as an excellent beginning of networking relationship between NGOs of and for disabled people, and media organizations. I wish very much that at the conclusion of this Conference, a task force could be established among interested NGOs and media organizations to work on selected and specific objectives of the A/P Decade.

## The Gateways to Regional Networking

Networking does not happen on its own. The network must have one or more centres to serve as gateway network points for members to get access to network relationship and information. Easy access to information is essential to successful regional networking. Information may be in print or non-print format. It may include regular newsletters, journals, and reports on technical and pilot research studies, directory of projects of the A/P Decade, and directory of resource persons in various expert areas. It may also include collections of reference materials on specific subject areas of major concern to the network.

Again the present Conference gives a golden opportunity for the regional network to consider starting a collection of audio-visual reference materials on media and disability.

## Resourcing for Networking for the A/P Decade

Although networking is a major objective of UN bodies, there does not seem to be any promising efforts in mobilizing UN resources for this purpose. Moreover, UN regional organizations still have to deal with other priority assignments from the World Body.

While the UN regional bodies are looking for additional resources from within the Region to promote the Asian and Pacific Decade, NGOs will have to carry out a similar exercise to support its networking practices.

NGOs, admittedly, are much less resourceful when compared to GOs, and lack the statutory power to deliver action programmes. Their moral influence on government and the people, their expertise in the field of disability, and their flexibility and capability in carrying out strategic action programmes have, however, been rather effective as indicated from their long years of proven performance records.

In raising resources, NGOs may have slight advantages over GOs in the following areas: (a) their projects are less costly than government counterparts, (b) they have a greater degree of flexibility in raising voluntary funds from the community, and (c) they have the support of a great number of professional and non-professional volunteers.

Fund raising by regional networks will have to build on these strengths and to raise sufficient funds to establish and maintain a secretariat, a gateway network information centre, and several task forces.

I am pleased to note the Regional NGO Network for the A/P Decade is progressing steadily along these objectives. Funds raised so far are still far from adequate, and concrete fund raising projects at the regional level have yet to be developed.

## The Potentials and the Challenges

The UNESCAP resolution concerning the Asian and Pacific Decade is one of the few resolutions ever approved unanimously by all governments. While the resolution did not commit the governments to any resources, its moral effect on governments should not be underestimated. Government leaders may change over the years, but the moral principles of the resolution will be binding on all governments, new or old, in the Region over the entire Asian and Pacific Decade.

The ESCAP Asian and Pacific resolution and the accompanying document "Agenda of Action" provide, therefore, a common moral basis for concerted action for GOs and NGOs. What is needed most now is a common regional platform to articulate intensively, frequently and regularly the importance of the Asian and Pacific Decade to all governments and peoples in the Region, and to sharpen the Regional focus on Decade awareness.

The Regional NGO Network for the A/P is one of the answers to effective implementation of the A/P Decade.

It is indeed encouraging to note here that Rehabilitation International Regional Committee for Asia and the Pacific under the chairmanship of Mr. Peter Chan has made a major contribution to the Regional NGO Network in establishing an information centre in Manila.

As Chairman of the Rehabilitation Action Network for Asia and the Pacific (RANAP), I am pleased to share that RANAP contributes to the Network by identifying resource persons who have the experience and expertise, and are willing to offer their voluntary service to the NGO Network, such as to work in the Information Centre and the task forces. As a junior partner in the campaign for the Asian and Pacific Decade, RANAP is pledging its full support to the mission and initiatives of the NGO Regional Network.

In conclusion, I wish to congratulate the NCWDP for providing this timely opportunity for a Regional appraisal on a major agenda item of the Asian and Pacific Decade, i.e. Media, Public Awareness and Action. The deliberations of these concepts and the creation of new network relationship would certainly be of immense value for our continuous, common endeavour.

May I appeal to you all to work together to sustain the momentum and spirit of the Asian and Pacific Decade of Disabled Persons 1993-2002.

Thank you very much.

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# The Asia-Pacific Disability Champions Award: Asia-Pacific Champions of Disability Rights & Promoters for the Asian and Pacific Decade of Persons with Disabilities, 2013-2022

UNESCAP and Government of  
Republic of Korea

The United Nations Economic and Social Commission for Asia and the Pacific and the Government of the Republic of Korea honored ten Asia-Pacific Champions of Disability Rights and seven Promoters for the Asian and Pacific Decade of Disabled Persons, 2013-2022 during the High-level Intergovernmental Meeting on the Final Review of the Asian and Pacific Decade of Disabled Persons, 2002-2012, held in Incheon, Republic of Korea from 29 October to 2 November 2012.

The Champions were recognized for their outstanding achievements and impacts in promoting the rights of persons with disabilities. They include a notable parliamentarian, a community leader in poverty reduction and a women's rights leader. The Promoters were recognized for their exceptional knowledge and experiences in specialized areas related to the ten goals of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific.

The Champions and Promoters were selected by an international jury for the multi-dimensional impact of their work, the wide support they have mobilized and their capacity to serve as role models.

The Champions and Promoters are expected to be the vanguard for raising awareness and catalyzing the implementation of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific during the new Asian and Pacific Decade of Persons with Disabilities, 2013-2022.

## Champions and Promoters

In response to ESCAP's call for the Asian-Pacific Disability Champions nomination, many governments, NGOs and individuals from the Asia-Pacific region submitted completed nomination forms and support materials for nominees. Receipt of nominations by the secretariat opened in early February and closed in May 2012. Some 50 nominations from over 20 countries and areas were received during this time.

The ESCAP secretariat would like to express gratitude to all the governments, NGOs and activists who supported the regional initiative by nominating the individuals who have been making significant contributions to the promotion of the rights of persons with disabilities over the last years.

## Asia-Pacific Champions of Disability Rights

1. Mr. Monthian Buntan, Senator, Royal Thai Parliament and member-elect of the Committee on the Rights of Persons with Disabilities, Bangkok, Thailand




Monthian  
BUNTAN

PERSONAL MOTTO  
I have given up on giving up!

ASPIRATION  
Enable persons with disabilities to contribute significantly to inclusion in society

2. Mr. Mohd Abdus Sattar Dulal, Executive Director, Bangladesh Protibandhi Kallyan Somity, Dhaka, Bangladesh



Abdus  
SATTAR DULAL

PERSONAL MOTTO  
My investment today is for the people of tomorrow

ASPIRATION  
Build the capacity of disabled peoples' organizations to safeguard "make the right real!"

3. Mr. Katsunori Fujii, Chairperson, Executive Board, Japan Disability Forum, Tokyo, Japan



Katsunori  
FUJII

PERSONAL MOTTO  
Be consistent, be true to principles and never give up!

ASPIRATION  
Devote myself to the further development of disability policies in Asia-Pacific

4. Ms. Lyazzat Kaltayeva, Chairperson, Central Asian Disability Forum, Association of Women with Disabilities “Shyrak”, Almaty, Kazakhstan



Lyazzat  
KALTAYEVA

PERSONAL MOTTO  
Every morning,  
life begins afresh!

ASPIRATION  
Promote active Central Asian  
engagement in the Asian and  
Pacific Decade of Persons with  
Disabilities, 2013-2022

5. Mr. Setareki Seru Macanawai, Chief Executive Officer, Pacific Disability Forum, Suva, Fiji




Setareki Seru  
MACANAWAI

PERSONAL MOTTO  
Seize every opportunity  
to make a difference!

ASPIRATION  
Promote effective subregional  
cooperation in implementing the  
Incheon Strategy

6. Ms. Poonam Natarajan, Chairperson, National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, Ministry of Social Justice and Empowerment, New Delhi, India



Poonam  
NATARAJAN

PERSONAL MOTTO  
Celebrate life,  
celebrate diversity,  
let the energy flow ...

ASPIRATION  
Promote community-based  
rehabilitation strategies locally,  
regionally and globally



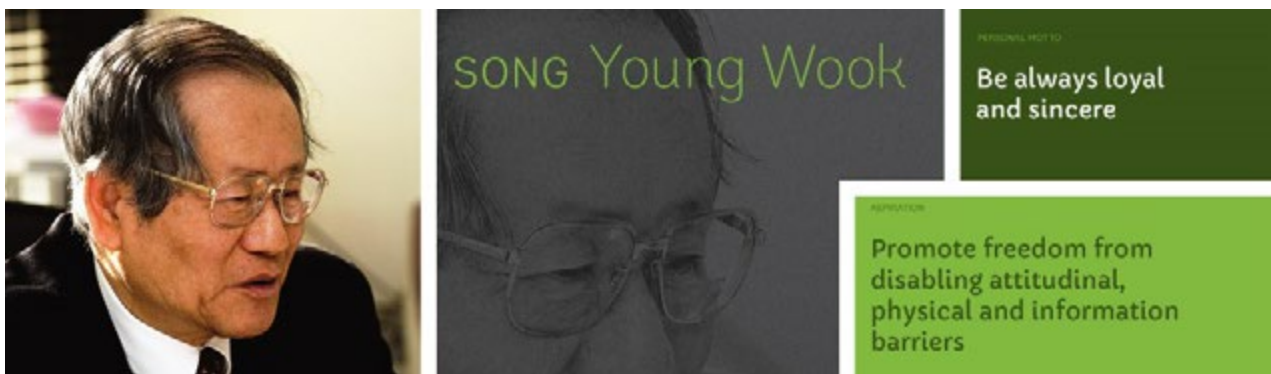
7. Mr. Frank Allen Hall-Bentick, International Portfolios Coordinator, Australian Federation of Disability Organizations, Melbourne, Australia



8. Ms. Maulani Agustiah Rotinsulu, Chairperson, Indonesian Association of Women with Disabilities, Jakarta, Indonesia



9. Mr. Young-Wook Song, Chairman of the Board of Directors, Korea Foundation for Persons with Disabilities, Seoul, Republic of Korea

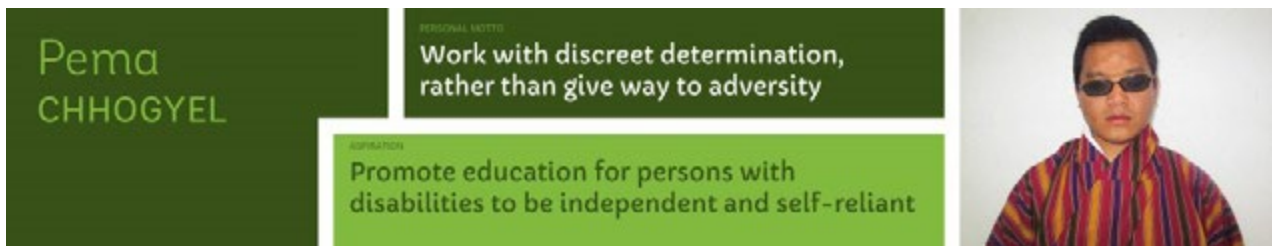


10. Ms. Zhang Haidi, Vice-Chairperson, State Council Working Committee on Disability, and Chairperson, China Disabled Persons' Federation, Beijing, China



### Promoters for the Asian and Pacific Decade of Persons with Disabilities, 2013-2022

1. Mr. Pema Chhogyel, Senior Programme Officer, Special Education Section, Department of School Education, Ministry of Education, Thimphu, Bhutan



2. Mr. Joseph Kin Fun Kwok, Executive Committee Member and National Secretary for Hong Kong, Rehabilitation International, Hong Kong, China



3. Mr. Thomas Wai Mun Ng, Founder and Executive Director, Genashtim Innovative Learning Pte. Ltd., Pasig City, Philippines



4. Mr. Ronnel Agor Del Rio, Governor's Advocate on Disability Affairs, Office of the Governor, Provincial Government of Batangas, Lipa City, Philippines

**Ronnel A.  
DEL RIO**

PERSONAL MOTTO  
**Smile, make best efforts for God's glory ...  
count my blessings!**

ASPIRATION  
**Endeavor to promote sustained, local-level economic  
empowerment of persons with disabilities**



5. Mr. Muhammad Atif Sheikh, President, Special Talent Exchange Program, Islamabad, Pakistan

**Atif  
SHEIKH**

PERSONAL MOTTO  
**Barrier-free opportunities for  
freedom from poverty**

ASPIRATION  
**Represent people with disabilities  
in decision making**



6. Mr. Shudarson Subedi, Central President, National Federation of the Disabled Nepal, Kathmandu, Nepal

**Shudarson  
SUBEDI**

PERSONAL MOTTO  
**DPO effectiveness is essential for achieving  
a disability-inclusive and rights-based society**

ASPIRATION  
**Promote disability-inclusive local resource  
mobilization and utilization**



7. Mr. Oyunbaatar Tseden, President, Mongolian National Federation of Disabled People's Organizations, Ulaanbaatar, Mongolia

**Oyunbaatar  
TSEDEN**

PERSONAL MOTTO  
**Let's build a  
disability-inclusive society!**

ASPIRATION  
**Support persons with disabilities in  
upholding and protecting human rights**





## Perspectives on Priorities in the 1990's: The Stage of Asia (Keynote speech at the 17th World Congress of RI, September 1992, Nairobi, Kenya)

M. B. Lee and Joseph K. F. Kwok

Asia has almost half of the land on earth, and 58% of the world population, or 3.1 billion. It is a mixture of some oldest culture and most modern living environment of mankind. Not surprisingly, Asia is noted for its heterogeneity in its cultural and political systems; and its national economies are characterised by wide range of differences in levels of development.

30% of Asian people are children under 15 years old, and 7.7% aged 60 or over. 30% of the population are urban dwellers, and the remainder 70% spreading over rural and mountainous areas. ([UNESCAP, 1991b](#))

Based on UN's 1 in 10 prevalence rate, the disabled population in Asia is about 310 million. The great majority of disabled people are children or old people. It is further estimated that 5% to 20% of adult population in all countries are in need of some form of rehabilitative and/or income support services. ([Chamie, 1989](#))

Over the past several decades, the Region generally shows a progressive economic performance. Specific economies, however, give extreme variations. The Region still has over ten of the world's least developed countries. The economic gap between the Region's rich and poor economies has widened, so as the gap between the haves and have-nots within countries.

The social situation of the Region is less performed than expected. Many countries in the Region continue to be characterized by wide spread poverty, particularly absolute poverty; high rate of population increase; uncontrolled environmental degradation and natural resource depletion, inadequate social infrastructure (including basic facilities such as water, sanitation, primary health care, elementary education, housing, transportation); and inadequate provision for basic human rights.

In recent decade, the Region is further afflicted with some of the worst natural disasters in history, causing extreme hardships to millions of people.

The quality of life of disabled people in the Region compares even worse than that of most other people.

Asia became more aware of the social impact of disability and the situations of disabled people in as late as 1981, the UN International Year of Disabled Persons. The IYDP witnessed fast and welcome changes in national policies, and community involvement along the direction of "Full Equality and Participation". Though quite uneven within the Region, particularly in least developed countries, the Year's significant improvement has been consolidated and sustained by follow up actions of the UN, which declared 1983-1992 as the UN Decade of Disabled Persons, and published the "UN World Programme of Action concerning Disabled Persons" as a guide for national planning and intervention. (UN, 1982a&b)

The UN Decade of Disabled Persons 1983-1992 is now approaching its finale. The Decade has revealed in Asia the significant issues and problems to be dealt with, and the potentials and challenges into the 1990's and beyond. There is no time for us to be complacent. In order to capitalize on what we have learned and achieved in the UN Decade, we must maintain the momentum of the UN IYDP. We have to provide answers now to the pressing question that what we should expect from the UN and from ourselves as an international NGO network after the closing of the UN Decade.

Our colleagues from international non-governmental organizations (NGOs) in Asia and the Pacific Region, including Disabled Peoples' International and RI, and UNESCAP, have unanimously voted in various international platforms for an Asian Pacific Decade of Disabled Persons 1993-2002. These cumulative efforts had contributed significantly to the UNESCAP resolution 48/3 adopted in April 1992, which will provide fresh and stronger impetus to the full implementation of the World Programme of Action concerning Disabled Persons beyond 1992, and to consolidate and strengthen regional cooperation among GOs and between GOs and NGOs in dealing with issues affecting the achievement of the goals of disability prevention, rehabilitation and equalization of opportunities.

The theme of my presentation is "Perspectives on Priorities for the 1990's". I wish to highlight the following areas relevant to Asia, and which I believe should deserve priority attention in the implementation of the Asian Pacific Decade. My colleague will talk about those of the Pacific Region:

### 1. Equalization of Opportunities:

There has been an increased level of activity in legislative and fiscal measures in promoting the objective of equalization of opportunities. The measures so far introduced in most countries in Asia are, however, varied and far from comprehensive. A more systematic and comprehensive approach in these areas should be promoted. The following specific measures should deserve priority attention: legislative measures to ensure access to physical environment and public information; and fiscal measures to promote open employment, such as tax incentives.

The enactment of legislative measures and issuance of executive instructions would not be as difficult as their enforcement. These measures could only fulfil their purpose if concerned professionals and the public are more aware of the situations of disabled people, and share the same missions and objectives of the UN Decade. Unfortunately discrimination and stereotyping is still prevailing. Systematic and regular disability awareness programmes from local to national to regional levels should be encouraged. Public works personnel, architects, builders, developers, management personnel, transport personnel, and local authority officials should understand the issues and technical guidelines developed for the building of a barrier-free environment, including transport and access to information.

Some countries have already recorded successful impacts from their national events, commemorative days and weeks focusing on people with disabilities. Such events should be promoted in the Region.

### 2. National Coordination Mechanisms:

There has been an increasing number of national coordination mechanisms in Asian countries, and some of these mechanisms are placed high up in the government and into the central team of decision making. Their organizational structures, however, show more differences among countries, so as their range of responsibilities. In order to build on the momentum gained during the UN Decade, it is highly essential that the national mechanisms should be strengthened in at least the following areas:

- (a) be supported by government leaders who have both the political expertise in influencing central government decision making, and the technical expertise in adapting the World Programme of Action to own country;
- (b) to nurture partnership between GOs and NGOs;
- (c) to provide support to self-help groups so that they can participate fully in all activities of these mechanisms; and
- (d) to integrate national action plans concerning disabled people into overall and mainstream development planning of the country.

### 3. Rehabilitation of People with Disabilities:

Governments should be encouraged to provide resources support to expand appropriate community-based rehabilitation services, on a permanent basis, to rural, mountainous and urban slum populations.

Special attention should be directed to the needs of children and women with disability, as well as carers of disabled persons in a family. Technical exchanges and cooperation on a regional and sub-regional basis on the design and production of culturally appropriate low-cost aids should be initiated and promoted on a regularly basis, with an aim also to increase their availability.

### 4. Regional Cooperation and the Role of RI Regional Network:

It is highly desirable to have a synchronized long term action plan on regional cooperation in technical and information exchanges through various means such as conferences and meetings, training programmes, field visits, and through print, electronic and audio-visual means.

The history, expertise and human resources of the RI regional networks should encourage these networks to take a higher level of initiation and to seek collaboration with other networks, both governmental and non-governmental, in the Region in promoting the objectives of the Asian Pacific Decade.

In this regard, I am pleased to inform that an NGO Symposium on Action Strategy Planning for the Asian Pacific Decade will be sponsored by the RI Regional Committee and the Disabled Peoples' International Regional Council, and hosted by the China Disabled People Federation, to be held on 30 November 1992, in Beijing, China. The conclusion of the Symposium would be relayed to the UNESCAP event to Launch the Asian Pacific Decade of Disabled Persons to be held from 1-5 December 1992, also in Beijing. Your participation and contribution would be welcome, and would certainly make an impact on senior government colleagues attending the UNESCAP meeting.

The RI Regional Committee has also supported the founding of a people based regional network, the Rehabilitation Action Network for Asia and the Pacific. This new network, in close cooperation with RI, DPI and other networks, would help expand the basis for, and effectiveness of, information sharing and exchange among all interested and concerned people in the Region.

Asia and the Pacific Region has now achieved a firm foundation, and a heightened degree of solidarity among its governmental and non-governmental members to move on to confront new frontiers of the 1990's and beyond. Let us join together in bringing closer to reality the objectives of "Full Equality and Participation" for our fellow disabled members and their families.

Thank you very much.

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Author: **Mr. Man Ban Lee SBS, MBE, JP** is a certified public accountant and a lifelong advocate of rehabilitation and community service. He was one of the founders of the accountancy statutory body, the Hong Kong Institute of Certified Public Accountants (formerly known as the Hong Kong Society of Accountants). Mr. Lee was a donor of a visiting Professorship in Department of Orthopaedics and Traumatology and had established the M.B. Lee Professorship in the Humanities and Medicine of the University of Hong Kong.

Mr. Lee was the Chairman of the Hong Kong Society for Rehabilitation. He was a founding member of the Hong Kong Equal Opportunities Commission, and former Chairman of the Council of the Queen Elizabeth Foundation for the Mentally Handicapped of the Hong Kong Government.

Mr. Lee was a long time sponsor of Rehabilitation International, and Vice-President of Rehabilitation International and Chairman for Asia and the Pacific Region. He was an awardee of the RI President Award, and a former Vice-President of Rehabilitation International and Chairman for Asia and the Pacific Region.



Author: **Joseph Kwok, Ph. D.**, Hon. Secretary of RI Regional Committee for Asia and the Pacific, and RI National Secretary for Hong Kong SAR, China

# Accelerating the Implementation of the Incheon Strategy to “Make the Right Real” for Persons with Disabilities

Joseph K. F. Kwok

Keynote speech at Seminar on Partnerships between Disability Organizations organized by Vietnam Federation on Disability (VFD), Korean Disability Forum, and Asia and Pacific Forum, 13-14 May 2013, Hanoi, Vietnam

## The background of the Asian and Pacific Decade of Persons with Disabilities

### The Asia and Pacific Region

Asia and Pacific is a vast region. It has about 60% of the world population. Diversities and differences among governments and peoples of Asia are the norm rather than the exception.

*Poverty situation of people with disabilities in Asia:* People with disabilities in the Region are facing critical and severe situations. About 80% of Asian people with disabilities live in rural or remote areas. Among the 900 million very poor people in the Region, the disabled are among the most discriminated against and the most impoverished. It is estimated that 238 million people with disabilities in the region are of working age. They are grossly under-represented in the workforce. At the same time, people with disabilities often lack access to the very services and experiences that could lead to successful participation in the economic mainstream - such as vocational training, job opportunities or credit for self-employment. It is therefore not surprised that the unemployment rates of people with disabilities in many countries are about 40% to 80%.

The Region is facing further challenges that are impeding governmental efforts in dealing with disability challenges. Such challenges include man-made and natural disasters and financial upheavals.

In response to ESCAP’s call for the Asian-Pacific Disability Champions nomination, many governments, NGOs and individuals from the Asia-Pacific region submitted completed nomination forms and support materials for nominees. Receipt of nominations by the secretariat opened in early February and closed in May 2012. Some 50 nominations from over 20 countries and areas were received during this time.

The ESCAP secretariat would like to express gratitude to all the governments, NGOs and activists who supported the regional initiative by nominating the individuals who have been making significant contributions to the promotion of the rights of persons with disabilities over the last years.

### **A Review of the Disability Movements in the Region**

Immediately upon the close of the United Nations Decade of Disabled Persons 1983-1992, ESCAP with the unanimous approval of all its member governments, proclaimed the Asian and Pacific Decade of Disabled Persons 1993-2002 (A/P Decade), a demonstration of a rather exceptional regional solidarity and consensus political will. In 2002, ESCAP again with unanimous approval of its members, proclaimed the extension of the Decade to 2003-2012, and the proclamation of the Biwako Millennium Framework (BMF) for compliance of its member governments.

### **Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022 (UN ESCAP, 2012a).**

It has been an exciting and happy climax that the second Decade was extended by a unanimous resolution of the High-level Intergovernmental Meeting on the Final Review of the Implementation of the Asian and Pacific Decade of Disabled Persons, 2003-2012, held at Incheon, Republic of Korea, from 29 October to 2 November 2012. The ministers, and representatives of members and associate members of the UN ESCAP assembled at the meeting unanimously:

1. Adopt the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, to catalyse action that shall accelerate, during the new Asian and Pacific Decade of Persons with Disabilities, 2013-2022, the achievement of the regional vision of an inclusive society that ensures, promotes and upholds the rights of all persons with disabilities in Asia and the Pacific;
2. Recognize the central role of government in ensuring, promoting and upholding the rights of persons with disabilities and in promoting the inclusion of disability dimensions in the development agenda beyond 2015 in diverse sectors;
3. Commit to implement the present Declaration and the Incheon Strategy by promoting action to reach the Incheon goals and targets by 2022;
4. Invite all concerned stakeholders, including the following, to join in a region-wide partnership to contribute to the implementation of the present Declaration and the Incheon Strategy:
  - (a) Subregional intergovernmental entities to promote and strengthen subregional cooperation for disability-inclusive development, in coordination with ESCAP;
  - (b) Development cooperation agencies, to strengthen the disability-inclusiveness of their policies, plans and programmes;
  - (c) The World Bank and the Asian Development Bank, to harness their technical and financial resources for promoting disability-inclusive development in Asia and the Pacific;
  - (d) The United Nations system to jointly deliver disability-inclusive development in Asia and the Pacific;
  - (e) Civil society organizations, particularly organizations of and for persons with disabilities, to participate effectively in the monitoring and evaluation of the Decade to foster continuous responsiveness on the aspirations and needs of persons with disabilities, including through outreach to diverse disability groups, and contributing to policy and programme development and implementation;
  - (f) Organizations of and for persons with disabilities, to participate actively in decision-making processes concerning the Incheon Strategy;
  - (g) The private sector, to promote disability-inclusive business practices;



## The Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and Pacific Region ([United Nations, 2012](#))

### Principles and Policy Directions

The Incheon Strategy is based on the principles of the Convention on the Rights of Persons with Disabilities, and has adopted the following policy directions:

- (a) Legislative, administrative and other measures supportive of rights fulfilment are adopted, implemented, reviewed and strengthened so that disability-based discrimination is eliminated;
- (b) Development policies and programmes are disability-inclusive and gender-sensitive and harness the potential of combining universal design with technological advancements for enabling persons with disabilities to fulfil their rights;
- (c) Development policies and programmes address the basic needs of persons with disabilities and their families who live in poverty;
- (d) Effective and timely collection and analysis of sex-disaggregated disability data are pursued for evidence-based policymaking;
- (e) National, subnational and local policies and programmes are based on plans that are explicitly inclusive of persons with disabilities and that also prioritize the active participation of persons with disabilities, through their representative organizations, in relevant decision-making processes;
- (f) The necessary budgetary support is provided at all levels for disability-inclusive development and tax policies facilitate the inclusion of persons with disabilities;
- (g) All national, subregional, regional and international entities concerned with development include disability dimensions in their policies and programmes;
- (h) National, subnational and local coordination, with subregional and regional linkages, ensure that disability inclusion in development policies and programmes is strengthened through intensification of multisectoral consultation and collaboration, to expedite and review Decade implementation and share related good practices;
- (i) Community- and family-based inclusive development is promoted in order to ensure that all persons with disabilities, irrespective of socioeconomic status, religious affiliation, ethnicity and location, are able, on an equal basis with others, to contribute to and benefit from development initiatives, particularly poverty reduction programmes;
- (j) Persons with disabilities are included in mainstream community life and are supported with life choices equal to those of others, including the option to live independently;
- (k) Persons with disabilities have access to the physical environment, public transportation, knowledge, information and communication, in a usable manner, through universal design and assistive technologies with reasonable accommodation provided, and taking into consideration the need to accommodate economic, geographic, linguistic and other aspects of cultural diversity, which altogether constitute a critical bridge to fulfilling their rights;
- (l) Diverse disability groups are empowered;
- (m) Organizations of and for persons with disabilities, self-help groups and self-advocacy groups, with support, as required by families and caregivers, participate in decision-making, as appropriate, to ensure that the interests of marginalized groups are adequately addressed;
- (n) Action on awareness-raising is strengthened and continued, including through the provision of adequate budgetary support, in the Asian and Pacific region during the Decade to improve attitudes and behaviour and mobilize effective multi-sectoral engagement in implementation modalities.

### Incheon Goals and Targets

The Incheon Strategy is the world's first set of regionally-agreed disability-inclusive development goals. The Strategy contains 10 inter-related time-bound Goals, 27 targets and 62 indicators. The Incheon Strategy aims to accelerate actions to promote disability-inclusive development and CRPD ratification in the ESCAP region. The Strategy is a pioneering regional framework that will guide national and regional action in the new Decade. The time frame for achieving the goals and targets is the Asian and Pacific Decade of Persons with Disabilities, 2013 to 2022. The 62 indicators are classified either as core indicators or supplementary indicators. Core indicators are to facilitate intercountry sharing of progress in the course of the new Decade; these are indicators

for which data can be generated with some effort. Supplementary indicators may facilitate progress tracking among countries with similar social and economic development conditions and for which data may be less easy to collect. ESCAP has committed to develop guidance on these indicators for use by its member countries. Below is a tabulation of the Incheon Goals and Targets:

*Table 1. Incheon Goals and Targets*

<b>Goal</b>	<b>Target</b>
Goal 1 Reduce poverty and enhance work and employment prospects	Target 1.A Eliminate extreme poverty among persons with disabilities
	Target 1.B Increase work and employment for persons of working age with disabilities who can and want to work
	Target 1.C Increase the participation of persons with disabilities in vocational training and other employment-support programmes funded by governments
Goal 2 Promote participation in political processes and in decision-making	Target 2.A Ensure that persons with disabilities are represented in government decision-making bodies
	Target 2.B Provide reasonable accommodation to enhance the participation of persons with disabilities in the political process
Goal 3 Enhance access to the physical environment, public transportation, knowledge, information and communication	Target 3.A Increase the accessibility of the physical environment in the national capital that is open to the public
	Target 3.B Enhance the accessibility and usability of public transportation
	Target 3.C Enhance the accessibility and usability of information and communications services
	Target 3.D Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products
Goal 4 Strengthen social protection	Target 4.A Increase access to all health services, including rehabilitation, for all persons with disabilities
	Target 4.B Increase coverage of persons with disabilities within social protection programmes
	Target 4.C Enhance services and programmes, including for personal assistance and peer counselling, that support persons with disabilities, especially those with multiple, extensive and diverse disabilities, in living independently in the community

Goal	Target
Goal 5 Expand early intervention and education of children with disabilities	<p>Target 5.A Enhance measures for early detection of, and intervention for, children with disabilities from birth to pre-school age</p> <p>Target 5.B Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education</p>
Goal 6 Ensure gender equality and women's empowerment	<p>Target 6.A Enable girls and women with disabilities to have equitable access to mainstream development opportunities</p> <p>Target 6.B Ensure representation of women with disabilities in government decision-making bodies</p> <p>Target 6.C Ensure that all girls and women with disabilities have access to sexual and reproductive health services on an equitable basis with girls and women without disabilities</p> <p>Target 6.D Increase measures to protect girls and women with disabilities from all forms of violence and abuse</p>
Goal 7 Ensure disability-inclusive disaster risk reduction and management	<p>Target 7.A Strengthen disability-inclusive disaster risk reduction planning</p> <p>Target 7.B Strengthen implementation of measures on providing timely and appropriate support to persons with disabilities in responding to disasters</p>
Goal 8 Improve the reliability and comparability of disability data	<p>Target 8.A Produce and disseminate reliable and internationally comparable disability statistics in formats that are accessible by persons with disabilities</p> <p>Target 8.B Establish reliable disability statistics by the midpoint of the Decade, 2017, as the source for tracking progress towards the achievement of the goals and targets in the Incheon Strategy</p>
Goal 9 Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention	<p>Target 9.A By the midpoint of the Decade (2017), 10 more Asia-Pacific Governments will have ratified or acceded to the Convention on the Rights of Persons with Disabilities, and by the end of the Decade (2022) another 10 Asia-Pacific Governments will have ratified or acceded to the Convention</p> <p>Target 9.B Enact national laws which include anti-discrimination provisions, technical standards and other measures to uphold and protect the rights of persons with disabilities and amend or nullify national laws that directly or indirectly discriminate against persons with disabilities, with a view to harmonizing national legislation with the Convention</p>

Goal	Target
Goal 10 Advance subregional, regional and interregional cooperation	<p>Target 10.A Contribute to the Asia-Pacific Multi-donor Trust Fund managed by ESCAP as well as initiatives and programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy</p> <p>Target 10.B Development cooperation agencies in the Asia-Pacific region strengthen the disability-inclusiveness of their policies and programmes</p> <p>Target 10.C United Nations regional commissions strengthen interregional exchange of experiences and good practices concerning disability issues and the implementation of the Convention on the Rights of Persons with Disabilities</p>

## Conclusion

Ban Ki-moon, Secretary-General, United Nations, stated, “As we launch the new Asian and Pacific Decade of Persons with Disabilities, 2013–2022, let us focus on addressing the remaining challenges. By adopting — and implementing — the Incheon Strategy, you can help to ensure a disability inclusive post-2015 development agenda.”

On the occasion of the High-level Intergovernmental Meeting, the UN ESCAP and the Government of the Republic of Korea honored ten Asia-Pacific Champions of Disability Rights and seven Promoters for the Asian and Pacific Decade of Disabled Persons, 2013-2022. The Champions were recognized for their outstanding achievements and impacts in promoting the rights of persons with disabilities. The Promoters were recognized for their exceptional knowledge and experiences in specialized areas related to the ten goals of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific.

As one of the Promoter, I wish to pledge my support, and to work with all concerned stakeholders, including the private sector, to accelerate the implementation of the Incheon Strategy.

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## About the Author

Joseph Kwok is Chairman of the World Social Commission of Rehabilitation International, Chairman of Committee on Incheon Strategy of APDF, and a UN ESCAP “Promoter” of the “Mark the Right Real for Persons with Disabilities in the Asia and Pacific Region”.

# Asian Pacific Disability Forum and Challenges of the New Decade, RI International Conference, May 2011, Seoul, South Korea

Joseph K. F. Kwok

Honorable guests, ladies and gentlemen,

I am very pleased and honoured to have been invited by KSRPD and RI Korea to speak to you on the subject [Asian Pacific Disability Forum](#) (or APDF in short) and Challenges of the New Decade.

APDF is a network of national and regional organizations of and for people with disabilities. As a network it has a simple structure, which follows common democratic principles and manages its action agenda by consensus, and finances its activities from donations from member organizations. At each Assembly, members of APDF elect its Executive Committee. The current Chair of APDF is Mr. K. J. Alam, of National Forum of Organizations with the Disabled, Bangladesh, and Honorary Secretary General is Mr. Ryosuke Matsui of Japan Disability Forum.

The history of APDF should be dated back to its predecessor, the Regional NGO Network for the Promotion of the A/P Decade (RNN).

At its forty-eighth session, hosted by the Government of China in Beijing in 1992, the UN ESCAP declared the period 1993 to 2002 as the Asian and Pacific Decade of Disabled Persons. At

the same, the Regional NGO Network for the Promotion of the A/P Decade (RNN) was formed by interested international and national organizations of and for people with disabilities. From 1993 to 2002, annual RNN Campaigns were held in various countries to raise public awareness of, and to mobilize support for, the Decade goals of full participation and equality of people with disabilities. The annual campaigns also provided a platform for the disabled persons as well as non disabled participants from the Asian and Pacific region to network and share experiences, problems and ideas. Much has been achieved in creating awareness about the situation of people with disabilities in the Asian and Pacific region. The Osaka Forum, held in Oct 2002, signaled the last of the ten Campaigns. The Regional NGO Network (RNN) which was established for the purpose of organizing the annual conferences was dissolved after the Osaka Forum. At the same Osaka Forum, the idea of forming a new regional NGO network on disability was welcomed by various sectors to strengthen regional initiatives and momentum to meet the rising expectations and demands of the New Millennium. The name of the new network was decided as “Asia and Pacific Disability Forum” (in short, APDF).

After the preparatory discussion for one year, APDF was formally established as a new NGO network on disability in the Asia and Pacific region at the Inaugural Meeting in Singapore on November 26, 2003.

The objectives of APDF include:

1. To support the ESCAP(A) resolution 58/4 on “Promoting an Inclusive, Barrier-free and Rights Based Society for People with Disabilities in the Asian and Pacific Region in the 21st Century” and,
2. To promote the 2nd Asian and Pacific Decade of Disabled Persons, 2003-2012, through the implementation of the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights based Society for Persons with Disabilities in Asia and the Pacific (BMF).

APDF has set up the following working committees: CRPD and BMF, APDF Conference, Information, Accessible Tourism and Transportation, Research and Development, Gender Issues, Children and Youth Disabilities, Accessibility and Universal Design.

APDF is deeply grateful to Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD) in Tokyo, Japan, which provides Secretariat and partial funding support to the operation of APDF. Ms. Etsuko Ueno, the Director of International Affairs of JSRPD, as well as a renowned expert in the field of international and development work concerning disability has been the key person of the Secretariat of APDF.

### **APDF General Assembly and Conferences**

A major strategy of APDF is to organize bi-annual General Assembly cum Conference. Its last three General Assemblies cum Conferences were held respectively in October 2006 in Bangkok in cooperation with UNESCAP at the United Nations Convention Centre; in February 2008 in Dhaka, Bangladesh hosted by the National Forum of Organizations with the Disabled, and in October 2010 in Bangkok, with venue and technical support for the organization of APDF meetings offered by Asia-Pacific Development Center on Disability (APCD) as a complimentary service.

The APDF Conference in Dhaka in 2008, the first major conference related to the Asian and Pacific Decade of Persons with Disabilities in South Asia, was an extremely successful event by all accounts, including a collection of high quality presentations and deliberations, and attracted over two thousand local and overseas participants; and the presence of a large number of regional and international organizations. One major impact of the Conference outcome was the open commitment of the Bangladesh government to support the CRPD, and other key disability concerned policies and programmes.

### **APDF and Accessible Tourism**

APDF is particularly noted for its initiative and proactive action in promoting accessible tourism. In the RNN Campaign held in 2001 in Hanoi, the huge conference gathering heard an inspiring speech from an expert of the mainstream tourism sector of ESCAP, plus the first APDF accessible tour to Halong Bay, a world heritage in Vietnam. Since 2001, APDF Working Committee on Accessible Tourism and Transportation, with the support of Eden Social Welfare Foundation of Taipei, has so far sponsored four regional events in collaboration with its member organizations, respectively in Taipei in 2005, in Bangkok in 2007, in Singapore in 2009, and in Taipei just last month, April 2011. An extensive and dynamic network is coming in strong shape to promote accessible life cycle, included accommodation, transportation, education and entertainment, the building of a new horizon where disable people will longer be outsiders and embrace the world.

Looking ahead, APDF share with our sister organizations similar vision about future opportunities and challenges.



## Decades of Crises, Turmoil and Emerging Social Issues in the Region

Our Region has been confronted by a range of severe challenges during the past two decades, including financial turmoil, man-made disasters, political upheavals, severe natural disasters, terrorists' attacks and other emerging issues.

The first severe regional financial turmoil in recent history occurred in mid 1990s from Bangkok and crippled a number of developed economies. In 2003 the spread of Severe Acute Respiratory Syndrome (SARS) practically crippled the airline, travel and food industries, and from 2007 by the subprime mortgage crises and liquidity crunches in USA.

The region witnessed severe man-made disasters including massive racial confrontations in Indonesia in 1998 targeting at ethnic Chinese, frequent racial and religious conflicts and armed confrontations in a number of countries, including Malaysia, Thailand, Timor Leste, terrorists' insurgents in China, Philippines, and boarder confrontations.

Our Region is not lack of major political upheavals. There were people's movements in Philippines which toppled two presidents, people's movement in Nepal in 2006 giving rise to a new constitution and a new government, massive demonstrations against government corruptions in Thailand and Taiwan in 2006, and military coup in Thailand in September 2006.

There are also unique issues in our Region. There is a growing number of migrant workers population from developing economies (e.g. Indonesia, Nepal, Philippines, Sri Lanka and Thailand) to developed economies (e.g. Hong Kong, South Korea, Japan, Singapore, and Taiwan), cross boarder marriages resulting splitting families (as in the case of Hong Kong), and influx of large number of brides of different culture (as in the case of Taiwan).

On top of socio, economic and political issues, we witness very severe natural disasters ever recorded in recent Regional history. Just for the past two decades, there were Kyoto earthquake in 1995, the Taiwan 21 September 1999 earthquake, the frequent massive flooding in China and Bangladesh, the unprecedented Tsunami in December 2004, the Myanmar cyclone in May 2008. In February 2008 China hit by the most severe snow storms causing breaking in electricity grid and transportation systems during the severest winter in 50 years that hit central and southern regions, and in

May 2008, a deadly earthquake in Sichuan, China. This year, 2011, there was severe flooding in Australia, deadly earthquake in New Zealand, and more recently, Japan was hit by the most severe and deadly earthquake and tsunami plus post-earthquake nuclear reactor crisis. All the disasters have caused very high casualties in human lives and properties. A great deal of efforts on a long term basis will be needed from both government and society to support and empower the large number of people who have become disabled simply from natural disasters.

## Poverty Situation of People with Disabilities in Asia

People with disabilities in the Region are already facing critical and severe situations. Among the 900 million very poor people in the Region, between 250 million and 300 million people with disabilities are among the most discriminated against and the most impoverished. At the same time, people with disabilities are grossly under-represented in the workforce and often lack access to the very services and experiences that could lead to successful participation in the economic mainstream. Unemployment rates of people with disabilities in many countries are about 40% to 80%, and worst situations are often found in rural and mountainous areas.

## Opportunities and Limitations of Inter-Governmental Responses at the World and Regional Levels

### The BMF and Post 2012 Strategies

The BMF is an important instrument of ESACP, with personnel and resources support from member countries, including China, Japan, and South Korea. The 2nd A/P Decade is an extension of the 1st A/P Decade, and its closing year is 2012. We are hopeful that at the concluding high-level inter-governmental meeting to be held in South Korea, there will be a common consensus and new resources to launch a new Regional Decade. However, we cannot be over optimistic about the output of the New Decade based on the BMF and Biwako plus 5 experiences. The BMF and Biwako Plus 5 are becoming less and less known to governments and people of the region. Even within ESCAP, the impact of resources constraints is felt. Donor governments' support for BMF is less enthusiastic probably due to other distractions. Some UN specialized agencies, including ILO, are getting less involved in disability issues as compared with the past Decade.

### **Convention on the Rights of Persons with Disabilities (CRPD)**

Our Region has been playing a proactive role in the promotion of the CRPD. The often quoted Bangkok Draft concerning the drafting of the International Convention had received valuable inputs from APDF members. However, the United Nations is not lack of Convention statements. The new UN convention, considered a major landmark for the new Millennium, is but the 8th of the first degree human rights convention. We are quite pessimistic that only small percentages of people outside the disability sector have heard of, not to mention, sound knowledge of the Convention. The monitoring and implementation of the Convention would be a daunting task for leaders and advocates of the disability sector.

### **Our Region in action in the post 2012 New Decade and the role of APDF**

Given the challenging environments in the Region, we should seek out opportunities that support disability issues. Such opportunities could come from the region's own initiatives. With a strong solidarity among regional stakeholders, stronger impacts and influences on governments and peoples could be expected.

*Enhanced regional programmes focusing on the monitoring and implementation of the Convention and the post-2012 New Decade strategies:*

APDF will join hands with other stakeholders in offering regional platforms to identify issues of monitoring and implementation of the Convention and post-2012 New Decade, and sharing of good practices. APDF will continue its efforts in strengthening collaboration with ESCAP and other regional UN systems. We are also working in collaboration with KSRPD to organize our Assembly and Conferences in 2012.

*Coupling with mainstream campaigns:*

Paralympics offers a very good model. The Asia and Pacific Region has also an outstanding model, the International Abilympics, which is seeking partnership with the World Skills Competition. APDF is an active campaigner for

accessible tourism and transportation. In its regional events on the selected themes, we have given extra efforts to involve mainstream organizations, such as national tourism authorities and transport authorities, and our efforts are duly rewarded with positive impacts.

*Mainstreaming disability issues in corporate social responsibility framework:*

Networks of corporations, at national, regional and international levels are responding positively to the call for corporate social responsibility, and one major domain is on inclusion and diversity. Disability is one of the key items and also one that is less understood by private corporations. Disability advocates will find it beneficial to reach out to such corporations' networks, to enhance cross network relationship, and to help sharing of good practices among corporations. On this strategy, I wish to share with you the impact of a great model. [Community Business](#) in Hong Kong is a unique, not for profit organization of, and funded by, the private sector. A great majority of its members are multi-national corporations. Its mission is to lead, inspire and support businesses to continually improve their positive impact on people and communities, and one of its strategic action programmes is on diversity in work place. Its Conventions on diversity and inclusion in workplace are among the largest and most significant events in Asia. The Hong Kong Joint Council, a member of APDF, was invited as plenary chairpersons and speakers on topics related to disability issues, alongside speakers from private sector all over the world and UN experts. They are also serving as consultants in the drafting of disability friendly practice guides at the work setting by the Community Business. APDF is now actively promoting this disability sector and private sector partnership at the regional level. A notable example was witnessed at APDF's conference in Bangkok in 2010 when a Malaysian delegate addressed the gathering on the same topic, only that the delegate was one of the key leaders of the Malaysia business sector, and he has offered to engineering a cross sector dialogue in future APDF regional events. APDF is also look forward to KSRPD's support in engineering such a dialogue in the 2012 conferences.

## Regional Disability Movements and Our Dear Japanese Colleagues

In sharing with you about the role of APDF in the Region, I have a strong urge to speak about the key roles of our Japanese colleagues and Japanese people in general. Without their generosity, support and leadership, APDF and disability movements as a whole would still be far, far below our present targets.

The Secretariat of RNN and APDF over the past 20 years has been a complimentary service from Japanese Society for Rehabilitation of Persons with Disabilities. The Secretary Generals of RNN and APDF are respectively the late Professor Ichiro Maruyama and Professor Ryo Matsui. JSRPD, under the leadership of Dr. Satoshi Ueda also provides much needed funding since the beginning of RNN to support the operation of APDF.

Japan has been a major donor government to the A/P Decade over the past 20 years. Under the leadership of the former Senator Yashiro, the first A/P decade received very substantive funding from Japan government, which supported the work of key leaders from Japan posting in UNESCAP as senior project consultants on Decade programmes, and such leaders include Ms. Yukiko Oka, and Professor Yutaka Takamine. Their contributions are very widely noted in the Region. The creation of APCD is another landmark contribution from Japan.

RNN Secretary General, the late Ichiro Maruyama, had been highly effectively as an organizer and dream builder in raising the Region's awareness on disability, and his contribution to the A/P decade was equal to, if not beyond, any great leaders in the disability movement.

Professor Ryo Matsui, the Secretary General of APDF since its founding, has been most effective in networking with key stakeholders, governmental and intergovernmental, in the Region. He has been inspiring our members in taking proactive actions in the drafting of the CRPD, and also leading key debates on post-2012 regional strategies.

At the local level, the Shiga Prefecture of Japan is a very shining model. The BMF was named after the Biwako Lake of the Prefecture, when it hosted the High-level Inter-governmental Meeting to conclude the first A/P Decade. The Prefecture is also the home of the Kazuo Itoga Memorial Trust, which has been giving high recognitions to leaders in

the disability sector in Japan and the Region, and also raising the Region's awareness of the true value of love, compassion and dignity and rights of all people, including people with disabilities. These are the actions and generousities of an extraordinary and visionary people, who have committed to passing on to generations the torch of hope inspired by the late Kazuo Itoga in support of people with disabilities.

Our Japanese colleagues and their people are now dealing with very critically challenges from the recent deadly earthquake and tsunami coupled with nuclear reactor crisis. Members of the APDF family are joining our sisters and brothers in the Region in expressing our deepest condolence to victims and survivors of the disaster, and pledging our utmost support to our Japanese friends. We wish to share that you are not alone. APDF, and same with its predecessor, RNN, owe a great debt to our Japanese colleagues. We shall reciprocate your generousities to the disability sector in the Region. We shall stand in solidarity. We believe Japanese people will rise again from the current challenges.

## Conclusion

Along with uncertainties and challenges, countries in the Region and their people are entering into the new Millennium with more opportunities, more choices, stronger political consensus, and heavier commitments on humanitarian values.

Disability movement is facing uncertain challenges. All partners of the movement are entering into unknown situations and embarking on new territories of agenda of action. APDF is calling on all key stakeholders, to seek out creative and innovative approaches to serve our common objectives of achieving a rights-based, barrier free and inclusive society with effect and efficiency.

Thank you.

## About the Author

Joseph Kwok, RSW, PhD, BBS, JP, is a Vice Chairman of APDF, and Chairman of its Information Committee. He is the also the Chairman of Rehabilitation International Social Commission (2010-2004). He was awarded the Kazuo Itoga Prize in 2006.

# Roles of Civil Society Organizations and International Cooperation for Implementation of the New Decade

Joseph K. F. Kwok

Paper given at the 2012 Asia Pacific Disability Forum Conference, October 2012, Incheon, Republic of Korea

## Introduction

I am deeply honoured to have been granted this excellent opportunity to address such an outstanding audience, and a distinguished panel of experts. I am asked to talk about the roles of CSO and international cooperation in implementing the New Decade. I have to admit that I feel rather nervous in talking about this subject. The language of the given title is easy to understand, and the subject matter seems to be common sense to most of us involved in disability movements in the Region. However, our experiences and observations since the launch of the first Asia and Pacific Decade of Disabled Persons, 1993-2002 have been far from conclusive; especially the Region has witnessed unprecedented changes in almost all dimensions since the new Millennium.

Therefore I shall try to first highlight some key challenges that the Region is facing, to follow by a discussion on the modes of international cooperation and the changing roles of CSOs in realizing their common mission while dealing with increasing limitations and new challenges.

## The Asia and Pacific Region

Asia and Pacific is a vast region. It has about 60% of the world population. In Asia, you can find some of the oldest civilizations and religions; some of the most advanced as well as poorest economies, and many Asians living in rural and mountainous areas. Diversities and differences among governments and peoples of Asia are the norm rather than the exception.

*Poverty situation of people with disabilities in Asia:* People with disabilities in the Region are facing critical and severe situations. About 80% of Asian people with disabilities live in rural or remote areas. Among the 900 million very poor people in the Region, the disabled are among the most discriminated against and the most impoverished. Although comprehensive figures are hard to come by, there may be between 250 million and 300 million people with disabilities in the region, and close to 200 million have severe or moderate disabilities that need special services or assistance. It is estimated that 238 million people with disabilities in the region are of working age. They are grossly under-represented in the workforce. At the same time, people with disabilities often lack access to the very services and experiences that could lead to successful participation in the economic mainstream - such as vocational training, job opportunities or credit for self-employment. It is therefore not surprised that the unemployment rates of people with disabilities in many countries are about 40% to 80%.

The Region is facing further challenges that are impeding governmental efforts in dealing with disability challenges.

*Man-made and natural disasters:* Severe man-made disasters include massive racial confrontations have been reported in several countries since 1998. Severe natural disasters have been reported in many countries, including earthquake, Tsunami, massive flooding, severe cyclones. A great deal of efforts on a long term basis will be needed from both government and society to support and empower the large number of people who are disaster victims and have become disabled.

*Financial upheavals:* The Region experiences the first severe financial turmoil in modern history in 1997, followed by another crisis in 2003 caused by the spread of Severe Acute Respiratory Syndrome (SARS). Most countries have recovered, though with different speed, from the crises, and some with rapid growth until 2008 when the subprime mortgage crises and liquidity crunches in USA exploded, and more recently European financial crisis. The Region's future economy is becoming even more uncertain, and returning to a path of steady growth seems to be beyond reach in the foreseeable future.

*Geopolitical conflicts:* In recent years, there has been an escalation of geopolitical conflicts and the trend seems to be getting worse. The Region is clouded by severe diplomatic arguments and military gestures. With dark clouds hanging over our skies, it is certainly unhelpful in building strong bonding and mutual trusts among governments, which are vital to bring about concerted and effective regional actions to deal with existing and emerging challenges concerning disability. In this regard, CSOs would have to play a more active role in promoting universal humanitarian values as mutually binding values for humanitarian action beyond all human and social differences.

## **A Review of the Disability Movements in the Region**

The disability movements over the past decades have witnessed a strong sense of brotherhood and sisterhood as well as examples of deep collaboration among governments and peoples in Asia. Immediately upon the close of the United Nations Decade of Disabled Persons 1983-1992, ESCAP with the unanimous approval of all its member governments, proclaimed the Asian and Pacific Decade of Disabled Persons 1993-2002 (A/P Decade), a demonstration of a rather

exceptional Asian solidarity and consensus political will. In 2002, ESCAP again with unanimous approval of its members, proclaimed the extension of the Decade to 2003-2012, and the proclamation of the Biwako Millennium Framework for compliance of its member governments.

The implementation of the A/P Decade has been supported by civil society organizations. In fact a new CSO, the Regional NGO Network for the Promotion of the Asian and Pacific Decade was founded in 1993, and reorganized in 2002 as Asia Pacific Disability Forum with a primary purpose to support the A/P Decade. Over the past two decades, APDF has organized annual and biannual campaigns for the A/P Decade, and working collaboratively with other CSOs as well as ESCAP in policy advocacy and monitoring of the implementation of the A/P Decade. One major involvement of APDF and other CSOs was the active campaign for the CRPD since 2000, contributing significantly to the Bangkok Recommendations 2003 for the UN Ad Hoc Committee on the Drafting of the CRPD, until its adoption in 2006.

## **The Coming of the New Asian and Pacific Make the Right Real Decade of Persons with Disabilities, 2013 to 2022, and ESCAP's Expectation of CSO's Participation**

Since the BMF+5, uncertainties had arisen as to future direction of the regional disability movement. Governments in the Region were not too enthusiastic in pursuing a new and common commitment for post-BMF strategy as they already had full political agenda and faced dwindling resources. CSOs however were very concerned that without a common regional strategy, the regional disability movement would be severely weakened. During all the regional platforms held prior to 2010, CSO collaborated with one mind and cried out with one voice, which was for the launch of a New Decade. With support from ESCAP and some governments, the ESCAP Commission finally resolved in May 2010 to organize the High-level Intergovernmental Meeting now and here in Incheon for the purpose of adopting the Incheon Strategy for the new Asian and Pacific Make the Right Real Decade of Persons with Disabilities, 2013 to 2022. We have good reasons to be optimistic that Incheon Strategy to be adopted in the next couple of days would reflect our common aspirations and desires, as we have been offering very generous and wise inputs individually and collectively over the past years in the drafting of the Incheon Strategy. However no matter how



appealing or desirable the Incheon Strategy is, it is still no better than words on papers. What we need are actions that would transform words into realities. CSOs are expected to continue to play an active role. In fact, the Incheon Strategy has called upon CSOs to participate in Decade implementation and promotion, and also invites the collaboration of the private sector. The Incheon Strategy has included CSO in the membership of a ESCAP Regional Working Group on the Asian and Pacific Make the Right Real Decade of Persons with Disabilities to provide technical advice and support to the ESCAP secretariat, and to promote the full and effective implementation of the Decade, 2013-2022. The Working Group is to advise the ESCAP secretariat on the following: (a) reviews of Decade progress, (b) regional and sub-regional cooperation to advance implementation of the Ministerial Declaration and the Incheon Strategy; (c) research on the evolving situation of persons with disabilities in the Asia-Pacific region; (d) outreach to diverse disability groups at national and local levels, and networking.

### **Strengths and limitations Faced by CSOs in Fostering Effective Regional Cooperation and in Support of the New Decade**

In most sub-regional and regional joint intergovernmental and CSO platforms, CSO representatives have obvious advantages and strengths over their governmental counterparts in being more knowledgeable in disability related technical issues; more accurate in reflecting the wishes, desires and needs of persons with disabilities; more experiences in dealing with disability related issues as they have long term and focused involvement whereas most governmental representatives have only time bound and short term appointments.

However, CSOs in the region are facing certain common constraints, including lack of adequate funding to participate in sub-regional and/or regional forums, and lack of successive leadership planning to deal with challenges of the future. Furthermore, the Region is vast and most populous among all the regions in the world, and CSOs engaging in sub-regional and regional networking would require continuous and substantial human and financial resources.

Given the strengths and weaknesses discussed above about CSOs and regional networking, it would be advisable for CSOs to be more strategic, focused, and efficient in building and maintaining effective regional networks in support of the implementation of the New Decade.

### **Strategic Roles of CSOs in Regional Networking for the Implementation of the New Decade:**

1. In the ESCAP Regional Working Group for the New Decade, CSOs members have to be more proactive and strategic in policy advocacy, in offering technical assistance, and in representing the large population of persons with disabilities. In this regard, CSO working group members have to develop an efficient system in collecting and crystalizing inputs from all other sub regional and regional CSO networks. To achieve this purpose, the establishment of a joint Secretariat among the CSO Working Members would be an efficient and necessary mechanism. APDF played a similar and ad hoc role in March and August 2012 to support CSO joint input to ESCAP's drafting of the Incheon Strategy. CSOs would need to work out a long term and sustainable joint secretariat.
2. In order to reach out to the large number of sub-regional and regional CSO networks, the use of modern web based platform is the most efficient method. The joint secretariat of the CSO Working Group members should raise and / or contribute funds to support such a web based platform. Regular web-based exchanges among sub regional and regional CSOs relating to the deliberations of the Regional Working Group should be organized, and CSOs should get familiar with the web culture in exchanging opinions and achieving consensus in bringing about common policy statements. The web-based platform would also serve as data banks on good practices concerning the implementation of the New Decade, and data collection on selected subjects for the review of the New Decade.
3. CSOs should be proactive in identifying emerging issues and corresponding action agenda during the New Decade implementation, and bring such action agenda items to the deliberations of the ESCAP Regional Working Group, and through the Working Group, to all governments in the Region.
4. CSOs should be strategic and proactive in mobilizing resources from development agencies, such as World Bank, Asian Development Bank, United Nations Development Program (UNDP), UN specialized systems to support the implementation of the New Decade, and such advocacy activities should best be carried out in and through the ESCAP Regional Working Group.



5. CSO regional networks should joint hands to organize New Decade country based campaigns, particularly those in less and least developed countries. APDF held Decade campaigns over the past two decades in many countries, and have found such campaigns very successful in raising government awareness and action. For example, The Asia Pacific Disability Forum held a regional conference in Dhaka, Bangladesh in February 2008, and the local host succeeded at the Conference in getting Government's open commitment to support the implementation of the Convention and other key disability concerned policies and programmes. However it is important that such campaigns have to be organized on a low cost basis, so that more number of persons with disabilities in the Region can afford to participate. Such campaigns should encourage governments to develop high-level intra-governmental mechanism and action plans, supported with appropriate resources, for the implementation and review of the Incheon Strategy.
6. CSOs should reach out and get connected with the private sector networks supporting disability issues through disability inclusive corporate social responsibility strategies. Disability is one of the key items and also one that is less understood by private corporations. CSO regional networks will find it beneficial to reach out to such corporations' networks, to enhance cross network relationship, and to help sharing of good practices among corporations. On this strategy, I wish to share with you the impact of a great model. Community Business in Hong Kong is a unique, not for profit organization of, and funded by, the private sector. A great majority of its members are multi-national corporations. Its mission is to lead, inspire and support businesses to continually improve their positive impact on people and communities, and one of its strategic action programmes is on diversity in work place. Its Conventions on diversity and inclusion in workplace are among the largest and most significant events in Asia. The disability sector in Hong Kong was invited as plenary chairpersons and speakers on topics related to disability issues, alongside speakers from private sector all over the world and UN experts. In September 2012 it held a conference on "Inclusive Recruitment - Shaping Best Practice in Internship Programmes for Students with Disabilities" for its member business corporations, and I was invited as a panel facilitator. Community Business is going to hold its annual convention on diversity and inclusion this November, as well as mobilizing its business members to take part in the celebration of the International Day of Disabled Persons in December 2012.
7. CSOs to coupling with mainstream campaigns: Olympics have become media favorites all over the world, and its coupling with Paralympics have created an excellent opportunities in disability awareness among governments and peoples, as well as contributing very significantly to the creation of barrier free environments for athletes, tourists and society in general. Abilympics offers another excellent example. The first International Abilympics was held in Japan in 1981, the UN International Year of Disabled Persons, and sponsored by RI. In 2007, the International Abilympics Federation succeeded to bring together the 7th International Abilympics (IA2007) and the 39th World Skills Competitions (WSC) under one grand programme, namely, the International Skills Festival for All, Japan 2007 (ISF2007). A total of 1,172 IA and WSC competitors from 55 countries/regions around the world showcased their brilliant skills in a range of vocational areas. A more recent example was the Accessible Tourism held in Bangkok in December 2007 in conjunction with an International Conference on Tourism. Coupling of disability focused campaigns with mainstream campaigns proves to be an effective strategy to raise society's awareness and mobilize support from government and people.
8. CSO networks partnering with Asia-Pacific Development Center on Disability (APCD): APCD was created under the joint collaboration of the Government of Thailand and the Government of Japan in 2003 to support BMF. By 2008, it has transformed into a fully-fledged international non-governmental organization. Its overall goal is to promote the empowerment of people with disabilities and a barrier-free society and has been collaborating with most developing countries in the Region. The APCD has low budget meeting and accommodation facilities in Bangkok, close to ESCAP, and would be available for networking activities among Regional CSOs for the promotion of the New Decade.

## The Role of CSOs in Promoting the New Decade at the National Level

At the national level, CSOs play multi-roles, which include those of advocate, service provider, fund raiser, and monitor of Decade implementations. CSOs have to work in collaboration with national and local governments in implementing the Incheon Strategy, which is composed of 10 interrelated goals, a number of targets and indicators, and the timeframe for achieving the goals and targets is the Decade, 2013 to 2022. In this regard, CSOs at local and national levels are expected to play a number of key roles, including:

1. CSOs should further and continue to strengthened themselves as consultants concerning monitoring and tracking of Decade progresses, so that they should be well positioned to educate all major stakeholders, particularly those in specialized and mainstream government departments about the concepts of goals, targets and indicators. Goals describe the desired end-results to be achieved. Targets are aimed to be achieved within a given time frame. Indicators measure and verify that the targets have been achieved.
2. CSOs should continue to advocate for allocation of appropriate resources to support Decade implementation programmes at both national and local levels, and for least developed economies to also mobilize resources from development agencies and developed economies.
3. CSOs should take a proactive role in sharing their good practices through the internet, so that mutual support and reinforcements among CSOs would bring about better Decade implementation.

## Conclusion

The beginning year 2013 of Make the Rights Real Decade will face continuing uncertainties and severe challenges in regional economies and geopolitical relations, as well as heavy competition for scarce resources from other social agenda, such as population aging, youth unemployment, gender equality and arms race. CSOs of the disability sector, in order to maximum the impact of the New Decade at both national and regional levels, have no other alternatives, but to fully collaborate with and support each other, to reduce overlapping intervention, and to achieve efficiency gains; so that more can participate and with lower cost, and more can contribute with less resources inputs.

Let us all join hands to realize our common vision of a rights based, inclusive and barrier-free society for all.

Thank you.

## 16th RI World Congress Fund Supported Victims of Tsunami in Aceh, Indonesia

Surakarta, April 26, 2006

**Mr. Tomas Lagerwall**  
**RI – Secretary General**  
**25 East 21 Street, 4th floor**  
**New York, NY 10010, USA**

Dear Sir,

Your fund for Community Radio project in Aceh, Indonesia, received on February 22, 2006, has been implemented well to help victims in Aceh.

Herewith we send you our financial report as our organization's responsibility for your funding. We also attach some pictures of Radio Assembling training and radio distribution in Aceh.

We thank you for your great appreciation and support for this program. Many victims of Tsunami in Aceh show their happiness and gratitude receiving this assembled Radio for free. They recognize and realize how important information is. We wonder for ahead if you could give us another chance receiving added fund to develop this program. We have a plan to perform this project (radio distribution) again since there are still more victims of Tsunami in Aceh who need this program. And we are waiting for the fund to realize this project.

We will soon send you an example of this assembled radio been distributed in Aceh and also a CD contains narrative report about this program and distribution process.

We thank you once again for your great appreciation and cooperation. Please let us know about your response in it.

Best Regards,



**Paulus Hartono S.Th., M.Min.**  
General Manager of FKPI

# Community Radio Project: Forum for Humanity and Peace (funded by RI 16th World Congress Fund)

Handojo Tjandrakusuma

## Assisting Those Affected by the Asian Tsunami

A project called Community Radio Project - Forum for Humanity and Peace (FKPI), in Banda Aceh, Indonesia, has received a contribution of USD 5,000 from the 16th RI World Congress Fund. Socially displaced persons and persons with disabilities affected by the tsunami will get access to low cost radios to be able to get critical service messages quickly and accurately in their local language. Other community members hearing the broadcasts will become information providers. Eighteen people, including five women and three people with disabilities, have received training in how to assemble and repair the radios.

## The Issue

Effective communication is an essential element in the delivery of all human services: emergency and basic. It is even more critical when people are trying to survive in the context of life threatening risks. The devastation of December 2004 Tsunami was exacerbated increased by the inability of affected people and rescue workers to 1) communicate with each other, 2) access current information about their situation and 3) get information out about pending threats, emergency

aid, support and shelter.

The Forum for Humanity and Peace - Indonesia (FKP-I) discovered through the implementation of one of its humanitarian programs in Banda Aceh, "Prosthetic and Rehabilitation" (P& R) Program personnel found that the people with amputations were not aware and not learning about the existence of the services. Conventional techniques of information sharing such as public posters, flyers, words with other like groups and NGOs and referrals via emergency medical services and hospitals did not identify persons with amputations. Thus, desperate people with disabilities were not served and this increased the severity of their disability and limited their continued engagement and participation in life sustaining activities and community recovery. Independence and empowerment was denied to these persons with disability because of their not knowing or ignorance about the prosthetics program's existence in the community.

## Project

An innovative strategy using a common populous communication strategy, normal radio transmissions was conceived to get the word out. A FKP-I board member in the radio and communication business, assisted to develop a timely, effective communication process using battery powered and hard-wired simple to receive information: A mass communication process undervalued in this visually oriented time of satellite and internet transmission. This low cost simple technology allows socially displaced persons and persons with disability, newly acquired and longstanding, to get critical service messages quickly and accurately in their local language. Other community members hearing the broadcasts also become information providers.

To sustain the strategy and contribute to the economic recovery of the locale, 18 residents which included five women and three disabled persons just completed their training for the assembly and repairing the radios. This is Stage 1 and it is intended to progressively increase this workforce as the program is rolled out in Stage 2. A training schedule is in place, in which another 20 people will be trained following an evaluation of the first training results. The estimated number of radios needed to expand the reception sites and cover the area is 1000 radios. Transmission sites are adequate now but this will need reevaluation in the future, as progressive upgrading may be required. Although the Community Radio Project's focus is to reach people with a disability, initially amputees, this project has the value-added dimension of providing other disabled and non-disabled persons, the socially displaced and mentally traumatized community members with cheap and effective access to life sustaining information and announcements.

## Confirmation of Need

The participants at the recent United Nations–Economic and Social Commission for Asia and the Pacific (UN-ESCAP) supported workshop on Impact of the Tsunami on Vulnerable Groups and Women (Jakarta September 13-15, 2005) reaffirmed the lack of ability to get critical information out in a timely and coordinated manner. A recurrent theme was the lack of an integrated approach in many relief activities and in communication. An output of the workshop was a set of Recommendations for policy makers and program planners. Of note is:

### Recommendation #12

Establish a transparent system of dissemination of information which is accessible for all, including vulnerable groups and women (Jakarta 2005).

The lack of equitable access to timely and accurate information impacts on the effectiveness of many other program areas as without knowledge people cannot act or assert their rights. The community Radio Project will address this need.

The Forum for Humanity and Peace - Indonesia (**FKP-I**) Community Radio Project is one of four Forum initiatives in place. The Community Radio Project through the use of common simple technology can increase the purposeful participation of local people in their personal healing and community recovery and reconstruction.

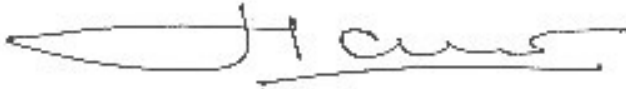
## Forum for Humanity and Peace-Indonesia (FKP-I)

An interfaith network of well-respected religious groups, universities and NGOs in Surakarta created the Forum. It is supported by the network as well as donors such as Mennonite Central Committee, The German Chamber of Commerce, Jakarta and the local institution such as Inter Churches Association in Surakarta (BAGKS), and the FKP Aceh (FKP-I Branch office in Aceh) received support from Handicap International. The other FKP-I projects which decrease the risks of Tsunami related to disability are the Trauma Healing Program and the Prosthetics and Rehabilitation program. A program to enable empowerment for women through economic activities is currently in the planning stage.

FKP-I established offices in Aceh and Nias which operate through a local administration but is accountable to FKP-I Board through the Surakarta office. The donations support specific projects as the administration costs are borne by the donation from the founding groups.

## Community Radio Project Phase 1

With the training of 18 people finished, FKP-I needs to complete Stage 1 by buying supplies for assembly of 1000 radios at \$9.00 each. This cost is anticipated to be \$9,000.00 US dollars.

A handwritten signature in black ink, appearing to read 'Handojo Tjandrakusuma', with a horizontal line underneath.

**Dr. Handojo Tjandrakusuma**  
Rehabilitation Program Supervisor  
FKP-Indonesia

With Appreciation to Professor Brintnell, the University of  
Alberta, Canada



# RI Asia/Pacific Committee Projects

Fenmore Seton and Harry S. Y. Fang

Among recent activities of the RI Asia/Pacific Regional Committee are:

- 1) The Regional Secretariat was actively involved in organization of the 1st NGO Conference on Asian Pacific Disability Decade, held from 17-19 October 1993, Okinawa, Japan. The Conference was hosted by the Okinawa Prefecture, and organized by a committee of Japanese NGOs. One major objective of the event was to consider long term strategies of involving NGOs at all levels in the Region in promoting the action program of the Asian Pacific Decade.
- 2) The Staff Training Committee, under the chairmanship of Dr. Seo, organized a Regional Seminar on Manpower Development and Training, held 22-23 October 1993, in Seoul, Korea.
- 3) A regional seminar on Information Technology and Disability is being organized by Professor John Evans of the ICTA Subcommittee to take place in Hong Kong on April 10, 1994.
- 4) A regional event is being organized by the Regional Secretariat for July, 1994 in Manila, Philippines. The National Council for the Welfare of Disabled Persons will be the host, and other Regional NGOs will co-organize the event. The event will provide facilities for the 1994 Regional Committee meeting and all regional subcommissions and committees are to conduct scientific programs and business meetings. A few subcommittees have indicated interest in making use of this opportunity. This event will also be used to hold the 2nd NGO Conference on A/P Decade.



*Past President Fenmore Seton and Dr. Harry S. Y. Fang, Chairman of the RI Honor Council, enjoy a relaxed moment at the podium.*

# Input from Rehabilitation International Regional Committee for Asia and the Pacific to the UN ESCAP Regional Meeting and Workshop

Joseph K. F. Kwok

Keynote speech at the International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities, Beijing, 8-11 April 2003

The primary goal for the second ad hoc meeting should be to achieve a clear recommendation by the Meeting and Workshop to the General Assembly that there should be a Convention. All kinds of texts opening the door to other alternatives should be resisted.

Many resolutions and interventions at the first UN Ad Hoc meeting make reference to 600 million people with disabilities in the world. We need to know who those people are and what their living conditions are. In addition it is time to verify the accuracy of the 10% estimation. Most industrialized countries estimate the proportion of their population who has a disability to be between 12 – 20 %. Developing countries on the other hand mostly report 2 – 5%. Many people consider the figures from developing countries to be underestimations.

Rehabilitation International would like to see the following principles guiding the work for a Convention:

Disability is a Human Rights issue.

People with disabilities should have opportunities equal to those of other citizens.

Physical and attitudinal barriers in society cause serious discrimination and social exclusion.

An inclusive society is of benefit not only to people with disabilities but also to other groups in society.

Because disabled children and adults are among the “poorest of the poor” in the vast majority of countries, the socio-economic realities should be an important consideration.

## Particular Challenges for the International Disability Community

A disability convention needs to take into account the needs of people with a variety of different disabilities. Rehabilitation International would like to emphasize the needs of large groups of people with disabilities whose voice is not (often or so much) heard. Many disabilities are not so well known and their needs therefore not put forward.

- \* Some 1,400 women die every day in pregnancy and childbirth. Almost all of them live in developing countries. For each woman who dies, at least 30 and an estimated 100 women survive childbearing but suffer from serious disease, disability, or physical damage caused by pregnancy-related complications or by genital mutilation. Millions of women living in a few countries in Asia become disabled every year. (Source: UNFPA update 1998 –1999) Women with disabilities caused by

childbearing are often incontinent. They face social exclusion. Their primary requirements are acceptance in society, assistive technology and medical care.

- \* More and more often, adults are surviving cancer, heart attacks and strokes for lengthening periods. Although in some countries, there is appropriate medical and therapeutic support for them to resume an active life, in most countries these populations are left to isolate within their families. They need peer support and rehabilitation services to remain connected to their work and community life.
- \* Diabetes is becoming a common disease in both developed and less developed countries. In some countries, diabetes is responsible for a significant percentage of blindness, making it the leading cause of new cases of blindness in adults 20-74 years of age. Subsequently secondary prevention is of crucial importance. (Source: American Diabetes Association). People with diabetes require assistive technology – insulin and equipment to take the insulin – which can be very costly for the individual. In addition counseling and information about content in food is essential to people with diabetes.
- \* Another neglected group are people with speech impairment. Children and adults with speech impairments often have multiple disabilities. People with speech impairments require understanding of their needs, interpreter service and assistive technology.
- \* People living with HIV/AIDS, as well as those suspected of being HIV positive, are very often discriminated against because they are wrongly perceived as being unable to perform; they are wrongly perceived as being a threat to public health; or they are perceived as being, or indeed are, a member of some group already suffering discrimination, such as homosexuals. Thus, if they are not actually disabled by HIV-related conditions, they are often disabled by the discriminatory treatment they receive because of their HIV status. The result is that they are denied the possibility of being productive, self-reliant, full and equal members of society. The conditions of HIV and AIDS should be viewed as disabilities. A person who is HIV positive but who has no symptoms or illness is able to perform any task or accept any service for which she or he is qualified. Millions of the 21 million people presently living with HIV experience many productive years in such a healthy state, and the length of this period is ever increasing with medical advances. A person living with HIV who has symptoms of HIV-related disease may

be somewhat disabled in fulfilling job-related functions. However, as with other disabilities, reasonable accommodations, such as flexible working hours, may enable full participation of that individual. (Source: UNAIDS)

One consequence of the international focus on immunization campaigns has been less attention to those already disabled by, for example, polio. There are millions of children, adolescents and adults around the world who have survived the infection but have mobility and other resultant disabilities. In addition, many mobility impairments are caused by war, landmines and other forms of political violence. With the assistance of assistive technology, such as crutches, wheelchairs and other mobility equipment, they could attend school or take up employment. One estimate by Whirlwind Wheelchairs International is that around 20 million people in the world could use assistance in mobility. A study by RI and UNICEF determined that for various cultural and other reasons, women and children are the least likely to receive mobility aids and rehabilitation from the many emergency services that have been set up to respond to injuries caused by political violence.

A special challenge for UN is to take into consideration the view from many people and organizations in the developing countries that a convention will have to address the socio economic realities in the world.

Rehabilitation International (RI) has among its members in developing as well as in industrialized countries member organizations representing many groups of people with a variety of different disabilities. We would like to encourage that the voice of those groups be heard in the elaboration of a comprehensive and integral convention to promote and protect the right and dignity of people with disabilities.

# Conference Report of RI Asia and Pacific Regional Conference, 26-28 June 2019, Macau SAR China

Fuhong Society of Macau

## Participation Statistics

### Total conference, exhibitions and side events

Events	Number of participants
Conference	1,369
Exhibitions, include Assistive Device and Arts and Handicraft	Frequency 6,000

### Total participation by country

ID	Country / Region	Total
1	China	472
2	Macau SAR, China	332
3	Hong Kong SAR, China	285
4	Korea	60
5	Malaysia	35
6	Thailand	31
7	India	20
8	Japan	19
9	Taiwan	19
10	Philippines	12
11	Pakistan	11

<b>ID</b>	<b>Country / Region</b>	<b>Total</b>
12	Brazil	10
13	Nepal	10
14	Portugal	8
15	Germany	7
16	Bangladesh	5
17	Australia	4
18	New Zealand	4
19	Vietnam	4
20	Africa	3
21	Indonesia	3
22	Singapore	3
23	United Kingdom	3
24	Ethiopia	2
25	Sri Lanka	2
26	Dublin	1
27	Finland	1
28	Italy	1
29	Uzbekistan	1
<b>Total amount</b>		<b>1369</b>

### Break down by events

<b>Events</b>	<b>Number of sessions / participants</b>
Plenary panel sessions	15
Invited speakers	85
Breakout sessions	26
Papers scheduled for presentation	117

<b>Workshops</b>	<b>Number of sessions / participants</b>
Workshop on Accessible Information Communication Technology AND Web-Based Vocational Skills funded by Global Disability Development Fund (GDDF) of Rehabilitation International and Hong Kong Abilympic Fund	46

<b>Half-day workshops</b>	<b>Number of sessions / participants</b>
International Classification of Functioning, Disability and Health Workshop (ICF Workshop)	40
Workshop on Fire Safety for All in Buildings	67
Workshop on Inclusive Education	55

### Media coverage

- **Media report:** MOME - Bus promotion TV and supermarket advertising
- **Electronic media:** Teledifusão de Macau (TDM) – News report and radio
- **Social media:** Facebook, RI Website, WeChat, Instagram advertise
- **Others:** Street banner, Promotion flag

### Macau Statement 2019 ([Appendix 1](#))

The Macau Statement was presented by 3 persons with disabilities, Miss Stephanie CHEANG, Mr Eric LEONG and Mrs Do Thi HUYEN.

### Citation

Certificate of appreciation was presented by Madam ZHANG Hai-di, President, Rehabilitation International to Fuhong Society of Macau.



## Sponsors and Supporting Organizations

### Main Sponsor

- Fundação Macau

### Golden Lotus Sponsor Unit

- Sands China Ltd
- Chan Meng Kam Foundation

### Government Department Sponsors and Supporting Organization

- Social Welfare Bureau of MSAR Government
- Macau Trade and Investment Institute
- Labour Affairs Bureau
- Macao Government Tourism Office
- Education and Youth Affairs Bureau
- Higher Education Bureau
- Servicos de Saude do Governo da Regiao Administrativa Especial de Macau

### Joyous Sponsor Unit

- Bank of China Macau Branch

### Benevolent Sponsor Unit

- MGM
- Wynn Care
- Tak Chun
- Fundacao Henry Fok
- Galaxy Entertainment Group
- Melco

### Telecom Partner

- Companhia de Telecomunicações de Macau (CTM)

### Official Television Broadcasts

- Teledifusão de Macau (TDM)

### Official Media Partner

- Macao Daily

### Official Mobile Media Partner

- MOME Media & Marketing

### Higher Education of Macau (Supporters)

- University of Macau
- Macau University of Science and Technology
- City University of Macau

### Other Sponsors Unit

- Rehabilitation International Global Disability Development Fund (GDFF)
- Asia Trust
- Hong Kong Joint Council for People with Disability

## UN Systems

Facilitated bilateral meetings and supported ESCAP Smart City Project

## Conference Accessible Media of Communications and Web Pages

- Simultaneous interpretation and iflytek service for all plenary panel sessions
- iflytek service for selected breakout sessions
- Induction Loop System (Telecoil) and sign language are available during the conference
- Conference website: <https://www.rimacau2019.org/>

## Volunteers

100 volunteers

## Professional and Supporting Staff of Fuhong Society of Macau

50 staff from Fuhong Society of Macau

## Opening Speeches

Opening speeches by Maria de Fátima Salvador DOS SANTOS FERREIRA, Chairperson, Organizing Committee, Rehabilitation International Asia and Pacific Conference 2019 ([Appendix 2](#))

## Special Plenaries

### Plenary Panel 3C: Care and Support for Persons with Autism and Families

Subsequent to the RI meeting in April 2019, a special session on ASD was organized on 27 June, the session was well attended, and contents revealing, as well as received indepth media interview. This plenary was chaired by Prof. Huang Yueqin, Chair of Health Commission. speakers included:

- Ms. Xiaoli CAI, Principal, Chengdu Special Education School, China
- Dr Eria Ping-ying LI, Consultant, Centre for Special Educational Needs and Inclusive Education, The Education University of Hong Kong and Member of the Management Committee, Fuhong Society of Macau
- Mr. Yu Man HO, Speech Therapist, Agency Based Service, The Spastics Association of Hong Kong
- Ms. Minshi HUANG, Department of Child Psychology and Rehabilitation, Shenzhen Maternity and Child Health Care Hospital, Affiliate of Southern Medical University
- Ms. Litna Arackal VARGHESE, Senior Speech Therapist, WQ Park Health and Rehabilitation Center
- Ms. Ana SARRIZO, President, Brainy Mouse Foundation / Orlando Fl, Brazil
- Mr. Liang YOU, President, United Nations Expert Committee on the Rights of Persons with Disabilities and Director, China Disabled Persons' Federation

### Plenary Panel 2B: Jointly hosted by Rotary International District 3450 and RI Centennial Committee

The theme of the session: Together a journey of hundred years, holding hands in supporting people with disabilities; One belt and Road, venturing into a new century of global development in rights-based disability inclusiveness moderated by DG YC Ho and co-moderated with Mr. Elvo SOU and Ms. Vicky WOO.

- Ms. Susan PARKER, Hon Treasurer, Rehabilitation International
- Mr. Liang YOU, President, United Nations Expert Committee on the Rights of Persons with Disabilities and Director, China Disabled Persons Federation
- Ms. Lolita GELLE, Executive Director, Foundation for These Abled Persons, Inc., Philippines
- Invited Speakers from Rotary International

## Plenary Sessions

### By Scientific Topics:

Plenary session	Title	No. of invited speakers
1A	From CRPD, Incheon Strategy, and UN SDGs: Impacts on the People with Disabilities and their Families in the Asia and Pacific Region	5
1B	Inclusive School and University Education	5
1C	Women with Disabilities	6
2A	Long Term Comprehensive Rehabilitation Planning	4
2B	Together a journey of hundred years, holding hands in supporting people with disabilities; One belt and Road, venturing into a new century of global development in rights-based disability inclusiveness, session jointly hosted by Rotary International District 3450 and RI Centennial Committee	3
2C	Disability-Inclusive Technology: Artificial Intelligence, Robotics, Low Cost Appropriate Devices; Impact on Social Business and Employment	6
3A	Vocational Training, Work and Employment, Social Enterprise, and Income Generating Strategies	6
3B	Sharing of Parents of Children with Disability: Advocacy and Services; and Regional Collaboration Initiatives	7
3C	Care and Support for Persons with Autism and Families	7
4A	Mental Health, Psychiatric Rehabilitation, Rehabilitation Counselling	5
4B	International Classification of Functioning, Disability and Health (ICF)	5
4C	People with Dementia	6
5A	Accessibility and Universal Design for All	6
5B	Accessible IT and Technology Innovation and Support for Employment	4
5C	Disability-Inclusive and Disaster Risk Reduction and Management	6

## By General Background of Moderators and Speakers

Invited speakers from various affiliations:

- Rehabilitation International
- WHO Office for the Western Pacific
- United Nations Economic and Social Commission for Asia and the Pacific
- Asia-Pacific Development Center on Disability
- China Disabled Persons' Federation
- Government of Macau Special Administrative Region
- Japanese Society for Rehabilitation of Persons with Disabilities
- National Institute for Health and Disability Insurance, Belgium
- Brainymouse Foundation / Orlando Fl, Brazil
- The Association of Southeast Asian Nations (ASEAN) Disability Forum, Singapore
- Vietnam Federation on Disability
- The Association of Women with Disabilities, Thailand
- Foundation for These Abled Persons, Inc., Philippines
- Local and overseas professional from renowned universities, educational institutions and research centres
- Parents association from Japan, Taiwan, Malaysia, Korea, Macau and Hong Kong
- Experts in different professions including universal design, accessible travel, inclusive education, fire safety, vocational training, mental rehabilitation and etc

## Breakout Sessions

### By Scientific Topics:

- Ageing and disability; People with dementia
- Accessibility in built environment, transport and information communication technology
- Community based rehabilitation and community support serviceso Disability- inclusive, policy, programming and research
- Early assessment and training for children with disabilities
- Family Care Homes / To Embody Social Inclusion in Group Home

- Gender and disabilities – the Asia and Pacific women with disability
- Inclusive school and post-secondary education
- Long term comprehensive policy and programme planning
- Mental Health and Psychiatric Rehabilitation
- Parents' movement & Family care homes / Family Participation in Community
- Education and Advocacy
- Vocational training, work and employment, social enterprise, and income generating strategies
- WHO International Classification of Functioning, Disability and Health

## By General Background of Moderators and Speakers

Experts from extensive background including:

- University professionals
- Consultants of related expertise
- Experts from Occupational Therapy, Nursing, Physiotherapy, Educational, Social Work, Information Technology, Medical, Architecture Service and etc
- Foundation
- Social Enterprises

## Workshops

### By Scientific Topics:

- Workshop on Accessible Information Communication Technology AND Web-Based Vocational Skills funded by GDDF and IAF (Output and outcome of the Workshop, please refer to [Appendix 2](#))
- Workshop on International Classification of Functioning, Disability and Health Workshop (ICF) -- An interactive workshop for educational involved united to engage in an action focused activity to enhance inclusive education in their schools, conducted by Dr. Matilde LEONARDI, Co-chair of the WHO-FIC (Family of International Classifications), Functioning and Disability Reference Group -- FDRG

- Workshop on Fire Safety for All in Buildings -- The latest information on Fire Safety, Emergency Evacuation and Fire Protection for People with Disabilities (PwD's), conducted by Mr. CJ WALSH, Architect and Expert on Fire Safety for ALL and Mr. Joseph KWAN, Architect and Expert in Universal Design & Accessibility
- Workshop on Inclusive Education -- Introduces the latest development and implementation of ICF and WHO DAS 2.0, Disability Assessment Schedule, the ICF derived assessment instruments to measure functioning and disability, conducted by Professor Chris FORLIN, an international private consultant on inclusive education and Professor Kenneth SIN, Director of the Centre for Special Educational Needs and Inclusive Education, Professor in the Department of Special Education and Counselling at The Education University of Hong Kong

### By General Background of Moderators and Speakers

- Speakers invited from Ireland, Italy, Australia, Japan and Hong Kong
- Moderators are expertise in related professionals invited from Hong Kong and Macau

### Closing Speech

Opening speeches by Maria de Fátima Salvador DOS SANTOS FERREIRA, Chairperson, Organizing Committee, Rehabilitation International Asia and Pacific Conference 2019 ([Appendix 3](#))

### Intention to Host the Next Asia Pacific Conference

Malaysia and Vietnam

### RI Family Events: Acknowledgements, Citations

Citations were presented by Ms. ZHANG Hai-di, President, Rehabilitation International and Ms. Maria de Fátima Salvador DOS SANTOS FERREIRA, Chairperson, Conference Organizing Committee to the following 7 senior leaders of RI AP to acknowledge their contributions: (in alphabet order)

- Mr. Benny Wai-leung CHEUNG
- Mr. Michael FOX
- Ms. Anne HAWKER
- Dr. Il-Yung LEE
- Dr. Uma TULI
- Ms. Etsuko UENO
- Professor Ryosuke MATSUI

### Fuhong Society of Macau and Zibo Disabled Persons' Federation signed the "Letter of intent on rehabilitation"

### Launching of Parents Network

The Plenary Panel session on Sharing of Parents of Children with Disability: Advocacy and Services; and Regional Collaboration Initiatives was held on 27 June and shared by the following speakers:

- Mr. Cheng-Liang CHEN, Chairperson, Parents' Association for Persons with Intellectual Disability, Taiwan
- Datuk Dr Amar Singh HSS, Adviser, National Early Childhood Intervention Council (NECIC), Malaysia
- Ms. Masumi UMENO, Director, Japan Parents Association of Children with Learning Disabilities
- Ms. Jessica Rong DAI, President, Inclusion-China and President, Guangzhou Yang AI Special Children Parent Club
- Ms. Ruby Sio-ha LOU, Director, Association of Parents of the People with Intellectual Disabilities of Macau
- Mr. Jongsul YOUN, Chair, Korean Parents' Network for People with Disabilities
- Mrs. Goretti CHEUK, Chairman, The Hong Kong Joint Council of Parents of the Mentally Handicapped

The signing of the Memorandum of Collaboration of Partnership of Parents Networks was made after the sharing session.

- Association of Parents of the People with Intellectual Disabilities of Macau
- Taiwan Parents Association for Persons with Intellectual Disability
- Non-profit organization Zennoku Oyano Kai (All-Japan consortium of parent groups for children with Learning Disorder)
- National Early Childhood Intervention Council (NECIC), Malaysia
- Guangzhou Yang Ai Special Children Parent Club
- Hong Kong Joint Council of Parents of the Mentally Handicapped
- Korean Parent's Network for People with Disabilities.
- Fu Hong Society (Hong Kong)
- Fuhong Society of Macau

## Appendices

- Audio visuals: <https://www.rimacau2019.org/photo-gallery/6-26-28photo/>
- Macau Statement ([Appendix 1](#))
- Opening Speeches ([Appendix 2](#))
- Closing Speech ([Appendix 3](#))
- Letter of Commendation ([Appendix 4](#))
- Media Report ([Appendix 5](#))
- Information Communication Technology (ICT) ([Appendix 6](#))



## Appendix 1

### Macau Statement 2019 on Leaving No One Behind in Rights-based and Disability-inclusive Development Progress

We, participants of the Rehabilitation International Asia and Pacific Regional Conference held in Macau SAR, China, from 26 to 28 June 2019, and hosted by the Fuhong Society of Macau SAR, China, reaffirm our support for the implementation of the Convention on the Rights of Persons with Disabilities (CRPD), the Ministerial Declaration on the Asian and Pacific Decade of Disabled Persons, 2013-2022, and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific (hereafter referred to as the Incheon Strategy), the 2030 Agenda for Sustainable Development Goals (SDGs), and the Western Pacific Regional Rehabilitation Framework on Rehabilitation of the World Health Organization (WHO).

We recall the:

- Contributions and impact made by organizations of and for people with disabilities and other civil society entities since the world’s first regional Decade, namely, the Asian and Pacific Decade of Disabled Persons, 1993-2002;
- Significant and generous support of the Governments and peoples of the Asia-Pacific region towards fulfilling the spirit and intent of the CRPD, the three Asian and Pacific Decades (1993- 2002; 2003-2012; 2013-2022), the SDGs, and the WHO-led community-based inclusive development initiative;

We observe, with deep concern, the:

- Rising challenges in mobilizing resources for supporting participation in regional and sub-regional disability advocacy programmes to raise disability awareness in the Asia-Pacific region, which is home to around 60 per cent of the world’s population, an estimated 15 per cent of whom live with some form of disability;
- Rising challenges in mobilizing resources for supporting participation in regional and sub-regional disability advocacy programmes to raise disability awareness in the Asia-Pacific region, which is home to around 60 per cent of the world’s population, an estimated 15 per cent of whom live with some form of disability;

We call upon the Governments and peoples of the Asia-Pacific region, for the purpose of promoting implementation and monitoring of the CRPD, the Incheon Strategy, and the SDGs, as well as the WHO Western Pacific Regional Framework on Rehabilitation, to:

- Mobilize resources for increased efforts in organizing events at local, national, sub regional and regional levels, to raise awareness in developing areas, with a focus on sustainable measures that reduce economic and social inequalities;
- Facilitate regional and bilateral collaboration among developed and developing areas to support local, national, sub regional and regional events and projects, including those that promote disability inclusion in the digital economy and society, as well as the participation of persons with diverse disabilities in political and public life;
- Facilitate the sharing of good practices and information among civil society organizations (CSOs) and government entities in diverse sectors, to promote the active participation of persons with diverse disabilities in all aspects of mainstream economic, social and political life;

Accord particular attention to the harmonization of national, State and Provincial and local laws, regulations and policies with the CRPD, to significantly improve:

- Gender-sensitive access to the built, as well as information and communication environments, as the basic right of persons with diverse disabilities, to promote disability-inclusive participation in all aspects of the development process and mainstream economic, social, cultural and political life;
- Gender- and age-segregated disability statistics for supporting the participation of persons with disabilities on an equal basis with all others.
- Invest in the empowerment of economically disadvantaged communities to enable pro-poor access to disability-friendly services and appropriate assistive technologies.

We further call upon the Governments and peoples of the Asia-Pacific region, to support disability-inclusive policies and measures, to proactively expedite follow-up efforts on the Beijing Declaration and Action Plan to Accelerate the Implementation of the Incheon Strategy, ensuring “No One is Left Behind” in equitable sharing of development progress and, in that regard, to:

- Facilitate the formation of a joint platform involving government bodies, United Nations entities, academia, the private sector and civil society entities, as well as other stakeholders, to promote disability-inclusive implementation and monitoring of the SDGs at national, State or Provincial and local levels;
- Enhance multisectoral partnership within both governmental and private sector entities, with the aim of mainstreaming the right of persons with diverse disabilities to inclusion and participation on an equal basis with all others.

We welcome and support:

- Rehabilitation International (RI) initiatives in raising funds to set up the African Fund and the Global Disability Development Fund, to support RI members and RI partnership with local stakeholders;
- Collaboration between Rotary International and Rehabilitation International in disability development work in “One Belt One Road” areas;
- The collaboration of networks of parents of children with disabilities in the Asia-Pacific region, to support implementation of the CRPD, Incheon Strategy and SDGs, and the WHO Western Pacific Regional Framework on Rehabilitation;
- The active engagement of Economic and Social Commission for Asia and the Pacific (ESCAP) members and associate members in developing strong evidence-based and disability-inclusive policies and programmes aimed at reducing inequalities and mitigating the impact of demographic challenges, with particular attention to gender equality perspectives;

We further recommend that:

- ESCAP members and associate members support the ESCAP secretariat in facilitating dialogue and cooperation among Governments, CSOs, partners in the United Nations system, and other key stakeholders, to enhance efforts towards fulfilling the promise of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022,

through, inter alia, implementing the Beijing Declaration and Action Plan to Accelerate the Implementation of the Incheon Strategy, and to devise long-term road maps and strategies beyond the conclusion of the present Decade in 2022;

- Governments and CSOs in the “One Belt One Road” areas strengthen partnership based on sharing the vision of “Leaving No One Behind in Rights-based and Disability-inclusive Development Progress.”

We share the joy of Rehabilitation International as it prepares to celebrate its centenary, 1922- 2022, with the theme of “A hundred years of humanitarian empowerment, and a new century of rights and inclusion,” and we look forward to participating in the RI Centennial Celebration 2022 in China.

Drafting Committee appointed by the Conference Organizing Committee: (in alphabet order)

- Ms. Jennifer CHAU, Director, Fuhong Society of Macau
- Mr. Joseph KWAN, Rehabilitation International Deputy Vice President for Asia and Pacific
- Ms. Reena LEE, Korean Parents’ Network for People with Disabilities (KPNPD)
- Ms. Yeya LEE, Rehabilitation International Vice President for Asia and Pacific
- Mr. You LIANG, China Disabled Persons’ Federation
- Professor Ryo MATSUI, Japanese Society for Rehabilitation of Persons with Disabilities
- Ms. Duong Thi VAN, DP Hanoi
- Dr. Joseph KWOK, Conference Co-Chair (Facilitator)
- Ms. SAN Yuen Wah (Hon. Editor)

## Appendix 2

### **Opening speeches by Maria de Fátima Salvador DOS SANTOS FERREIRA, Chairperson, Organizing Committee, Rehabilitation International Asia and Pacific Conference 2019**

Honorable Dr. Fernando Chui Sai Ó n, Chief Executive of Macau Special Administrative Region, Honorable Madam Zhang Hai Di, President of Rehabilitation International, Honorable guests, Ladies and Gentlemen.

We are now together witnessing the opening of the 2019 Macau Rehabilitation International Regional Conference, which has received generous supports from many partners from Macau and from the Region, and taken us three years of intensive preparation.

I extend to you all our warmest welcome especially to those who travelled long distance to our lovely city, Macau. It is our privilege and honor to welcome the Chief Executive of Macau Special Administrative Region, the honorable Dr. Fernando Chui Sai Ó n as our Guest of Honor, on the year we celebrate the 20th anniversary of MACAU SAR.

“Together, living no one behind, in disability-inclusive and rights-based progress” is the Conference theme. We should expect critically challenges ahead in fully realizing the spirit of the Theme. We should proactively manage the many changes we face each and every day. Let us use all our care, competence and energy for creating peace and happiness for our brothers and sisters both in our own countries and in other parts of the world.

Members of the Organizing Committee and Fuhong Society of Macau staff have been working very hard. I will like to thank them for their dedication, time and efforts. I wish also to thank our patrons, individual and organization partners, and volunteers. Without their generosity we would not be able to create a total environment to support your full participation.

Thank you all for your presence and participation. And you are the very important part of the Conference success.

Thank you and enjoy the Conference and your stay in Macau.

## Appendix 3

### **Opening speeches by Maria de Fátima Salvador DOS SANTOS FERREIRA, Chairperson, Organizing Committee, Rehabilitation International Asia and Pacific Conference 2019**

Dear President of Rehabilitation International, Participants, Ladies and Gentlemen, Dear friends good afternoon,

We are closing the 2019 RI Regional Conference. But you should expect more fun and fellowship in the next two hours.

I wish to report that our Conference and professional workshops have attended by 1500 participants; and our exhibitions have received over 6000 visitors. We are all very proud of these outcome statistics. We hope the impact of this Conference will take RI to new horizons of achieving rights and inclusion, and as RI prepares a world event to celebrate its Centennial Celebration, 1922-2022.

2 years ago, as Conference Chair I accepted and promised that I will try my best to accomplish the mission, because I should not say NO.

Let me tell you my friends that organizing this International Conference, plus five professional workshops, an arts exhibition, an assistive device fare, and Rotarian's House of Friendship Display, has been exceptionally demanding in every aspect.

I hope you did enjoy the nice venue, the programs of the conference, the food and entertainment at the gala dinner, our hospitality and souvenirs. These are all fruits of the Fuhong Society of Macau staff and committee. I hope we have not disappointed you. Please accommodate us for any inconvenience you might have encountered.

First of all, this major event would not have been successful without your active participation. Thank you to you all. It is not for me to judge how successful the Conference is, but it is up to you.

Special thanks go to volunteers from Macao. They have been working very hard, doing long over time in the past months. They have indeed been wonderful in helping the conference to run smoothly.

Special thanks to Rotarian Elvo Sou and Rotarian Vicky Woo for their organizing and mobilizing Rotary Clubs to share their projects in the Joint Plenary, whose theme is: Together a journey of hundred years, holding hands in supporting people

with disabilities; One belt one Road, Venturing into a new century of global development in rights based disability inclusiveness.

I wish to thank Macau SAR Government, and governmental partners, including: Education and Youth Affairs Bureau, Higher Education Bureau, Social Welfare Bureau, for the caring and the great support and guidance on the New Generation and sparing time to support and advises.

Last but not the least I want to recognize in particular my colleagues from Hong Kong, Joseph Kwok and Ng Hang Sau, for their involvement, dedication and care. We are the iron team.

To my fantastic organizing committee, my sincere thanks, thanks for your tremendous support. I wish I knew how to express what we have gone through these past months; my feeling of the support and the pleasure of working with a team of wonderful people, who have taught me, through their sincerity and generosity, things I will always treasure forever as the best spirit of any Committee.

A big applause to the Organizing Committee who contribute tremendous efforts to the conference.

I want to share my feelings toward this meaningful event, I am very happy to be here with you all. We establish base on what is important and respect things more dear to us. We live a day each time knowing that we may live every day of our lives.

I do not give up when I am capable to do more. I am not afraid of learning because the learning is light and is a treasure that is easily loaded.

Life is not a run but a trip that should enjoy each pass.

Let us take responsibility for disability cause and get involved in the process of change. And remember change will not happen without our participation.

Ladies and gentleman, my friends Now each of us is sure the conference comes to the end. I hope you are returning to your homes with good memories, the feelings of good hospitality, and Remember  
Yesterday is history  
Tomorrow is mystery  
Today is a gift so is called present.

Thank you.

## Appendix 4

### Letter of Commendation From UN Economic and Social Commission for Asia and the Pacific (UNESCAP)

My warm congratulations to our colleagues RI, Asia and Pacific members and special congratulations to the organizing committee in Macau for the wonderful and successful conference.

Mr. Kaveh ZAHEDI  
Deputy Executive Secretary for Sustainable Development,  
UNESCAP





**Appendix 5**

- 2016.06.14 Teledifusão de Macau reported on RIAPRC2019 held at the end of the month



- 2019.06.15 Macao Daily News reported on RIAPRC2019 held at the end of the month



- 2019.06.15 Hou Kong Daily RIAPRC2019 -- Together, leaving no one behind, in disability-inclusive and rights-based progress



Other media reports:

- 2019.06.15 Taichung daily reported on RIAPRC2019 held at the end of June
- [2019.06.15 Hou Kong Daily reported on RIAPRC2019 opening ceremony](#)
- [2019.06.15 Shimin Daily reported on RIAPRC2019 unveiled on the 26th June](#)
- 2019.06.26 TDM - Teledifusão de Macau, S. A. reported on RIAPRC2019 Together, leaving no one behind, in disability-inclusive and rights-based progress
- [2019.06.27 Jornal San Wa Ou reported on RIAPRC2019 Dr Tam: Beyond charity to see disability](#)
- [2019.06.27 Journal Cheng Pou reported on RIAPRC2019 held yesterday](#)
- 2019.06.27 Today Macao reported on RIAPRC2019 Together, leaving no one behind, in disability-inclusive and rights-based progress
- 2019.06.27 Seng Pou reported on RIAPRC2019 Together, leaving no one behind, in disability-inclusive and rights-based progress



- 2019.06.27 Tai Chung Daily reported on RIAPRC2019 Together, leaving no one behind, in disability-inclusive and rights-based progress
- [2019.06.27 Shimin Daily reported on sharing experience at RIAPRC2019](#)
- [2019.06.27 Vakio Daily reported that Dr. Alexis Tam said at the RIAPRC2019 that Macao continues to promote the efficiency of rehabilitation services](#)
- [2019.06.27 Macao Daily reported on RIAPRC2019 unveiled yesterday](#)
- 2019.06.27 TDM - Teledifusão de Macau, S. A. reported on opinion refers to autistic person with less support in the university
- 2019.07.04 China Disabled Persons Federation Xinhua News Agency reported on “RIAPRC2019” held in Macao

## Appendix 6

### Introduction

Information Communication Technology (ICT) is becoming a key driver for the successful employment of Person with Disabilities (PwDs) due to its permeation and proliferation of ICT in the world of work. ICT has changed how people build their skills, how they search for work, how they do their work, etc. The internet and digital technologies are also changing how entrepreneurs, people who are self-employed, and free-lancers are raising capital, finding clients, and selling services. Many PwDs pursue self-employment due to the barriers of getting jobs in the competitive labour market. The internet and digital technologies are changing the field of self-employment and entrepreneurship through online work.

Digital technologies have brought unprecedented opportunities to the Asia-Pacific region, where PwDs, on the one hand, face challenges in tapping the potentials presented by the Internet and on the other hand could significantly improve their employment and entrepreneurship. The Rehabilitation International Asia and Pacific Regional Conference 2019 (RIAPRC 2019) offers a back to back workshop to better prepared the candidates for the digital era.

The Workshops on Accessible Information Communication Technology and Web-Based Vocational Skill was conducted on 23 - 25 June 2019 cum RI Asia Regional Conference 2019.

The three days workshop was well structured and balanced, with 50% focused on Accessible Information Communication Technology tools and skills, whereas the other 50% focused on Vocational Skills. The purpose and objectives were to provide a training opportunity on accessible information and technology, to provide a platform for exchange and sharing of disability-inclusive and innovation and to promote an inclusive and harmonious community through web accessibility and information.

### Language

The workshops were conducted in English, with simultaneous Chinese Putonghua interpretation. It was well accepted and received by both the English speaking attendees and non-English speaking attendees.

**Timetable of the Workshops on Accessible  
Information Communication Technology ND  
Web-Based Vocational Skills**

<b>22 June, 2019</b>	<b>Opening Day</b>
From 09:00	Arrival & Registration
18:30 - 20:00	Dinner

<b>June 23, 2019 (Day 1)</b>	<b>ICT Assistive Tools and Web Accessibility</b>	<b>Speakers</b>
09:00 - 10:30	Inclusive Design + Accessibility at Microsoft	Aiken Sam -- Microsoft
11:00 - 12:30	ICT Accessibility and its Impacts	Dr. Ivan Su -- SAHK
13:30 - 15:00	Web Accessibility WCAG 2.1 and Training I	Terry Wong and WAFA Team of Hong Kong Blind Union
15:30 - 17:00	Web Accessibility WCAG 2.1 and Training II	Terry Wong and WAFA Team of Hong Kong Blind Union
17:00 - 17:30	Q & A Discussion	
18:00 - 20:30	Welcome dinner	

<b>June 24, 2019 (Day 2)</b>	<b>Daisy Products Training</b>	<b>Speakers</b>
09:00 - 10:30	DAISY Introduction	Hiroyuki Murakami/ Tatsuo Nishizawa -- JSRPD
11:00 - 12:30	HANDS on Training of DAISY	Hiroyuki Murakami/ Tatsuo Nishizawa -- JSRPD
13:30 - 15:00	Let's find DAISY	Hiroyuki Murakami/ Tatsuo Nishizawa -- JSRPD
15:30 - 17:00	Hong Kong DAISY Experience	Lynda Chung and CBPC Team
17:00 - 17:30	Q & A Discussion	
18:00 - 20:30	Dinner	

June 25, 2019 (Day 3)	Web-Based Development	Speakers
09:00 - 10:30	Canyou eCommerce	Huang Fei-Hong -- Canyou
11:00 - 12:30	Canyou eCommerce	Huang Fei-Hong -- Canyou
13:30 - 15:00	Modern Web Design	Hon Prof T.H. Tse -- The University of Hong Kong
15:30 - 17:00	Web Development without Coding: Real-World Experience with the RI Regional Conference Website	Danny Pak-kin Fan -- AIDA
17:00 - 17:30	Q & A Discussion	
17:30 - 18:00	Closing ceremony and presentation of certificate of attendance	
18:30 - 21:00	Dinner	

### Instructors

The instructors were professional of Accessible Information Communication Technology, with four from China (Guangzhou) (22.2%), eleven from China (Hong Kong) (61.1%), one from China (Macao) (5.6%) and two from Japan (11.1%). For the Biography of the instructors, please see the workshops booklet.

### Delegates

There were 37 delegates at the Workshops with 5-8 hop-ins and hop-outs non-registered delegates. Out of the 37 attendees, 17 were funded by GDDF and 20 were funded by the Hong Kong Joint Council for People with Disability. The delegates were from a variety of countries and regions, with one from Australia (2.7%), three from Brazil (8.1%), one from UK (2.7%), one from China (Beijing) (2.7%), one from China (Guangzhou) (2.7%), 15 from China (Hong Kong) (40.6%), three from China (Macao) (8.1%), three from India (8.1%), two from Indonesia (5.4%), two from Malaysia (5.4%), two from Nepal (5.4%) and three from Philippines (8.1%).

### Evaluation

A questionnaire was set to measure the responses on the Contents, the instructors, and the delegates' objectives check for each session of the workshop. The results were very positive and were at the upper quartile for good and excellent rate. The delegates agreed that the objectives of the workshops were well-defined and allowed them to acquire new

knowledge and ideas to enhance their personal development in Accessible Information Communication Technology. The delegates claimed they could effectively learn about the tools and skills from the contents of the workshop. They also agreed the content pertained to their current job profile. The knowledge they gained was practical and abled them to apply the skills they learned onto work, business or organization.

It was suggested that the duration of similar future workshops could be longer. It would allow more time for hands-on experience and would make the delegates less intense. Also, it would be useful to send the delegates any course booklets and materials sooner so that they could preview and appreciate the workshops' objective and outlines. After the workshops, it would also be useful to allow the download of the workshops' contents for sharing, also providing a recap of the sessions to help refresh their memory.

Overall, the Workshop was highly appreciated by the delegates. It was a successful workshop that the delegates had learned the course subjects well and were happy to bring home to share with their organization, or to help with their employment. It is planned to conduct a further post-workshop follow-up evaluation in 9 months, which will be held

# The Journey of Eden Social Welfare Foundation with RI

Liang Cheng and Wen-bin Lin

## The Brief Introduction of Eden

“Two men may be born as brothers dear --They shan’t be the only family.” – this famous quote by a Chinese poet Tao Yuan-ming, is the favorite saying of Ms. Liu Hsia (劉俠), the founder of [Eden Social Welfare Foundation](#). She was a famous wheelchair writer who suffered from rheumatic arthritis, and witnessed the discrimination against persons with disabilities. In response to God’s calling, having a great love for people with physical and mental disabilities, Ms. Liu decided to create a place where persons with disabilities are truly cared and loved – The Garden of Eden.

Eden Social Welfare Foundation was established on December 1st 1982. Ms. Liu donated her income from writing and initiated a group of Christians who shared her vision to establish Eden Social Welfare Foundation to serve persons with disabilities as well as other socially marginalized groups. For years, the expanded service encompassed a wide range of responsibilities, including rehabilitation service, employment services, early intervention, long-term caring, and post-disaster reconstruction services, etc.

Eden not only cares for the wellbeing for persons with disabilities but also advocates for the rights of persons with disabilities in every respect. Consequently in 2017 the first CRPD (Convention on the Rights of Persons with Disabilities)-themed Research Centre in the world was completed by Eden. The research centre provides support across all aspects of academic, government, and industry to advocate for the rights of persons with disabilities.

Today, Eden has 120 service centres helping around 60,000 people per year, who are from disadvantaged backgrounds in Taiwan. With more than 3000 staff, about one-fourth of Eden’s staff is disabled. Along with our vision, accessibility and social inclusion are two of the major goals that we are currently working on.

## Step into RI Family

Love Without Borders – Support Global Anti-Landmines, a symbolic wheelchair donation campaign beyond countries, was initiated in 1996 as Eden actively expanded its charitable concerns overseas, where people were being maimed by landmines. The campaign was launched in Afghanistan, and then reached out to Mozambique, Malaysia, Korea, Jordan, and Vietnam, respectively. We Eden therefore given its efforts by the donation of wheelchairs to persons with disabilities to be equipped and empowered to integrate into various societies.

In 1998, Eden joined International Campaign to Ban Landmine (ICBL), and played an active role in advocating the banning of landmines. Subsequently, the Japan Campaign to Ban Landmines (JCBL) referred Eden to the Regional NGO Network (RNN) in 2000 for the promotion of the first decade (1993-2002) of the Asian and Pacific Decade of Persons with Disabilities, launched by the United Nations Economics and Social Commission for Asia and the Pacific (UNESCAP).

The international conferences on disabilities to mark the End Year of the First AP Decade were held in 2002. The Osaka Forum was one of the major conferences. RI Asia Pacific Regional Conference was also held jointly with Osaka Forum. In the meeting, Tomas Lagerwall, RI Secretary General from Sweden, kindly invited Eden to join RI. As a result, Eden joined RI in 2003 as an Associate Member Organizations (AMO).

## RI World Congresses

After joining RI since 2003, Eden has been actively participated in RI's meetings, especially in the World Congresses as listed:

- 20th World Congress at Oslo, Norway in 2004
- 21st World Congress at Quebec, Canada in 2008
- 22nd World Congress at Incheon, South Korea in 2012
- 23rd World Congress at Edinburgh, Scotland in 2016

In the 21st World Congress 2008, Eden shared 14 years of experience on early intervention services in the panel sessions. The presentation included wheelchairs designed for children who required early intervention services; a case management of school children with disabilities, and a referral network model. On the other hand, Eden also gained new insights from the congress, as following:

- Setting up regulatory mechanisms for persons with disabilities.
- Advocating the importance of social participation of persons with disabilities.
- Cultivating the basic concept of the rights of persons with disabilities.

In addition, the concepts of ICF (International Classification of Functioning) was introduced during the 21st World Congress and Eden had brought the system back in order enable the government put them into practice. This classification has become a very important tool in disability assessment and it is still widely used today.

Another highlight from the same Congress was that Eden also learnt about the development of CRPD and started to promote it since 2008. Then in 2014, CRPD was eventually applied in Taiwan to advocate for the rights and dignity of persons with disabilities. In 2017, the first CRPD research centre was established in Eden. Professor Hyung Shik Kim, the UN CRPD committee member, has been invited by Eden as

consultant at the Eden's CRPD research institution. The centre plays a prominent leadership role in the Asia Pacific region; Services for persons with disabilities was no longer viewed in the context of "help" from the perspective of the disadvantaged, but of "support" from the perspective of human rights.

Also, in 2012, Eden visited RI headquarters in New York and had wonderful conversations with Venus M. Ilagan, the Secretary General of RI, and Sue Salthouse, the President of Women with Disabilities Australia, in order to have a deeper understanding about RI's work. Furthermore, Iris C. Reiss, the rehabilitation expert of RI, also gave precious advice on how to consolidate the relationship between RI and Eden.

Later, in 23rd World Congress 2016, Eden contributed the following valuable experiences with RI fellows:

- Humanitarian aid for persons with disabilities when an emergency occurs.
- Employment counselling for persons with disabilities.
- Long-Term Care service and the notion of Dementia friendly environment.

Moreover, Eden contributed to the following commissions and RI Asia Pacific Regional Activities as below:

- Commission on Education, 2006
- Commission on Technology and Accessibility, 2008
- Social Commission, 2008
- Commission on Leisure, Recreation & Physical Activities, 2008
- The Visit in an official capacity, RI Headquarters, 2012
- General Assembly, 2013
- General Assembly, 2015
- RI Asia & Pacific Regional Conference, 2019



## Accessible for All

One of the most important rehabilitation goals is to help people return to their daily life. We all understand how important transportation is for people to get to work, school, hospitals, and other daily activities. Adequate transportation makes daily activities more accessible. For persons with disabilities, the availability of medical care, education, employment, and other basic needs are subject to accessibility. Thus, accessibility is crucial. The best way to review and identify gaps in accessibility is accessible tourism as it covers most of the daily activities.

One of Eden's major goals is to develop comprehensive accessibility to address the issues that persons with disabilities may experience in their daily life from a holistic approach. Thus, Eden has taken the lead, partnering with Asia and Pacific Disability Forum (APDF), to jointly organize the first International Conference on Accessible Tourism (ICAT) in 2005, keeping abreast of results and trends worldwide from various perspectives and coming away with different interpretations.

Since then, Eden has been actively involved in ICAT conferences as follows:

- The 1st ICAT, Taipei, Taiwan, 2005
- The 2nd ICAT, Bangkok, Thailand, 2007
- The 3rd ICAT, Singapore, 2009
- The 4th ICAT, Taipei, Taiwan, 2011
- The 5th ICAT, Kuala Lumpur, Malaysia, 2014

As the Committee Chair on Accessible Tourism in APDF since 2006, Eden has attended the APDF General Assembly every year, contributing as the Chair of the Working Committee on Accessible Tourism of APDF from 2006 to 2010, and as the Chair of Working Committee on Accessible Tourism and Transportation from 2010 to now. More than that, Eden escalated accessible tourism to "inclusive tourism" by hosting the 4th ICAT in Taipei, Taiwan on 2011. Over 200 activists from 16 countries attended the meeting, including Japan, Canada, Singapore, Malaysia, Thailand, and the Republic of Korea. In 2014, APDF and a major Malaysia DPO, "Beautiful Gate for the Disabled," hosted the 5th ICAT in Malaysia. In that conference, Eden presented the experience of accessible tourism especially designed for seniors and persons with disabilities as a way to promote accessibility.

## Accessibility in a Global Scale

Accessibility needs to be promoted not only on a local level but also on a regional and even a global level as the need for accessibility is for everyone and requires cooperation across various sectors, at the national, regional and international level to eradicate mobility constraints and impediments to fulfil inclusive development.

In order to promote accessibility on a global scale, Eden started to attend the Mobility and Transport for Elderly and Disabled Persons (TRANSED) meeting in 2010 in Hong Kong, established by professionals and experts from the US Transport Research Board (TRB), developing accessible transportation policies and technologies.

Afterwards, Eden also participated in the following conferences:

- TRANSED 2010, Hong Kong, China
- TRANSED 2012, New Delhi, India
- TRANSED 2015, Lisbon, Portugal
- TRANSED 2018, Taipei, Taiwan (As a host)

Besides, since 2013, Eden has taken part in TRB Annual Meetings. The meeting is held in Washington D.C every year and discusses global experience on policy making, research finding, innovative strategies and so on. With great honor, Eden was elected as the 2018 host for one of the most important international conferences of TRB, TRANSED. In order to prepare this conference, two of the key representatives, Joey Goldman and Tom Rickert, from TRB's Standing Committee on Accessible Transportation and Mobility (ABE60), were invited by Eden to visit Taiwan for a familiarization tour in 2016. During the visit, Joey Goldman, the Co-Chair of ABE60 also Tom Rickert, the executive director of Access Exchange International and Eden jointly reviewed the accessibility level of each conference's hotels/facilities and available assistance so that Eden as the host organization could prepare the best suitable support for conference participants from different backgrounds with various needs.

Eden hosted a five-day conference, TRANSED 2018, in Taipei which consisted of 18 participating entities, attendees from over 39 countries. Mr. Chen, Chien-jen, the Vice President of Taiwan, and Mr. Joey Goldman, Co-Chair of TRB committee who had attended the conference gave speeches in the opening ceremony.

## Rehabilitation without Borders

Supporting persons with disabilities in all aspects and promoting the rights for persons with disabilities has been Eden's core mission. The mission and service of Eden have been widely disseminated throughout neighbouring countries. In the true spirit of "Love without borders" Eden continued its commitments and support to the establishment of two overseas Malaysia sister organizations in Penang (1991) and Kuala Lumpur (2000), as well as carrying out support services and projects for persons with disabilities in the Asia Pacific region. In Myanmar, the Prosthetic Donation and Rehabilitation Project has been implemented since 2019. In order to provide comprehensive and sustainable services, occupational therapist training is also provided along with the project so that there will be local therapists to provide sustainable support for the local people. In addition, in Vietnam and Thailand, vocational trainings are provided to empower adults with disabilities in their employment skills.

Continuously promoting the spirit of "Love without Borders", Eden not only assisting persons with disabilities in developing countries to receive educational, medical, and employment services but also provided international natural disaster relief in a number of countries. Take the example of El Salvador, in response to the 2001 earthquake, Eden not only provided with emergency relief, but shared knowledge in post-earthquake reconstruction. The countries that Eden has helped include Afghanistan, China, Iraq, Japan, Jordan, Korea, Mozambique, Myanmar, Malaysia, Nepal, Thailand, and Vietnam. We believe NGOs like Eden should act as the major support for countries in their time of need in order to provide help and exchange information beyond borders.

## Rehabilitation without Borders

Eden shares the same goal with RI, providing sustainable solutions toward achieving a more inclusive society for persons with disabilities. This is an ongoing endeavor which cannot simply be carried out alone. Instead, it needs the collaborative efforts from organizations at different levels. The stable partnership between Eden and RI members really helps in experiences and knowledge exchange as well as collaborative works, which leads to the improvement of social inclusion. After all, an inclusive society not only benefits persons with disabilities, but everyone in the society.

It is Eden's great privilege to join RI's big family to serve and advocate for persons with disabilities regarding their wellbeing and rights. Eden has been dedicating itself in promoting the wellbeing and the rights of persons with disabilities, securing their equal opportunities to receive education, medical treatment, nursing care, employment services and recreational opportunities in cooperation with RI in both regional and global levels. Upholding the spirit of Christ and following our philosophy of "Serving the weak to witness Christ; Promoting Gospel and welfare to bring people to God", Eden will continue to promote Double Blessings - Gospel and social welfare, to all in need without borders.

Together we have been devoted to ensuring persons with disabilities have equal access to all activities in their daily life. Although lot of work has been done in the past to overcome the barriers for persons with disabilities, but much still remains to be done now and the future. For the next century onwards, Eden is committed to working collaboratively with RI to turn the goals of SDGs and CRPD into reality by striving for the best in order to build an accessible, equal and inclusive world.

## Video of Eden Social Welfare Foundation



Click [here](#) to watch video



Author: **Mr Liang Cheng** is President of Eden Social Welfare Foundation. He is also the founder of Quanmin Zaofu Time Bank Alliance; Managing Director of Chinese Family & Community Vision Association; Director of Community Empowering Society; Board Director of Chinese Christian Medical Mission. Mr. Cheng has endeavoured to improve the health and wellbeing of people from disadvantaged background.



Author: **Mr. Wen-bin Lin** is CEO of Eden Social Welfare Foundation. He is the winner of The 8th Torch Award for Asia Pacific Top Ten Outstanding Youth. He has served in Eden for more than 24 years and also served as a director of the Taiwan NPO Self-Regulation Alliance in the past years. Sparing no effort, Mr. Lin has been promoting the social welfare services and the rights for persons with disabilities as his life goal.

# Section 6.4

## North American Region

## The First RI North American Conference, Atlanta, Georgia, October 1993

*Justin Dart, former  
Chairman of the U.S.  
President's Committee on  
Employment of Disabled  
Persons*



*Two leading lights of the RI  
Education Commission:  
Prof. Simon Haskell of  
Australia, Chairman, and  
Ms. Marion Fang of Hong  
Kong, Chair of the Asia-  
Pacific Region.*





*Lex Frieden of  
The Institute for  
Rehabilitation  
and Research,  
Houston, Texas*



*Susan Parker and Dr. Harry Fang get updated by M.B. Lee of  
Hong Kong, RI Honorary Councillor.*



*Dr. Zhang Nan of China, now living in the USA, with Mr. Joe  
Manser of Switzerland, RI Assembly delegate to the Atlanta  
meetings.*



*Judy Heumann says a few words after receiving a Life Patron  
award from RI Past President Dr. Fenmore Seton.*



# United States International Council on Disability: Keeping a Nation's Focus on International Disability Rights

Susan Parker

## Introduction

Today's United States International Council on Disability, a private, non-profit entity chartered in the U.S., has a vigorous board of directors, paid staff, consultative status with the United Nations' ECOSOC, and is the official affiliate in the U.S. of both Disabled Peoples' International and Rehabilitation International. Located in Washington D.C., it advocates for progressive policies, sometimes inventing those policies, builds political support behind pending legislation in the House of Representatives and the U.S. Senate. USICD is equally comfortable doing training in third world countries, identifying and working with Donors to create innovative programs, and working to build political support for passage of the Convention on the Rights of People with Disabilities Treaty by the Senate Foreign Relations Committee.

The USICD Board Members themselves are innovative people dedicated to making positive changes. Each person has well-honed experience gained in inventing, shaping, and executing progressive policies, deftly maneuvering the tools of successful advocacy to make change happen. The current USICD President is Dr. Patricia Morrissey, Director of the University of Hawaii's (at Manoa) Center on Disabilities, College of Education. She succeeded Ms. Marca Bristo, Founder, Access Living, Chicago. The present Executive Director hired in 2017 is Ms. Isabel Hodge. While Isabel understands how to work the byways of Washington, DC, she is equally 'at home' overseas working with folks at the grass roots. While Board Members rotate on and off the Board, each member has a committee assignment and is expected to contribute.

USICD, like many non-governmental organizations in the US and other countries, traces its roots to predecessor organizations. USICD definitely has not been limited by its history. It has adapted to the changing values as they evolved in the disability field. Some of the values driving today's actions mirror those of nearly 100 years ago. For that reason I have listed key points in RI's founding that have contributed to the evolution of many other organizations, including USICD.

Some of us on the Board began our work with people with disabilities in the early 1970's and have continued on despite the onset of retirements and the lure of having time to spend as we wish. USICD has many on its Board who choose to come together as part of their life mission to make a difference to benefit people with disabilities and their families.

Pat Morrissey, USICD's President, stated well in her Blog Post published just prior to the July 26, 2020, "30th Anniversary of the ADA: How should We Celebrate?" Pat suggests and we agree that "Bipartisan cooperation was alive and well in the 1980's and 1990's when it came to disability policy. Members of Congress and staffers from both parties talked to each other, worked out differences, and enacted a great deal of legislation --amendments of the Individuals with Disabilities Education Act, The Rehabilitation Act, the Deaf Education Act, and the Developmental Disabilities Assistance and Bill of Rights Act and drafted the Assistive Technology Act and the Americans with Disabilities Act.

## What Can We Do to Celebrate ADA's 30th Birthday (July 26, 2020)? Demonstrate a Renewed Commitment to Bipartisanship.

### Background

USICD had two predecessors, both named the US Council on International Rehabilitation or USCIR. The first USCIR came to life due to the efforts of community pillars of an earlier time who recognized in the post-World War II era that people with disabilities needed help. Their work was inspired by the then focus on medical rehabilitation. Many of the leaders of that era were based in New York City (Dr. Howard Rusk, Dr. Henry Kessler and those who came from abroad to learn the techniques). These supporters who formed the first USCIR had high level political connections at home and in Washington, D.C., thus were able to influence the financing of government programs that were implemented at the state level. The fledgling Rehabilitation International (RI) who had moved from its Ohio birthplace to New York City in 1949 to align its work with the “new” United Nations and its ECOSOC, benefitted from the work of these early leaders whose government influence also stimulated support of UN attention to disability. The first USCIR ran out of steam as its members “aged out” and the new wave of government policies in the 1970’s and 80’s replaced the earlier designs.

The second USCIR incorporated the government programs in its membership and was instrumental in attracting other non-governmental organizations with an international interest to its membership. This group in the late 1980’s understood that the voice of people with disabilities was essential to the successful design and implementation of programs.

Have a look at some of the facts about the early RI from its founding in 1922. This USCIR sponsored important seminars of the day to keep the importance of an international perspective visible in the Washington, D.C. community. It was instrumental in drawing the U.S. Social Security Administration into the supporter ranks.

## Facts about RI's Founding: Influencer for Establishment of National Member Organizations in Member Countries

- Rehabilitation International's founding in February, 1922 sprang from the work of Elyria, Ohio Rotarians who in 1919 determined that children who had had polio were shut-ins, not benefiting from education and community life. They built programs, including a rehabilitation center to help integrate the children into society. Their work in the State of Ohio focused on changing policies and program development. By 1922 they discovered that Canadian Rotarian colleagues wanted to join with them so they created a new “international” organization then named the International Society for Crippled Children (ISCC).
- The Rotarians' state organization spread from Ohio nationwide and formed its own national group now named Easter Seals.
- The ISCC, based in Ohio until its move in 1949 to New York City was supported in these early years by two successive Rotarian leaders (Edgar Allen and Paul King) whose excellent communication skills generated members in ISCC from countries torn up by World War I and the effect of an unchecked polio epidemic on children. The first World Congress in Geneva in 1929 attracted fifty (50) people from twelve (12) countries.
- A Delegation of Members submitted a petition to the League of Nations requesting “the establishment of a Central bureau on the collection of all valuable information, literature, reprints, and records of accomplishments of different countries on the care, education and training of handicapped children.”
- In July 1950, in consultation with the International Society, the UN Economic and Social Council (ECOSOC) passed a resolution formally adopting the principle of rehabilitation services for all and establishing a coordinated program for social rehabilitation of physically disabled persons, offering advice and technical assistance to numerous nations within the United Nations system.

- Thus was born within the US foreign aid office (now USAID), as well as within the UN itself, units to implement these policies benefiting people with disabilities. Post World War II international development included medical rehabilitation with many of the practitioners taking their clinical rehabilitation training in New York.
- Rehabilitation International the organization (renamed regularly as the values and policies shifted) generated significant global attention with its work with the UN to coalesce global public opinion and political strength to support rehabilitation.
- The Seventies (1970's) were a pivotal point in the divergence of opinion about how to finance public policy leading to real independence for people with disabilities - education/employment/housing/communication/transportation.
- USCID's predecessor organization, the US Council for International Rehabilitation (see above a more detailed explanation of USCIR's founding) was expressly created to help with the political persuasion needed to obtain the financing needed to pay for new policies and programs. Its location in Washington, D.C. strengthened its ability to include federal programs, such as the U.S. Social Security Administration, to pay for the United States to become a National Member Organization of Rehabilitation International.
- The U.S. Social Security Administration (SSA) agreed to pay the annual dues from the U.S. to R.I. beginning in 1989. The dues amount and staff support became a line item in the Budget of the SSA's Disability Office under the administration of the then Disability Commissioner, Susan B. Parker. The terms of agreement also stipulated that the SSA Commissioner would function as the US National Secretary to RI. USCIR operated using volunteer labor. However, the person hired (Ilene Zeitzer) by Parker in February 1990 to staff the SSA disability international tasks also staffed the regularly held USCIR board meetings held in downtown D.C.
- The "new" USCIR received its IRS 501(c) 3 status midway through 1990 which gave the organization a better platform from which to organize.
- In October 1990, President George H.W. Bush sent Comm. Parker as his envoy to Beijing to deliver his and his wife, Barbara's, personal greetings in the Great Hall of the People on the occasion of the Ninth RI Asia and Pacific Regional Meeting and the first one to be held in Beijing. This was a strategic decision by President Bush to send his "warm greetings" on October 24, 1990, to his friends, the Chinese People. He specifically mentions "his pleasure in signing the Americans with Disabilities Act of 1990 and commends the role that Rehabilitation International plays to help" People with disabilities worldwide to achieve equal opportunities." [Note: The text of President Bush's address will be included as part of another article.]

### 1980's +

- Turning Point: RI's 14th World Congress in Winnipeg, Canada approved a global "Charter of the 80's" which influenced development of the UN World Programme of Action.
- Disabled People's International (DPI) was formed. At last, an organization whose voice was that of people with disabilities themselves. "Nothing About Us Without US!"
- USCIR and the RI Canadian affiliate organized a first-ever North American Regional RI Conference, in October 1993.
- USCIR Member and now former SSA Disability Commissioner, Susan Parker, was announced in Atlanta as the Fifth RI Secretary General. [Note: The dues earmark in the SSA Disability budget remained in place (despite minor adjustments) through 2010, more than twenty (20) years.]

### USCIR

- USCIR agreed to remain the RI national member organization if other federal programs and nonprofit organizations could also join as dues paying members.

## USCIR Becomes USICD

- USCIR's work benefited greatly from staffing supplied by some well-known people who were between major appointments in their respective careers. Roseangela Beman-Bieler, most recently known and appreciated for her role with UNICEF, worked at USCIR after moving to the Washington D.C. area from Rio de Janeiro. Judy Heumann after two terms in the Clinton Administration's Assistant Secretary post overseeing Special Education, Vocational Rehabilitation and National Institute on Disability Rehabilitation & Research (NIDRR) worked to re-tool USCIR to merge with Disabled People's International - USA. Present-day USICD's structure is the result. Ilene Zeitzer served as the Acting Executive Director of USICD 2002 to 2006.
- USICD was established in 2001 as the DPI U.S. Member organization, as well as the RI Member organization. This program model mirrors what New Zealand did with its DPA - Disabled People's Assembly.
- USICD's Presidents have included: (a) John Lancaster, 2004 through 2007; (b) Marca Bristo, 2008 - 2015; and (c) Dr. Patricia Morrissey, 2016+; Marca was also the RI Vice President for North America, as such, an active member of the RI Executive Committee.
- 2006's ratification by the United Nations of the Convention on the Rights of Persons with Disabilities (CRPD) stimulated the resolve by the USICD Board and Leadership to pull out the stops and launch an initiative to likewise achieve ratification of this foreign treaty by the U.S. Senate's Foreign Relations Committee.
- CRPD Ratification in the U.S.: under Marca's leadership USICD reorganized to answer the call for a domestic CRPD awareness Education and Outreach Campaign in 2009, plus other initiatives, such as the Global Disability Rights Library Project.
- International USICD "reaching out" included the participation by current or former USICD Board Members on the professional commissions of Rehabilitation International: Barbara Leroy, Education vice chairperson; Madan Kundu, Employment, chair and vice chairperson; Susan Parker, Policy & Services vice chairperson.
- USICD Staff: David Morrissey, was hired in 2009 as USICD's first full time staff Executive Director. Under his leadership the staff grew to four (4), including Isabel Hodge as the second in command, which created the need for a suitable office. David remained in place until 2017 when Isabel was hired on 1 July, 2017 as the Executive Director. Presently, the staff numbers one (1) person. Isabel's previous position was with the US Department of Defense, Office of the Secretary of Defense, Military Community & Family Policy, Office of Special Needs.
- RI Dues: in 2010 when SSA notified USICD of its intention to stop its payment of dues to Rehabilitation International (RI), USICD requested that RI accept that USICD's membership at the Associate Member level, in order to free all parties to pursue options of reestablishing a U.S. National Member Organization (NMO). [Note: in 2010 when these discussions were held, the U.S. cost for an NMO membership was \$40,000. Today, 2020, the cost is \$15,000.]
- CRPD Ratification Initiative Results: (a) the December 4, 2012 vote on the ratification by the Senate's Foreign Relations Committee lost by only 5 votes; (b) the 2014 effort got out of committee with a new CRPD resolution and ratification package but ran out of time for consideration before adjournment; (c) there will be a third try at a time when the positive voting makeup appears more favorable.
- United Nations: USICD has Consultative Status with UN ECOSOC and regularly works at the annual Conference of States Parties, the Disability Forum, and was a participant in the 2019 High Level Political Forum (HLPF) for the ILO Centennial Anniversary Event at UN NYC.
- USICD Board Members Active in RI: (A) Endorsed and recommended by USICD, Mr. Michael J. Brogioli agreed to step into the role of RI Vice President, North America, effective November 1, 2016 if elected. He is also a member of the USICD Finance Committee. (B) Endorsed and recommended by USICD in 2012, Susan Parker stood for and was elected by the RI Governing Assembly to the position of Treasurer, Rehabilitation International, November, 2012. Similarly, USICD endorsed and recommended that she stand for and was elected to a second term as Treasurer, 2016+. Given the global situation with the covid pandemic, all RI Board Members were asked to stay on for one more year, to autumn 2021. Parker is also a member of the USICD Finance Committee.

- USICD annual activities, in addition to governance, includes sponsorship of an annual Gala to celebrate in December the International Day of Disability. Photos below reflect the high spirits of this much anticipated event which also features the awarding of the Dole - Harkin Award and an International Award for Advocacy. The Dole-Harkin Award is named for Senators Robert Dole and Tom Harkin (both retired and active advocates) who can be counted on to vigorously support innovative legislation.

**GALA PHOTOS** are chronologically listed by each year, beginning with the first year 2014. Each event notes the Gala's location, that year's winner of the Dole-Harkin (D-H) Award and the International Advocate's (I-A) Award.

- 2014 Institute of Peace: Senator Tom Harkin, D-Iowa (D-H) and Gerald Quinn, ESQ, Ireland (IA).



*Senator Tom Harkin, Gerard Quinn, and David Morrissey with the Ambassador of Ireland Anne Anderson*

- 2015 Embassy of Finland: Senator Kelly Ayotte, R-New Hampshire (D-H) and Kalle Konkola, Finland (IA).



*USICD board members with 2015 honorees:*

*Front row (left to right): Marca Bristo, Kalle Konkola, Senator Kelly Ayotte, Senator Tom Harkin (ret), Senator Bob Dole (ret) and Judith Heumann*

*Back row: Jerry McCloskey, Pat Morrissey, David Hutt, Finnish Ambassador Kirsti Kauppi, Candace Cable, and David Morrissey*

- 2016 U.S. Chamber of Commerce: Senator Al Franken and Rep. Cathy McMorris Rodgers (D-H) and Silva Quan, Guatemala (IA).



*USICD board members with Senator Bob Dole (ret), Senator Al Franken, and Cathy McMorris-Rodgers*



- 2017 Embassy of France: Senator John Barrasso, R-Wyoming and Judith Heumann (D-H) and Risnawati Utami, Indonesia (IA).



*Senator Harkin (ret), Pat Morrissey, and Senator Barrasso*

- 2018 AT&T Forum, Washington, DC: Senator John McCain, R-Arizona and Senator Tammy Duckworth, D-Illinois (D-H), and Rosemary Kayess, Australia (IA).



*Gala participants receiving the Posthumous Accolades honoring Senator John McCain*



*Judith Heumann and Senator Harkin (ret)*



*Senator Harkin (ret) with Tammy Duckworth*



*Risnawati Utami, Candance Cable, and Isabelle Hodge*



*Rosemary Kayess speaking from Sydney, Australia*



- 2019 AT&T Forum: Marca Bristo, USICD's Past President and CEO of Access Living, Chicago and Congressman Jim Langevin, D - Rhode Island and chairman of the Disability Caucus (D-H) and Sir Philip Craven, Global Paralympics Leadership, United Kingdom (IA).



*Janet Lord, USICD Board, addressing gala participants*



*USICD Board members with honorees*

*Back row (left to right): Michael Brogioli (RI Vice President and Finance Committee North America), Senator Tom Harkin (ret), Sheila Newman (Business Owner and Policy Committee), Meg O'Connell (Business Owner and Policy Committee), Susan Parker (RI Treasurer and Finance Committee), David Hutt (Outgoing Finance Committee), and Jerry McCloskey (Treasurer and Independent Living Leader)*

*Front row (left to right): Candance Cable (Consultant/ Paralympics and Resource Development), Congressman Jim Langevin (D-H), and Isabelle Hodge (Executive Director)*

- 2020 Virtual Gala: Representative Dina Titus (D-Nevada) and Senator Bob Casey (D-Pennsylvania) - both recipients of the Dole-Harkin Award and Ikponwosa Ero, UN Independent Expert on the Enjoyment of Human Rights by Persons with Albinism, from Nigeria living in Canada, the International Advocate Award.



*Left-to-right: Dina Titus, Bob Casey, and Ikponwosa Ero*

## USICD Projects/Events

- Myanmar Training Project: 2014 National Disability Conference



- Caribbean Event: 2019 Disabled Peoples' International North America and the Caribbean Meeting



- COVID-19 Panel Discussion, June 1 2020




- 30th Birthday Celebration Seminar, Americans with Disabilities Act (ADA), July 2020



Author: **Susan Parker** was introduced to Rehabilitation International in December, 1989 as she began her tenure in Washington, D.C. as the U.S. Social Security Administration’s Disability Commissioner. Prior positions in grassroots psychiatric social work and leadership running large service programs with two state governors prepared her to advocate well for people with serious mental health difficulties and their families. She went on to lead Rehabilitation International with Presidents John Stott (New Zealand) and Arthur O’Reilly (Ireland). She finished the government aspect of her career as Policy Director (Disability), U.S. Department of Labor after several years in Geneva with the International Labour Organization. She lives in her home state of New Hampshire. She has served RI most recently as its Treasurer, 2012 to present day and is active in community service programs and the Board of the U.S. Council for International Disability.

The photos in the USICD story are courtesy of USICD and its Executive Director, Isabel Hodge. Isabel has been with USICD about five (5) years after a career in the U.S. Department of Defense, the Secretary’s Office, in charge of services to special needs families deployed overseas.



**Section 7**  
**Individual**  
**journeys with RI**

# Acton, Norman

## Secretary General of Rehabilitation International (1967-1984), Global Disability Pioneer



Norman Acton, who was best known for his advocacy on behalf of disabled children and adults with the United Nations, UNICEF and Rehabilitation International, died on February 23 in Homosassa, Florida at the age of 86.

He conceived of disability as an important social and economic issue on the global level, and developed in the 1970s the now familiar statistics that “one in ten people are born with or acquire a disability during their lives.” His early emphasis on the responsibility of all governments to plan for social and economic integration of their disabled population countered the then contemporary approach of charity as the dominant response to disability.

During his tenure as Secretary General of Rehabilitation International (1967-1984), a worldwide membership organization based in New York, Mr. Acton oversaw the development of the International Symbol of Access, now in use worldwide to mark accessible facilities, and worked closely with the United Nations to develop its International Year of Disabled Persons (1981), and with UNICEF to develop its first official policy on childhood disability (1980).

Previously, he served as the Secretary General for the World Veterans Federation in Paris (1961–67), and simultaneously as the founding President of the International Sports Organization for the Disabled; as the Executive Director of the U.S. Committee for UNICEF (1954–59), where he supervised development of the Halloween “Trick or Treat” for UNICEF campaign; and as Chief, Economic and Labor Section, U.S. Military Government, Gifu Prefecture, Japan (1947–49). Mr. Acton’s military service from private to captain (1943–46) included combat, criminal investigation and in military government, Pacific Theater.



Awards included: Commander, Portuguese Order of Prince Henry the Navigator; Officer, Royal Dutch Order of Orange-Nassau; and an honorary doctorate of science from Long Island University. Born in Colorado in 1918, he received his B.S. in journalism from the University of Illinois in 1939 and worked as a freelance writer in Chicago 1939–43.

Following retirement in 1984, he and his wife, Katherine (Brown) moved to Florida. He remained active in the disability field for many more years, serving on the board of the World Institute on Disability and as a consultant to the International Rehabilitation Foundation based in Hong Kong. For more details about Norman Acton's contributions to the field, see Prof. Nora Groce's history, *From Charity to Disability Rights: Global Initiatives of RI 1922–2002*, available from RI.



*Norman Acton, at right, accepts a plaque honoring the 50th anniversary of RI from actor and advocate Harold.*

**Source: International Rehabilitation Review, August 2005, Vol. 55, No. 1. (p.59)**



**Collins, John**

# For His Pioneering, Advocacy and Leadership in Support of The Rights and Welfare of People with Disabilities and Other Disadvantaged Groups in Hong Kong

Joseph Kwok

When I was asked to write a memoir of Rev. Fr. John Collins on the occasion of the golden jubilee of Hong Kong Society for rehabilitation, I had no hesitation at all to accept the invitation. For one thing, I had been working very closely with Fr. Collins since I joined rehabilitation field from 1980, first as Rehabilitation Division Officer of the Hong Kong Council of Social Service, then as General Secretary and Board member of the Hong Kong Society for Rehabilitation. Moreover, the image of Fr. John Collins has remained very strong in my memory even he had left us for some years. While I was composing my thoughts and feelings about Rev. Fr. John Collins, I began to feel my limitations in revealing the great passion and love of an exceptional Irish Jesuit who had served the people of Hong Kong for over 60 years.

Rev. Fr. John Collins was born on 19 January 1912, entered the Society of Jesuits on 2 Sept 1929, came to Hong Kong in 1937, and died on 17 June 1997 in Hong Kong. He spent his whole missionary life in Hong Kong, preaching the gospel of God, teaching, and doing social work. He was a co-founder of Hong Kong Society for Rehabilitation in 1959, together with Professor Sir Harry, GBS, KBE, JP; Mr. M.B. Lee, SBS, MBE, JP and Mrs. Anne Marden, BBS, MBE, JP. Together they formed the most magnificent leadership team that has brought Hong Kong to the forefront of international disability movement, and made Hong Kong a model of excellence in achieving equality and inclusion for people with disabilities for most societies in Asia and the Pacific. Together with his other involvements in the field of disability, Rev. Fr. John Collins is remembered as the most important pioneer in rehabilitation in Hong Kong.

When Rev. Fr. John Collins turned 50 years old in 1962, he was appointed by the Irish Jesuit Mission in Hong Kong as a full-time social worker. He was sent “to study credit unions in the Philippines and the Fiji Island, with a view to returning to Hong Kong and starting a credit union among the teachers in private schools” (Morrissey, 2008:401). At Manila, Collins was also one of the Hong Kong delegates to a congress on rehabilitation.

When I first worked with Rev. Fr. John Collins, he often spoke to me about his mission in credit union movement. In fact, in those years I always had meetings with him in his credit union office in a commercial building in Yau Ma Tai. He did not have any secretary and his office was nothing more than a room with a working desk and filled with filing cabinets. It was from this humble place that Rev. Fr. John Collins nurtured a solid foundation for the Credit Union League of Hong Kong, and served as its adviser till his retirement. He managed to convince the Hong Kong Government that credit union was an effective facility to help civil servants inflicted by loan sharks. Because of him, the Government approved tax exemption status for credit unions, and allowed credit unions in government departments, including disciplinary forces. I learned from Fr. John Collins that the savings of one credit union in a government department had risen to surprisingly high levels within a short period of time. Indeed, the impact of Credit Union League of Hong Kong can hardly be overestimated in the 1970s and 1980s.

Rev Fr. John Collins celebrated his Golden Jubilee in the Society of Jesuits on 2 September 1979. "His Order commented on Fr. Johnny as a fighter on behalf of the 'small man', the handicapped, disadvantaged, voiceless poor" (Morrissey, 2008:541). In the same year, he was awarded by the Queen the honour of Member of the Order of the British Empire (MBE), in recognition of his work in promoting the welfare of the disabled.

Around the year of 1979, the Hong Kong Government began reengineered government structure and policies in response to the launching of the first White Paper on Rehabilitation 1977, and established the Rehabilitation Development Coordinating Committee (RDCC) (now Rehabilitation Advisory Committee). It was also around this time that Hong Kong Society for Rehabilitation began branching into modern medical rehabilitation, rebus services, and rehabaid services.

My close encounter with Rev. Fr. John Collins began in 1980, when the Joint Council was preparing for the celebration of the United Nations International Year of Disabled Persons 1981. Fr. Collins was the chairman of one of the five IYDP projects of the Joint Council, which was to promote accessibility. He was also representing Joint Council in negotiating with Government for funding support. Before I took up the post, I always thought negotiation with government departments for funding should be tedious, time consuming, and ineffective. I was so amazed that when Fr. Collins was present at such meetings, the process was often smooth, efficient and effective. He was so much respected by our government colleagues that they would not wish to challenge him and would only feel pleased to follow his suggestions. Later I learned that some of our counter parts in such meetings were his students in Kowloon Wah Yan College.

Fr. Collins had his unique way of changing people's paradigm of thinking, of engaging people in dialogues, and in broadening their horizons. He was concerned about the inaccessibility of Margaret Trench Rehabilitation Centre (MTRC). He wrote about this issue, went to meetings with MTRC, and advocated for changes through media. Finally he succeeded in engaging with the chief engineer of MTRC, and brought him to overseas rehabilitation conferences concerning accessibility and accessible transport. The chief engineer was converted, and from then on, MTRC took a serious and more systematic approach in converting, designing and constructing accessible railway facilities. Because of the relentless efforts of Fr John Collins, and his comrades both within and outside MTRC, we have today a mass transit system that shines over most other similar facilities in cities around the world.

As expected, Fr. Collins spent a great deal of time to improve on the rebus services of the HKSR, which was very close to his heart. He took over the Chairmanship of Rebus Subcommittee from Mr. M. B. Lee, who became Chairman of Society. I served Fr. John Collins as secretary of Rebus Subcommittee. Fr. Collins achieved two major goals during his Chairmanship. First, he managed to get the Central Government to place funding and monitoring policy responsibility from Social Welfare Department to Transport Department. This shift in policy marked a major development from welfare approach to mainstream approach in meeting transport needs of people with disabilities. At that time, the Commissioner of Transport, Mr. Peter Leeds was also a member of Rebus Committee. Because of the shift, rebus was placed in the same position as other transport systems in maintenance and management of both personnel and vehicles. A new approach to budget exercise was adopted and rebus service has since become on par with other professional transport services in Hong Kong.

At the same time, Fr. Collins was very concerned about the inaccessible public bus system. He was always on the alert that rebus should not be used by concerned authorizes and public transport operators as an excuse for inaction in dealing with inaccessible mainstream public transport system. Through his continued and persistent lobbying with TD officials, and key persons of bus companies, a good foundation was made for franchise bus companies to replace inaccessible buses with low platform and accessible buses. Because of the vision, and the unflinching efforts of Fr. John Collins, his voice, a voice representing the ultimate rights and welfare of people with disabilities had been heard.

Fr. Collins was perhaps the first consultant from Hong Kong offering accessibility transport advice to neighboring cities. In early 1980s, through International Council on Social Welfare grants, Fr. Collins and I were invited by the Singapore Council of Social Service on a consultation mission to advise Singapore on rebus service and accessible transport. The mission helped Singapore develop its first rebus scheme in the country.

In early 1980s, Professor Sir Harry, as President of Rehabilitation International, succeeded in admitting China Disabled Persons Federation to full membership of RI. Because of Professor Sir Harry, Hong Kong was also granted full membership status by CDPF and was given two votes. CDPF's delegation visited Hong Kong soon afterwards for exchanges and studied our rehabilitation measures. CDPF delegates were particularly impressed with barrier free legislation and measures. Subsequently Rev. Fr. Collins and I were invited by Shenzhen City Government on a consultation mission and assisted them in drafting the first access law in China.

One of Professor Sir Harry's mission as President of RI from 1980-1984 was to raise awareness of the world on disability issues through the publication of the RI Charter for the 80s, which was the most important statement bringing about the UN IYDP. Professor Sir Harry personally took up the enormous and almost impossible task of presenting the Charter to heads of states around the world. I was so fortunate to have joined the RI delegation presenting the Charter to China in early 1980s. Fr. Collins facilitated Professor Sir Harry's presentation to the Pope in Vatican. Professor Sir Harry was so happy and proud of this activity and shared that such could not have been possible without the help of Fr. Collins.

Fr. Collins had been a staunch supporter for self-help groups of people with disabilities. He was also personally involved in negotiating for an effective international status for cross disability self-help groups. During the RI's World Congress in Winnipeg in 1980, some senior members broke off from the world body and formed the Disabled Persons International. The first DPI World Congress was held in Singapore. Hong Kong's coalition of persons with disabilities took part, of which Fr. Collins was its advisor. Since his return, he assisted the coalition to transform into a cross-disability self-help group. I still remember the many nights we met in Fr. John's residence-cum office in Kowloon Wah Yan College. The late Mr. Peter Chan took over the leadership, and the organization was transformed into Rehabilitation Alliance Hong Kong. Fr Collins had tried with his influence on the elected president of DPI to admit Hong Kong as a full member. This however had not been realized because of the strong objection from the first DPI president, who refused to recognize the special political status of Hong Kong, and would only admit organizations with a national status.

After he retired from the service of Credit Union League, and rehabus service, Fr. John Collins moved his office to his room in Kowloon Wah Yan College, and continued his service for self-help groups of people with disabilities. We used to have meetings in Kowloon Wah Yan College in the evenings. When we met in small groups, we did it in his room, where I felt the great heart of a great priest who devoted his life entirely to the gospel and to people he served. His room had a working desk; several file cabins, and a meeting space which was used to install a bed hidden behind a wardrobe in the day time.

When Fr. Collins was approaching an advanced age and became more fragile, he moved into the elderly home of the Little Sisters of the Poor in Ngau Tze Wan. I felt so much blessed that he welcomed my regular visits, and we continued our exchanges on disability issues in Hong Kong and the world. As always, I was enriched by his wise counsel.

When Fr. Collins was less engaged in organizing activities during his later life, he gave me happy surprises in taking me to concerts. That was the beginning of my journey in appreciating classical music. Now I have a habit of turning on classic music channel whenever I fly long journeys.

My words can hardly reveal the richness of the great work of Rev. Fr. John Collins for the people of Hong Kong which is so abundant from his very wide life spectrums and extensive social networks.

Rev. Fr. John Collins will be remembered by us all.

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**Fang, Harry S.Y.**

# A Public Life Connecting WHO and RI

Harry S.Y. Fang

One morning, in the spring of 1974, I received an urgent phone call. I was seeing a patient at the time. When I picked up the phone I immediately recognised the voice of Governor Murray MacLehose. His voice was steady but grim. "My daughter has just had an accident in Scotland. She's paralysed. She's also five-months pregnant. I need some advice. Could you help me?" Within the hour I was at Government House.

The governor explained that his daughter's car had collided with a car driven by an American driving on the wrong side of the road. He went on to give me a more detailed briefing of her medical history and current condition. I told him that it was very important that she be admitted to a rehabilitation centre immediately. She would be able to carry the baby to full term and deliver it by Caesarean section. I went on to explain that her home would have to be modified to suit her needs. I reassured the governor that, with the aid of a wheelchair, his daughter would be able to lead a near-normal life.

Happily, Sylvia, Governor MacLehose's daughter, delivered a healthy baby and went on to lead a happy and productive life. In fact, as a result of her accident, she became a strong and effective advocate for the disabled in Scotland.

## Community-Based Rehabilitation

While serving in government, I still managed to remain engaged in my first love: rehabilitation. In 1969, I received an invitation from the World Health Organisation (WHO) in Geneva to attend a special conference for specialists on rehabilitation.

The WHO is an agency of the United Nations. Like all UN agencies, its offices always work through the local government. Hong Kong is, however, an exception. The Hong Kong Society for Rehabilitation was made a World Health Organisation Collaborating Centre in Rehabilitation. I was director of the centre and was able to use many of the resources available to me to develop services for the disabled in China.

The conference in Geneva in 1969 led to two resolutions: there was consensus that something needed to be done immediately to help the world's disabled and there was agreement that more emphasis should be put on community-based rehabilitation methods.

In 1970, Dr. Einar Helander came through Hong Kong and gave me a copy of a manuscript he had just completed entitled *A Comprehensive Problem-Solving Handbook on all Disabled for Rural Communities*.

The book was full of illustrations of practical solutions for use in rural communities. The book also provided some simple tables that could be used to evaluate results. The book itself was made up of loose-leaf chapters that could be removed and shared amongst others. The language Dr. Helander employed was simple and direct enough to be understood easily by lay helpers and family members.

Dr. Helander had written the book for work he was doing in Africa. I thought it was a particularly apt book for the World Health Organisation to publish and distribute. I had it translated into Chinese and have used it extensively during rehabilitation training sessions in China.



The reason I think that the manuscript is so effective is that it's applied to a very specific context. It's not meant to be used in urban communities or well-developed countries. It is designed exclusively for rural areas. The philosophy behind the text is to help the disabled help themselves and to encourage them to make full use of the resources available locally.

In 1972, I was elected vice president and chairman of the Asian Regional Assembly of Rehabilitation International. Asia was the first region to create a regional committee of

Rehabilitation International with an independent, self-contained constitution. Because the region is so poor, we felt it best if all the countries pooled their resources and worked together. Countries that were too poor to be able to pay membership fees but still wanted to avail themselves of the assistance and information that RI offered were allowed to join the organisation's regional committee free of charge. I had to fight for this concession before RI's general assembly. I always believed that it was better for us to have all the countries in the region join and participate.



Author: **Professor Sir Harry S.Y. FANG, GBM, CBE, OBE, JP** was a renowned orthopaedic surgeon, a rehabilitation expert, an organizer, a volunteer, a fund raiser extraordinaire, a politician as well as a reformer. He had devoted himself to helping people with disabilities. He established the Hong Kong Society for Rehabilitation in 1959 and had served the Society in various capacities. The Society was designated as World Health Organization Collaborating Centre for Rehabilitation in 1986 in coordinating the training programmes in China. He introduced the first policy paper on rehabilitation, "Integrating the Disabled into the Community: A United Effort" to the Government in 1977. Professor Sir Harry Fang was the first Asian elected as President of Rehabilitation International (RI) 1980-1984. He raised funds and purchased the headquarters of RI in New York, USA. He was a Founder and the Vice President of International Abilympics Federation, and a Founder of Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons 1993-2002. In Hong Kong, he had been the Chairperson of Hong Kong Joint Council for Persons with Disabilities (the umbrella body of organizations for and of people with disabilities) for more than 30 years. He has founded and served as President of a number of active rehabilitation and disability organizations in Hong Kong. He was a Steward of Hong Kong Jockey Club, and a Member of the Government's Executive and Legislative Council and the Chairperson of its Rehabilitation Advisory Committee in the 1970s, 1980s, and 1990s.

# Obituary: Harry SY Fang – The Legend Lives On

David Fang



*Figure 1: Harry SY Fang (1923-2009).*

Uncle Harry was always there for everybody, whether a relative, friend, patient, NGO, public institution, or just someone in need. He had the compassion, creativity, resourcefulness, and ability to make things happen, although he personally possessed quite modest resources.

He loved life, and lived it to the fullest. He was married to his teenage sweetheart Laura for 61 years, and was blessed with six glorious children. He ate heartily, but was never fussy about food or drink. He had boundless energy and enthusiasm, taking all tasks large and small within his stride. Fatigue only appeared when he was injured once falling on the tramway, rupturing his quadriceps tendon, and another time when he caught pneumonia on a trip to Africa. He loved his family most, then, depending on the stage of his career, his profession, and his destined life's work, rehabilitation.

Mahjong with family friends provided regular relaxation, while his steward's box at the races was fully utilised for entertaining guests, with occasional jubilation.

Due to the early death of his two elder brothers, he had to care for an extended family of 14 children and 8 adults. All of the children he nurtured became reasonably accomplished in their own fields. Nearly all were at his bedside at the time of his peaceful passing on 23 August 2009.

Much has been written on his outstanding achievements as a pioneer in rehabilitation and a champion of equal opportunities for all people. Few may recall that it was he who proposed in Legco (1983) the independence of hospital services from the civil service, and also the setting up of an Academy of Medicine. This led to the W D Scott Report recommending the establishment of a statutory Hospital Authority in 1986, and a Working Party on Postgraduate Medical Education and Training, which gave birth to the HKAM Preparatory Committee in 1990. However Harry Fang's idea of allowing the hospitals to set a reasonable fee, among other suggestions for sustainability, has yet to be realised. Public hospital services remain overburdened and unsustainable, while health care reform has it seems reached a political impasse. How I pray that he may look down from heaven now and show us a brilliant way to take this forward.

As an orthopaedic surgeon he had impeccable bedside manners and surgical skills. He taught two generations of orthopods and received numerous awards locally and abroad. The honours that he received for his many different roles and contributions far exceed the scope of these paragraphs.

He was often teased about the transoral approach to the upper cervical spine, but his success as a fundraiser went beyond the normal powers of verbal persuasion. His autobiography recalls many novel methods of raising cash for a wide range of charities and public services, totalling \$1.5 billion. Moreover, he was instrumental in the Jockey Club's decision to give \$300m to the Institute of Radiotherapy at QEH, \$300m to CUHK and UST for biotechnology, \$270m to HKU for redevelopment of the Medical Faculty, and \$165m to HKAM for the Jockey Club Building. His aim was to raise another \$1.5 billion, but someone else with his smile and creativity will have to take up that burden now.

Deng Pufang, Deputy Chairman of the Chinese National People's Consultative Committee, said, "Mr Fang's departure made me lose a good teacher and friend, while the work of the disabled internationally has lost a distinguished leader. His passing leaves endless recollections. We must all work much harder to carry forth his unfinished goals, and to achieve greater splendor."

In his eulogy, York Chow, Secretary for Food and Health, said, "Human greatness is not measured by one's power or wealth. It is measured by the number of people one can inspire and motivate to render help, support, care and love to other fellow men. Harry is an international giant and a Hong Kong legend in this regard, and we are blessed to have been associated with him. His words, his stories, his sense of humour, his optimism and his smile will always stay in our hearts."

For more information on his life and epilogue, the following website is suggested: <<http://www.fangfamily.com/sirharry/>>.

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# Fox, Michael

# Memorable Events and Highlights in My RI Journey

Michael Fox

The RI Centenary celebrates and commemorates the transition from charity to rights and empowerment for people with limited mobility and our global community.

The power of RI is the continuing ability to embrace all stakeholder, including people with a disability, advocates, NGOs, DPOs and governments.

There are many memorable events and highlights in my RI journey commencing with the 1972 12th RI World Congress in Sydney.

As an Australian architect in the 1970s – awareness of disability was limited and association with mentor Lionel Watts, the House with No Steps founder, led to a career strongly related to the creation of more equitable and accessible environments for everyone.

The 1972 RI World Congress opened a new awareness of programs and ideas from around the world and led to my initiation of Australia Access Standards and Australian member of ICTA – the International Commission on Technology and Accessibility.

My membership of ICTA began in 1979 and this provided access to many access experts worldwide and extensive information relevant to the new Australia Access Standards that came into effect in the 1980s in conjunction with the RI Charter for the 80s.

As a member of RI Asia Pacific, Australia participated in several AP Regional Conferences during the 1980s, creating memorable associations with great colleagues including Dr Harry Fang and MB Lee in Hong Kong, Ryo Matsui in Japan and Charlotte Floro in the Philippines.

ICTA provided a global network and the opportunity for a regional structure and worldwide promotion of the ISA (International Symbol of Access). As ICTA Chair this regional structure was formalised during the 1990s and many successful Regional ICTA meetings were initiated and held in most RI Regions.

Influential ICTA Global colleagues and friends in the 1980s and 1990s included Mette Granström, Thomas Lagerwall, Karl Montan, Paul Dollfus, Wycliffe Noble, Talat Al-Waznah, Eduardo Alvarez, and Joseph Kwan.

The 1996 18th RI World Congress in Auckland NZ included ICTA workshops and meetings and led to RI agreement to include Chairs of Commissions, including ICTA, to be members of the RI Executive Committee (RI EC).

The global power of RI was strengthened by more active inclusion of the Commissions – and led to the ground breaking RI Charter for the Third Millennium in 1999.

The Charter recommended a UN Human Rights framework – and following global RI support the UN agreed to develop a CRPD (Convention on the Rights of Persons with Disabilities). Significantly, RI advocated for inclusion of State and DPO (Disabled Persons Organisations) representatives at the UN and this resulted in global empowerment and raised awareness during the extensive UN New York meetings and deliberations.



*ICTA Global in Oslo, June 2004.*



*ICTA Global in Oslo, June 2004.*

At the Oslo 20th RI World Congress I was elected RI President and this great honour provided the opportunity to consolidate active RI involvement in the CRPD. My June 2004 World Congress closing address included:

“RI was established in 1922 and major RI activities and programs during the past 80 years have included the first Bill of Rights in 1931, the International Symbol of Access and the creation of a global network of organisations and people involved in access and equity.

Today RI is closely involved in many major international activities including IDA – the International Disability Alliance and the UN Convention on the Rights of People with Disabilities. The New York office of RI is well placed to participate in this important IDA and UN liaison.

RI has moved from a welfare / medical model to a rights based and more mainstream organisation. Accordingly we will be promoting RI as an organisation concerned with Rights and Inclusion.

RI in the new millennium can be a bridge builder, a networking organisation, a leader in access and a strong partner and advocate of the UN Convention.

During our (Oslo 2004) RI Executive Committee and Assembly meetings we discussed a number of key goals, as the basis for our RI strategy during the next four years. These goals relate to Focus, Networking, Funding, Membership and Process.

**Focus** – In consultation with our RI Executive Committee and RI membership, we plan to identify and implement achievable priorities.

**Networking** – We will strengthen existing links with important international organisations, including DPI, UN, WHO, ILO, ISPO and the World Bank.

**Funding** – Our aim will be to identify funding opportunities from both mainstream and other sources, to promote and implement our goals.

**Membership** – We need to identify and promote the knowledge base of our expanding RI membership. RI human resources should be clearly identified and can be used more effectively in all of our programs.

**Process** – We will review feedback from meetings such as this World Congress and from our membership, to ensure that future RI activities and meetings provide an appropriate forum to effectively respond to identified needs and priorities.”



With RI EC members, I attended many 2004 to 2006 UN NY meetings and actively participated in the various working groups and partnerships developing the CRPD.



*Michael Fox at KSRPD, September 2005.*

As convener of Article 9 Accessibility, extensive UN NY meetings and discussions resulted in an Article embracing virtual and physical access to the environment and services.

In 2006 the UN CRPD was adopted by the UN, and our global goal was to expedite ratification by 20 States.



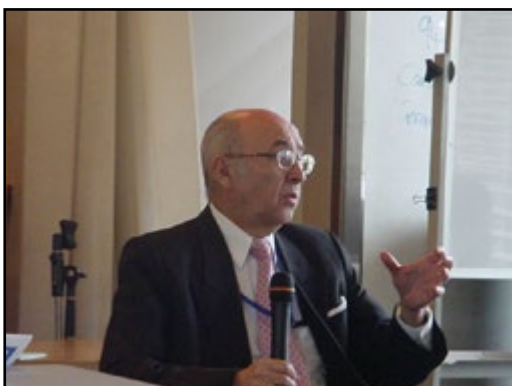
*UN CRPD in New York, August 2006.*



*Tomas Lagerwall delivers his speech.*



*UN CRPD in New York, August 2006.*



*Luis Gallegos delivers his speech.*

In April 2008 we held RIEC meetings in Quito and the Vice President of Ecuador signed the 20th CRPD ratification bringing the CRPD into force.



*RIEC in Quito, April 2008.*



*RIEC in Quito, April 2008.*



*RIEC in Quito, April 2008.*

Australia adopted the DDA (Disability Discrimination Act) in 1992 and ratified the CRPD and Protocol in 2008 and 2009. The Australian National Disability Strategy is a clear response to CRPD obligations – and my current activities in Australia relate to inclusion of equitable and accessible housing provisions in the national building codes.

During my term as RI President, the RIEC implemented a number of important RI changes – including establishment of the RI Foundation and Finance Committee, and a constitutional change to require a majority of people with a disability on the Executive Committee.

Great friends and colleagues during my RI journey include Eisa Al-Sadi, Khaled El Mohtar, Alf Morris, Susan Parker, William Rowland, Arthur O'Reilly, George Wilson, Bert Massie, Anne Hawker, Janet Kahler, Joseph Kwok and Sheikha Hessa Al-Thani.

## RI Centenary

The 2022 RI Centenary is an excellent opportunity to progress the global vision towards rights, equity and empowerment. Ideas and opportunities for the RI Centenary include:

- Invite all 180± CRPD ratifying States to attend RI Centennial celebrations
- Invite all available RIEC members to attend RI Centennial celebrations
- Rebrand RI as RI Global or similar
- Strengthen RI Global as a rights based organisation
- RI Global clear focus – supporting and implementing the CRPD



Author: **Michael Fox**, RI President (2004 - 2008)

Michael Fox is a Sydney based architect, access consultant and human rights advocate with over 30 years of related access and equity experience.

During the 1980s and 1990s he initiated Standards Australia access legislation and became involved in RI through membership and Chair of the ICTA Commission. From 2004 to 2008 Michael Fox was RI Global President with extensive involvement in the drafting, adoption and ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD).

He is currently Chair of Rights & Inclusion Australia, progressing more inclusive and accessible communities, housing and environments in Australia and the Asia Pacific Region.

**Hammerman, Susan**

## Susan Hammerman Completes 10 Years as RI Secretary General



Susan Hammerman came to Rehabilitation International in 1969, hired to help organize its 11th World Congress in Dublin, Ireland. She arrived with a dedication to the needs of developing countries, fueled by a Peace Corps assignment to Nepal's first school for deaf children, and with experience in providing speech and hearing services in tough New York City neighborhoods.

For 25 years she has served RI in various executive capacities, the last 10 as Secretary General. Along the way, she organized World Congresses in Canada, Japan and Kenya and directed groundbreaking projects in the economics of disability and in support of UNICEF's worldwide program for children with disabilities. These are but a few highlights of a career which has spanned all continents and the birth and rise of the international disability rights movement.

In 1993 Mrs. Hammerman resigned to pursue other professional interests, completing her duties at RI in January 1994. In her farewell communique to the RI membership, she wrote:

“We, each of us build on the shoulders of those who came before us. Our first Secretary General, Ms. Bell Greve, was a volunteer who would not allow even a global war to stop nurturing of the dream of rehabilitation worldwide; Mr. Donald Wilson built up the organizational base and membership upon which RI stands today; and Mr. Norman Acton raised the organization to its truly world level stature with meetings with Heads of State, providing inspirational leadership throughout the Decade of Rehabilitation and the International Year of Disabled Persons. It was my great pleasure to try to follow in their large footsteps.

“As I pass on the responsibilities ... I look back on the dreams we brought to the organization in the 1970's and 1980's. These are dreams which have emerged into the concepts of community-based rehabilitation; the campaign for the International Symbol of Access that led to the worldwide acceptance of the concepts of accessibility; the Decade of Rehabilitation which led to the Charter for the 80's and the United Nations World Program of Action for the Decade of Disabled Persons; and the regionalization of RI which has meant that we now have regional activity in every one of RI's regions ...

“Most telling is the change which has occurred in the leading body of RI, our Executive Committee, which now encompasses more leaders with disabilities, representatives of the seven regions of RI, more women, and a new generation of leaders, ready to move the organization forward towards the year 2000 and beyond.

“Dear Friends and colleagues in RI, it has been a most wonderful privilege to work with you. My heart will always be with you and all in RI. I wish you every strength in building your programs and efforts at home, in partnership with people with disabilities, as you work to shape the future of RI and its regional programs.”

Following Mrs. Hammerman’s announced resignation, many messages of regret, thanks for assistance over the years and heartfelt wishes for the future were received. Perhaps Norman Acton’s comments were the best summary. He said: “For a quarter of a century Susan Hammerman has served Rehabilitation International well and, by doing so, she has well served and helped shape the evolving world community of people concerned about disability. Her many accomplishments are well known.

“Of particular importance, during the ten years of her Secretary Generalship, when the tempo of change in the international structures of effort to define and protect the rights of people with disabilities sped up, and when organizational allegiances were often challenged, she did much to help the RI family remain a coherent assemblage of people and institutions while changing in progressive ways.”



**Hawker, Anne**

## Anne Hawker, RI President 2008-2012

### Introduction to RI

In 1984, I had the opportunity of attending the Asia-Pacific Regional Conference held in Wellington. This was a real eye opener for me to see many dedicated to making a difference to the lives of disabled people and giving them a voice to articulate their aspiration and dreams. More importantly, I saw people who, with the right support and environmental barriers removed, could have opportunities to be fully contributing members of society.

As part of DPA (NZ), I was aware that we were a member of RI and it was through DPA that I became more active especially as New Zealand's representative on the Social Commission. It was through the Social Commission that I met some amazing people who were committed to seeing a change, especially in moving from institutional to community-based care. As someone who ran a home-based support service, I had seen first-hand the value of keeping people in their own community and been able to access that community.

### RI World Congress in 1996

From 1988, DPA campaigned hard and won the opportunity to host the 18th World Congress in 1996. One of the driving forces behind challenging for the 1996 Congress was the election in 1992 of Mr. John Stott as the first disabled person to head RI. Further we wanted people in New Zealand to be involved in an event that brought the best of world thinking to New Zealand and showcased what New Zealand was doing to the rest of the world.

DPA (NZ) was fortunate to have the backing of the Accident Compensation Corporation for the 1996 Congress. This was crucial in being able firstly to bring together the range of international speakers including everyone from all the International Disabled People's Organisation and provide a wide-ranging cultural experience. To develop the Congress took for four years of hard work, once the bid was successful. There were several highlights of the Congress including the Maori welcome and the opportunity for the RI Executive to be invited onto a Marae.

The breadth of speakers included Oscar Arias of Costa Rica; the angel of Argentina and many more, too numerous to mention. We were extremely proud of the very professional and enjoyable Congress that we were able to pull together, and I was proud to host the Congress and welcome my many friends from across the globe and to make new ones. For many of the participants, it was the first time to New Zealand and several delegates took the opportunity to visit our beautiful country after the Congress. The Congress provided an excellent send-

As New Zealand is part of the Asia-Pacific region, DPA hosted the Regional NGO Network, and I had the honour of chairing the network which had a significant role to play in driving the agenda for the 2nd Asian and Pacific Decade of Disabled Persons (2nd AP Decade).

## Regional NGO Network (RNN)

The Asia-Pacific region has 70% of the world's population and consequentially a large proportion of the world's disabled population. The RNN recognised the need to work with countries to drive an agenda for change for its disabled population if we were to achieve the spirit contained in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

I was fortunate to Chair the RNN in 1996 and led the delegation to UNESCAP. It was during these experiences that I learnt some important lessons on diplomacy, especially around managing the relationship between governments and the NGO and keeping local politics out of international events; the amount of behind the scenes work that goes into the development of statements and the importance of understanding and respecting cultural differences.

One of the highlights during this time was assisting UNESCAP staff to draft the statement that was presented to the UNESCAP annual meeting to signal the next steps in the implementation of the 2nd AP Decade. It was amazing how important every word was. We finished the statement at 3 am in the morning so that it was ready for sign off by the Secretary General by 6 am.

I also attended several RI Asia Pacific meetings during this time. The meetings started to look at important issues such as sexuality, violence towards disabled people and disabled people having choice and control over their lives. I was fortunate enough to give the first presentation on Sexuality and to talk about domestic and family violence. This presentation resulted in a lot of discussion and for people able to share their stories and established a network of people who wanted to advance the issues raised.

## Social Commission

I became involved as New Zealand's representative on the Social Commission in 1990. In 2004 - 2008, I had the honour of been elected their Chair; a position I held for 4 years. One of the things that we did was to facilitate within RI and across the disability and rehabilitation sectors an understanding of the role that the International Classification of Functioning, Disability and Health (ICF) could play in recognizing the interplay of the very factors that could foster or hinder the participation of disabled people in their community. What I

enjoyed about my time with the Social Commission was the commitment of people from academia; rehabilitation practitioners, government officials and disabled people been prepared to debate the issues and to listen to different perspectives and come up with consensus statements and positions. We held several seminars at each of the regional conferences and World Conferences, which involved a raft of speakers of a variety of topics including the role of the media in shaping the attitude toward disabled people and social rehabilitation its place today.

One of the most memorable sessions was getting disabled women from various organisations and from various regions of the world to come together to identify the issues and present a unified statement that stated the necessary steps to make changes required for disabled women to be fully participating citizens.

During my time on the Social Commission, I was also a part of the Executive team and that gave me a taste for the important leadership role that RI could play.

## President-Elect

In 2006, I was elected President-Elect of RI. The first woman to hold that position in the 87 year history of the organisation. It was indeed an honour to be elected to this position. My role during this time was to support the President and at times to act as a mediator. During my time as President-Elect, I worked with the RI staff and incredible Asha Hans to develop a project that aimed to increase the employment of disabled women in India and enhance their life skills. I also worked with the RI team to pull together several Disabled Women's meetings in the Arab region. These meetings were significant. One of the highlights of this time was witnessing and been involved in the adoption of the UNCRPD. This was a truly momentous time for disabled people, and RI should be immensely proud of the contribution it played.

## President

At the RI World Congress in 2008, I became the World President and the first woman to hold that position. I was extremely grateful to my friends from New Zealand who handed me over to the safe keeping of RI. It was certainly an exciting time as state parties and civil society worked through how to turn the UNCRPD into reality.

RI continued to play a leadership role at the UN and I had the opportunity of leading some sessions around Women; Data and Statistics; and Employment and reasonable accommodations.

I also enjoyed the opportunity to continue to work with people in various regions and hear from those on the ground what the things that we should do to make Rights Real are.

One area that was important to me was the area of Emergencies and Disabled People, and the opportunity to work with the Nippon Foundation

One area of challenge during my time as President was finding ways to turn our finances around with ensuring that we continue for another 100 years.

I am extremely grateful to have a great executive leadership team who displayed an incredible breadth of skills and resources. I am sure that our friendship will endure in this changing world.

Immediate Past President and Member of the Finance Committee

The role of immediate past President is also a tricky one, and my aim was to provide support to the incoming President. One of the highlights of this time was the visit of the RI Committee to New Zealand. I am extremely grateful to all the Executive who made the effort to come and those who shared their expertise. I really enjoyed the opportunity to host people in my own home.

I was extremely lucky to be able to have input into the Finance Committee and to support the amazing Treasurer who had taken on this role.

My last trip with my friends in RI was to Macau and to once again meet up with the many friends that I have made in the Asia-Pacific region. Because of my health, this will be my last travel overseas.

May I take this opportunity to wish RI all the best for the future, and may you continue to ensure that people with disabilities can reach their potential and throughout the world we improve access to rehabilitation services.



Author: **Anne Hawker**

**Ministry of Social Development Wellington (2007- Present)**

- Principal Disability Adviser

**ACC Wellington (1999 - 2007)**

- Strategic Programme Manager
- Rehabilitation Improvement Manager

**Central Regional Health Authority (Also known as Transitional Health Authority, Health Funding Authority and Ministry of Health) (1996 - 1999)**

- Project Manager (Oct 1998 – Aug 1999)
- Manager of Access Services (Nov 1996 – Oct 1998)
- Aged Care Analyst (Jul 1996 – Nov 1996)

**Head Injury Society of New Zealand (1995 - 1996)**

- Chief Executive Officer

**Self-Employed (1992 - 1996)**

- Private Consultant
  - » Provided a range of consultancy services to executive level of social and healthcare sectors
  - » Researching and analysing barriers to service and development of strategies to optimise future service delivery
  - » Compiling data, writing and presentation reports to management and advising on risks, benefits and possible outcomes of change options

- » Contracts: Capital Coast Health, University of Otago, Massey University, Mosgiel Abilities Resource Centre and Multiple Sclerosis Society of New Zealand

#### **Massey University (1991 - 1992)**

- Lecturer (MS Module of Issues- Rehabilitation)

#### **Mosgiel Abilities Resource Centre (1988 - 1991)**

- Founder/Managing Director

### <Voluntary Work>

#### **2012 – 2018**

- Member of RI's Finance Committee

#### **2012 – 2014**

- Immediate Past President

#### **2008 – 2012**

- President of Rehabilitation International
- Speaker at the Part of the IDA delegation at the UN

#### **2010**

- Invited speaker to the UN on MDGs and the UN Convention
- University of Galway, Ireland – Monitoring the UN Convention, RI Copenhagen Conference

#### **2009**

- Speaker on Education and Employment at the Conference in India Keynote speaker in Dubai on Education
- Presented to the UN Conference of State parties on accessibility and reasonable accommodation

#### **2005**

- Invited presenter at the Rehabilitation International Arab Regional Conference in Bahrain
- Invited presenter at the National Accommodation and Community support Conference in Melbourne
- Appointed Life member of DPA (NZ)

#### **2004- 2008**

- Social Commission for Rehabilitation International

#### **2003**

- Appointed Life Member of the NZ Rehabilitation Association

#### **2001**

- Presenter and attendee at the RI Congress in Brazil

#### **1995-1998**

- Leader of the NZ delegation to the RI Assemblies and Conferences in Indonesia; Auckland; Korea and Hong Kong
- NZ representative of the RI Asia /Pacific Committee

#### **1996-1997**

- Representative for the Regional Non-Government Network for the Promotion of the "UNESCAP Asian and Pacific Decade of Disabled Persons, 1994- 2003"

#### **1996**

- Chair and hostess of the RI World Congress in Auckland

#### **1995**

- NGO representative to the "Review of the UNESCAP Asian and Pacific Decade of Disabled Persons"

#### **1994**

- Leader of the New Zealand Delegation to the Disabled Persons International World Assembly in Sydney

#### **1994 – Present**

- Social Rehabilitation Commissioner for New Zealand to RI

#### **1992**

- Roy McKenzie Travel Grant to Great Britain to look at the interface between Statutory Health Services and community based health services for people with disability
- Delegate to Disabled Persons International World Congress and Independence '92 Exposition

**1990**

- Delegate to Disabled Persons International Leadership Training Seminar in Fiji

**1989**

- Deputy Chairperson of the Service Development Group of Rehabilitation for Otago Area Health Board
- Chairperson of the Otago Vocational Support Programme Advisory Committee
- Member of the National Advisory Committee for Vocational Opportunity Support Programme

**1984**

- Delegate to the Asia/Pacific Rehabilitation Conference in Wellington



**Kemppainen, Erkki**

## Memories from the Social Commission: Social Rehabilitation and Equalization of Opportunities



When looking at the word rehabilitation from the point of view of ordinary language and not from official documents, it appears to have many meanings, depending on the user. Obviously, rehabilitation refers to the improvement of some aspect of life. This creates often in everyday life sufficient understanding of the idea of rehabilitation. In specific contexts, like in social security systems or regarding professional rehabilitation methods, the concept of rehabilitation requires specification.

Sometimes the word seems to have a negative connotation. There can be fears that rehabilitation changes something what is not wanted. That is why it should be made clear that rehabilitation is not about changing one's personality or fundamental ideas. It is about helping a person to fulfill one's potential in life activities. However, rehabilitation can open

new perspectives for the person. After all, rehabilitation can be a small or big change of life. The value basis of rehabilitation should be open and clear and it should be discussed when needed.

The possibilities to act depend on person's capacity and one's environment. That is why environment must be a part of rehabilitation thinking. There are many kinds of environment. Attitudes, communication habits and services are a part of social environment. Accessibility refers to access to physical environment, information and communication technologies, and to other facilities and services. It is discrimination if access is denied structurally or consciously. These points are written into a conceptual whole in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

What is not rehabilitation? There needs to be a preliminary understanding of rehabilitation at the level of everyday life and ordinary language. It can be something like what is sketched above. For specific purposes a more specific definition can be needed. Then the definition excludes some other activities like general or other social services. However, service systems are related to their social context and that is why actual rehabilitation programs and services and the use of language may vary between societies.

In the Social Commission we have a long history of cooperation on many issues. During the term of Erkki Kemppainen as the Chair in 2000-2004 there were many ongoing activities in the Social Commission. Previous Chair Dr. Koon Sik Min had taken care of them.

The Social Commission had adopted in 1986 the following definition:

“Social rehabilitation is a process, the aim of which is to attain social functioning capacity. This ability means the capacity of a person to function in various social situations towards the satisfaction of his or her needs and the right to achieve maximum richness in his or her participation in society.”

Assistant professor Eiko Okuno had persistently worked in order to clarify and define the concept of social rehabilitation. That work had continued in 1998 in the form of the working group chaired by Eiko Okuno. Through various stages the results were presented in 2004 in a report “Refined Concept and Programs of Social Rehabilitation”, edited by Eiko Okuno. This work has not only been a learning process for the participants, but also useful for the development of rehabilitation.

A part of the work was to study by a questionnaire the use of the definition of the social rehabilitation and the programs related to it. The answers of eleven countries to questions “What do you understand by social rehabilitation?” and “Do you have any term for social rehabilitation?” were collected. Six countries answered that the definition of 1986 is accepted and used. Two countries have their own definition of social rehabilitation. Three countries answered that there is no agreement on the definition of social rehabilitation.

In the report also actual programs were studied. In this respect it included chapters “Program for Attaining Social Functioning Ability (SFA) developed in Japan” by Eiko Okuno, “Staff Training Workshop on Enhancing the Quality of Life of Adolescents with Intellectual Disabilities: A Hong Kong Experience” by Phyllis King Shui, “Social Rehabilitation: Issues and Trends in Korea” by Jong In Kim and “Social Welfare and Social Rehabilitation in Japan” by Eiko Okuno.

It obvious that many concepts are used to refer similar activities. Social rehabilitation can also be a dimension in some bigger system. However, social rehabilitation refers to something which is different from other forms of rehabilitation and also different from other social services. That is why it makes sense to use the concept of social rehabilitation.

The purpose has not been to harmonize rehabilitation, but to exchange ideas and build up common understanding about rehabilitation. For that purpose the discussion on concepts and definitions is a good tool. The concepts are about actual reality

and that is why it is also important to have actual services and programs in mind.

The Social Commission has also had a broader approach to rehabilitation by thinking the role of rehabilitation in the society.

Statistics helps to understand the relative significance of various facts and phenomena. The work lead by professor Hisao Sato has contributed to this understanding.

Social Commission has also organized smaller informal seminars in the context conferences or meetings in order to facilitate discussion on many interesting issues.

Although scattered into various roles, but committed contribution by Social Commission members to the promoting of the UNCRPD is an example of this broader interest.

Anne Hawker was the Chair of Social Commission in 2004-2008 and the President of RI in 2008-2012. Her philosophical approach has greatly contributed to the work of Social Commission and RI.

Joseph Kwok was the Chair in 2008-2016. Khaled El Mohtar is the Chair in 2016-2020.

...

We feel that our time in the Social Commission has been an important opportunity to meet people and work with them. We want to thank them all, whether we have met them briefly or worked together longer in various roles.

Rehabilitation has a refreshing function in changing societies, but its goals and forms must constantly be assessed in order to keep it living in its context. There is still work to be done.

**Kwok, Joseph**

# Acceptance Speech of the The Kazuo Itoga Memorial Award

Joseph Kwok

Honorable Ms Yukiko Kada, Honorable Fujio Otani,  
Honorable guests, ladies and gentlemen,

Good afternoon,

I am so privileged to have the opportunity standing here in this Hall of the People. This is a most exemplary disability friendly Hall built by a City renowned for its nature, beauty and humanistic values. Blessed by the golden autumn in this beautiful country, this is an auspicious occasion paying our highest respect to great Japanese, the late Kazuo Itoga. You are an extraordinary and visionary audience committed to passing on to generations the torch of hope inspired by Mr. Kazuo Itoga in support of people with disabilities. Standing before you, I am profoundly humbled and deeply moved by the great honour the Kazuo Itoga Memorial Foundation has bestowed upon me and my family. I believe the Prize is recognition of the true value of love, compassion and dignity and rights of all people, including people with disabilities, which I try to practice. As a simple partner in the disability movement who was born and grew up in Hong Kong, I accept the Prize as a tribute to all those who have led the Region into the forefront of global and regional disability movement. The movement has created highly valued legacies for many generations to benefit, including my dear friends and sensei from Japan.

My first visit to Japan was in 1986 when I attended the JICA Leadership Training Program concerning disability for regional participants. My eyes were opened and my heart was touched by the great work I saw and the warmth and caring wisdom of my Japanese colleagues. I was so fortunate to have received personal advice from great sensei like Professor Ryo

Matsui and Professor Ichiro Maruyama. These two leaders together built and sustain a regional NGO platform firmly anchored on a common vision and strong solidarity in pursuit of disability causes. It was also the time when I began my involvement in Rehabilitation International. The 1980s were bountiful years of RI. Thanks to the great leadership of many great people, including late Professor Naoichi Tsuyama and Professor Satoshi Ueda. They were close comrades of Professor Sir Harry Fang, former RI President, in crafting the RI Charter for the 80s, and in presenting it in person to many heads of states. Professor Tsuyama and Professor Ueda delivered to the world a renowned global event, the 1988 RI World Congress in Tokyo. They also left behind a Congress Fund, which continues to support disability projects in the Region.

My first visit to Shiga Prefecture was in 2002 during the High Level Inter-governmental meeting on the occasion of concluding the first Asian and Pacific Decade of Disabled Persons 1993-2002. The Meeting unanimously approved the important regional mandate, Biwako Millennium Framework (2003-2012), named after the scenic and famous Biwako Lake. Touring around the barrier free facilities and world heritage of the Biwako Lake reaffirmed the Shiga Prefecture and its people's compassionate love and commitments to protect the rights and dignity of people with disabilities. It touched the hearts and minds of government delegates, so that they all spoke in one and strong voice. ESCAP and its professional experts have been commended for making the BMF a reality. ESCAP in turn owes its achievements to great leaders, with and without disabilities. Indeed, the launching of the first A/P Decade was made possible largely due to the relentless

advocacy, and political influence of Mr. Eita Yashiro of Japan and Mr. Deng Pu Fang of China. Their mission has been supported by outstanding Japanese professionals working in ESCAP.

The impacts created by Ms. Yukiko Nakanishi in late 1980s and early 1990s within UN systems are still echoed in many corners of the Region. Her mission was taken to new heights by her successor. Professor Takamine, whose work in ESCAP has earned him a very respectable nickname as “Father” of the A/P Decade. The first half of BMF targets have been pursued vigorously by again another ESCAP high performance team, represented by Ms. Thelma Kay, Ms Kay Nagata, Ms. Keiko Osaki and Ms Aiko Akiyama. These very dedicated and highly motivated UN professionals had mobilized the Region and contributed significantly to the drafting of the UN International Convention on the rights of people with disabilities, bringing the 6-year long process to historical and successful conclusion in August 2006.

The capacities and potentials of these and other exemplary Japanese leaders, with or without disabilities, involved in global and regional disability movements would not have been so fully realized if without the staunch support and vision from great people like you. Your legacies, your generousities, and your perseverance have been creating progressive, sustainable effects all over the Region. You are bringing hope and love to over 400 million people with disabilities, and brightening the lives of even more. The Region will continue to look upon the proud heritage of Shiga Prefecture as our model.

I come here today with deep reflections, only to realize how little I have done. My wife and my children are present in this memorable occasion. Their coming to this Ceremony would share the same feeling I have now. We are here not only to share the honour and joy the Board and Nominating Committee members have so generously granted us. We also pledge our best efforts to follow the footsteps of remarkable leaders, to support the disability movement both in Hong Kong and in the Region, and to strengthen our bond of common humanity. I wish to report that we shall donate the whole prize money, plus my family contribution to the Asia Trust, which was set up by Professor Sir Harry and Mr. M.B. Lee to support projects in the Region.

My most sincere thanks again to all Board members of the Kazuo Itoga Memorial Foundation, and my best regards to Mrs. Fusa Itoga and family.

Let me join you all in unity and with a profound respect for the late Kazuo Itoga.

Thank you. Doumo arigatou gozaimashita.

Joseph Kwok of Hong Kong, China

18 November 2006

[http://www.kyoto-np.co.jp/kp/topics/Itogakinen\\_e.html](http://www.kyoto-np.co.jp/kp/topics/Itogakinen_e.html)

The Kazuo Itoga Memorial Award is established to recognize people from Japan and Asia who have performed distinguished service in the field of welfare.

In order to praise the achievements of Kazuo Itoga (1914-1968), a man who dedicated half of his life to welfare for the handicapped and was affectionately known as the “Father of Welfare for the handicapped,” Shiga Prefecture has established the “Kazuo Itoga Memorial Award” to be presented to people who work for the promotion of welfare activities in Japan and Asia.

The award, which as a rule will be given out only to individuals, is for people who have performed service in the field of welfare and who are expected will continue to do so in the future. Approximately two recipients will be chosen every year from candidates in Japan who have been recommended, and several million yen will also be awarded as a supplementary prize. For the Asia region, recommendations will be accepted through the Ministry of Foreign Affairs and the Japanese Committee of the International Social Welfare Society.

In the next fiscal year, the foundation, which will manage the award, and its selection committee will be established, and the award will be given out starting in 1997. Shiga Prefecture along with private organizations will provide the funds for the organizations endowment.

Following the idea for a developmental guarantee of the handicapped, “Let’s make this child the light of the world”, Mr. Itoga established many facilities, including the Biwako Dormitory, a facility for handicapped people with severe mental and physical disorders. Until passing away in 1968 at the age of 54, Mr. Itoga accomplished distinguished work as a pioneer for welfare for the mentally.



# Paper Presented at the RI 2008 World Congress: Reinforcing Multi-Stakeholder Partnership for the UN Convention on the Rights of Persons with Disabilities and the Biwako Millennium Framework: Opportunities and Challenges in the Asian Region

Joseph Kwok

Chairperson, Honoured Guests, Ladies and Gentlemen,

People of Quebec City, Happy Birthday.

## Introduction

I am deeply grateful and pleased to be granted this excellent opportunity to address such an outstanding audience from all over the world. We are coming here to answer the call of RI to realize our common dream for a rights-based and inclusive world. This RI Congress is hosted by a great country which is renowned for its human rights tradition, and a model for the world in achieving a society free from any forms of discrimination. Quebec City is celebrating its 400 Happy Birth Day. This sends out special meaning to not only people of Canada but other cities around the world, that Quebec City includes a major world congress concerning disability in its 400 anniversary celebration.

I am asked to share with you the Asian situation and perspectives concerning disability. I trust a brief highlight of the general, and disability specific situations of the Asian Region would provide us a useful framework for an informed debate on disability issues. I would explain why it is vitally important for disability advocates to actively mainstream disability issues through cross-sector and multi-discipline approaches.

## The Asian Region

Asia is a vast region. It has about 60% of the world population. In Asia, you can find some of the oldest civilizations and religions; some of the most advanced as well as poorest economies, and many Asians living in rural and mountainous areas. The Asian history is not lack of armed and racial conflicts within as well as between countries, and frequent large scale natural disasters. You would find it interesting that only two countries in Asia have never been colonized, namely, China and Thailand. Diversities and differences among governments and peoples of Asia are the norm rather than the exception. Poverty, armed conflicts and natural disasters are among the main causes of disability in Asia.

## A Decade of Crises, Turmoil and Emerging Social Issues in Asian Countries

### Financial turmoil

Currency speculators' attack on the Thai Baht in May 1997 marked the beginning of rapid depreciation of most Asian currencies, stock values and assets, which affected in turn businesses and industries resulting rapid rise of unemployment rates. All peoples have suffered from the financial crisis with varying degrees. After nearly five years when countries in Asia are about to return to a sound recovery path, there came the 2003 spread of Sever Acute Respiratory Syndrome (SARS) which practically crippled the airline, travel and food industries in Asia. On top of these crises, most developing Asian economies are still in the process of adapting to the transition from labor intensive to knowledge economies. From

late 2007, Asian countries again are affected by the subprime mortgage crises and liquidity crunches in USA, which is spreading fast to the world, and still seeing no final solution to bringing back the once robust momentum of the global economy.

### **Man-made disasters**

Severe man-made disasters include massive racial confrontations in Indonesia in 1998 targeting at ethnic Chinese, frequent racial and religious conflicts and armed confrontations in a number of countries, including Malaysia, Thailand, Timor Leste, terrorists' insurgents in Philippines, and boarder confrontations.

### **Political upheavals**

Major political upheavals include people's movements in Philippines which toppled two presidents, people's movement in Nepal in 2006 giving rise to a new constitution and a new government, massive demonstrations against government corruptions in Thailand and Taiwan in 2006, military coup in Thailand in September 2006 bringing Thailand back to military rule after 19 years of constitutional democracy.

### **Severe natural disasters**

Asia is not lack of major natural disasters, e.g. the Kyoto earthquake in 1995, the Taiwan 21 September 1999 earthquake, the frequent massive flooding in China and Bangladesh, the unprecedented Tsunami in December 2004. Just in May 2008, Asia was hit by two catastrophes with such severe magnitudes not found in recent history. Myanmar was devastated in the first week of May by a severe cyclone, leaving tens of thousands dead or missing, and many more without food, medical care and shelter. Then, on 12 May, the deadly earthquake measuring 8.0, the most severe in the Richter scale rocked China, laying waste to major cities and villages in Sichuan Province. The number of people injured by the earthquake already rose to 370,000 by end of May, and about 10% of the injuries are of severe grade. Early in February 2008, China was already hit by the most severe snow storms causing breaking in electricity grid and transportation systems during the severest winter in 50 years that hit central and southern regions. A great deal of efforts on a long term basis will be needed from both government and society to support and empower the large number of people who have become disabled.

### **Anti-terrorists measures**

Asia also feels the after shock from the 9-11 terrorists attack on USA, not only because of the sudden shrinking of inter-continental traveling, but also the heightened alert of similar terrorists' insurgents in the Region. Terrorists' movements have often been reported in Southeast Asia, Northwestern China, and Middle Asia.

### **Other emerging issues**

On top of crises and turmoil, Asia has social issues of its own making, such as those concerning migrant workers from developing economies (e.g. Indonesia, Nepal, Philippines, Sri Lanka and Thailand) to developed economies (e.g. Hong Kong, Japan, Singapore, and Taiwan), cross boarder marriages resulting splitting families (as in the case of Hong Kong), and influx of large number of brides of different culture (as in the case of Taiwan).

### **Poverty situation of people with disabilities in Asia**

People with disabilities in the Region are facing critical and severe situations. About 80% of Asian people with disabilities live in rural or remote areas. Among the 900 million very poor people in the Region, the disabled are among the most discriminated against and the most impoverished. Although comprehensive figures are hard to come by, there may be between 250 million and 300 million people with disabilities in the region, and close to 200 million have severe or moderate disabilities that need special services or assistance. It is estimated that 238 million people with disabilities in the region are of working age (United Nations Statistics Division, 2004; Perry, 2002). They are grossly under-represented in the workforce. If they are employed, they tend to be underemployed or may work in informal settings where they lack protection with regard to security, safety, and decent wages. At the same time, people with disabilities often lack access to the very services and experiences that could lead to successful participation in the economic mainstream - such as vocational training, job opportunities or credit for self-employment. It is therefore not surprised that the unemployment rates of people with disabilities in many countries are about 40% to 80%.

## Asian Challenges and Regional Responses

Asia's experiences have strongly supported the thesis that no single government can rely solely on its own to handle domestic issues, majority of which will have regional and international linkages. A framework for policy mandates blessed with consensus among all nations in the Region has proven to be effective in guiding national practices and regional collaborations through sharing of capacity building resources and good practices.

### Disability movement in Asia

When it comes to disability concerns, there is a strong sense of brotherhood and sisterhood as well as examples of deep collaboration among governments and peoples in Asia. Immediately upon the close of the United Nations Decade of Disabled Persons 1983-1992, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) with the unanimous approval of all its member governments, proclaimed the Asian and Pacific Decade of Disabled Persons 1993-2002 (A/P Decade), a demonstration of a rather exceptional Asian solidarity and consensus political will. In 2002, ESCAP again with unanimous approval of its members, proclaimed the extension of the Decade to 2003-2012, and the proclamation of the Biwako Millennium Framework for compliance of its member governments. The *Biwako Millennium Framework (BMF): Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific*, (ESCAP, 2006) which was adopted at the high level intergovernmental meeting in Japan in 2002, identifies seven priority areas, covering: self-help organizations of persons with disabilities and related family and parent associations; women with disabilities; early detection, early intervention and education; training and employment, including self-employment; access to built environments and public transport; access to information and communications, including information, communications and assistive technologies; poverty alleviation through capacity-building, social security and sustainable livelihood programmes.

The NGO sector in the Region has been working very closely together in promoting the A/P Decade. A Regional NGO Network for the Promotion of the Asian and Pacific Decade was founded in 1993, and reorganized in 2002 as Asia Pacific Disability Forum, the membership of which comprises major NGOs and international NGOs. One of its key activities was the annual campaigns for the Decade, which were held in

rotation among its member countries. The involvement of major stakeholders of both governmental and non-governmental sectors in the development and monitoring of the Regional framework has proven to be useful in sensitizing and supporting interventions at national and local levels.

In March 2000, the first International NGO of and for people with disabilities World Summit was held in Beijing, and unanimously committed to urge the United Nations to adopt an international convention on the rights of disabled persons. Asian stakeholders are among the most active players in the Convention drafting process, including both governmental and non-governmental representatives, and organizations of persons with disabilities. The Asian sector met regularly during the drafting period involving all key stakeholder representatives, UN regional experts and subject matter experts, and produced a number of important documents for the reference of the UN Ad Hoc Committee, including the often referenced Bangkok Recommendations 2003.

## Critical Issues Affecting the Implementation of the Convention and The BMF

### Convention on the Rights of Persons with Disabilities (UN Enable, 2008)

The United Nations does not lack of Convention statements. The new UN convention, considered a major landmark for the new Millennium, is but the 8th of the first degree human rights convention. There are more others in the list in the second and third degree. We would be naïve to believe that the implementation of the UN Convention will automatically attract priority attention of governments and be supported with due resources. In fact, it would hardly be the case. We are quite pessimistic that only small percentages of people outside the disability sector have heard of, not to mention, sound knowledge of the Convention. The monitoring and implementation of the Convention would be a daunting task for leaders and advocates of the disability sector.

## The BMF

The BMF is an important instrument of ESACP, with personnel and resources support from ESCAP. BMF is an extension of the A/P Decade, and just concluded its mid Decade review. Its closing year is 2012. What happens next is every body's guess. The outlook is less than exciting. BMF is becoming less and less known to governments and people of the region. Even within ESCAP, the impact of resources constraints is felt. Donor governments' support for BMF is less enthusiastic probably due to other distractions. Some UN expert systems are getting less involved in disability issues as compared with the past Decade.

## UN systems and disability concerns

Given UN's commitment in achieving the Millennium Development Goals, and heavy demands from other issues, there is an obvious trend that disability concerns is becoming less a focal programme within the overall action agenda. ESCAP, for example, has incorporated disability concerns into its section on Emerging Social Issues, and has replaced the Thematic Working Group on Disability Concerns which has participation of nearly all concerned UN systems, by a multi-stakeholders working group without the presence of key UN systems. ILO gives another sign of diluting its regional disability focal point that it cancels its regional disability expert post. Ms Debra Perry had been the ILO regional expert for nearly a decade, and her impact is far above everybody's expectation. Her departure from the Region will be a great loss to us all. The focal positions of UN systems on disability, either serving as a full-time or an existing expert with a doubling up role assignment had been effective change agents over the past decades in achieving strengthened partnerships and collaboration between actors in the disability from developed and developing areas in the Region, as well as dialogues in a North-South perspective. These regional experts had been very effective in raising funds from donor governments to support such partnership projects. With the enforcement of the UN Convention, we should make use of all opportunities to impress on UN to reinstate such regional disability focal positions. On a positive note, ESCAP and other UN regional systems are required to respond to the UN Convention, which therefore opens the door to mainstreaming disability issues.

## Beyond the Implementation and Monitoring of the UN Convention

Since the adoption of the Convention in December 2006, it has attracted the attention of only a small percentage of people in a society. Even among these few better informed groups, many of them would have a perception that the Convention concerns only people with disabilities and primarily deals with State action. This of course is not true. In order for the Convention to become truly effective, it has to go far beyond raising people's awareness. One important, key measure is to promote multi-stakeholder, cross-sector and multi-disciplinary partnership. With the limited time given to me, I would highlight those issues that should require mobilization and involvement of key inputs from mainstream systems, cross-sector and inter-professionals. A strong sense of ownership of the Convention by all people in society will help achieve a road path of enforcing compliance to nurturing Convention and disability friendly practices. The issues I select for presentation here are normally less referred to in RI platforms but which have no less profound impact on the society.

*Equality and non-discrimination (ARTICLE 5 of the Convention):* Comparative studies on disability legislation shows that only 45 countries have anti-discrimination and other disability-specific laws. The implementation of Article 5 of the UN Convention will first need to raise the disability awareness of legislators and concerned legal professionals. Disability advocates have the unique role to carry out such disability awareness campaigns targeting at law-makers, and to work in partnership with human rights bodies in a country to strengthen human rights alliance and to achieve meaningful participation in existing or new national frameworks monitoring anti-discrimination laws and the Convention. Developing alliance with human rights concerned legal professionals and seeking partnership with law-makers are therefore particularly important in Asia.

*Article 9 Accessibility to information and communications, including information and communications technologies* requires States Parties to take appropriate measures to promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and to promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost. The situation however is rather dismal. Great majority of leading web-sites do not meet minimum accessibility standards

established by the World Wide Web Consortium (W3C). ICT is changing at a phenomenal rate and becoming a necessary tool for conducting every day business. Access of people with disabilities to web-based information, and ICT hard and software has become an urgent issue for both developing and developed economies. Disability advocates have a unique role to raise the disability awareness of ICT professionals, ICT corporations, and related GOs to speed up the transformation process to full ICT accessibility.

*Article 31 Statistics and data collection* requires States Parties to collect appropriate information for the Convention. This item seems to be rather distant to disability advocates.

However as the next population census of many countries are being targeted at the turn of the decade from around 2010 to 2012, mainstreaming disability data collection has become a very urgent issue, which should require close partnership with statisticians and concerned policy makers.

*Article 27 Item (h) Work and Employment* is to promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures. This item has a much broader scope of activity than expected, and covers also social enterprises. The former Regional Expert of ILO, Ms. Debra Perry, had developed a range of good practices relevant to this item, including national networks comprising businesses and disability concerned organizations. She initiated round table exchanges for multi-national corporations and NGOs of and for PWD. Inclusion and diversity objectives under the umbrella term of corporate social responsibility has become a common goal for many multi-national corporations and leading businesses at national and local levels. This provides good opportunity for disability advocates to carry out disability awareness campaigns within the business sector. Just April this year, I was invited to deliver a key note address on disability and employment in the Global Conference on Inclusion and Diversity of the Standard Chartered Bank held in Bangkok. Also in April, ESCAP Disability Expert, Ms. Aiko Akiyama, addressed disability issues and opportunities to increase participation in the workplace of persons with disabilities at the business based Asia-Pacific Diversity & Work-Life Strategy Council.

## Asia in Action: Opportunities and Strategies

Given the challenging environments in Asia, we should seek out opportunities that support disability issues. Such opportunities could come from the region's own initiatives. With a strong solidarity among regional stakeholders, stronger impacts and influences on governments and peoples could be expected. I wish to share my observations on Asia in action below.

### Coupling with mainstream campaigns

Olympics have become media favorites all over the world, and its coupling with Paralympics have created an excellent opportunities in disability awareness among governments and peoples, as well as contributing very significantly to the creation of barrier free environments for athletes, tourists and society in general. Abilympics offers another excellent example. The first International Abilympics was held in Japan in 1981, the UN International Year of Disabled Persons, and sponsored by RI. In 2007, the International Abilympics Federation succeeded to bring together the 7th International Abilympics (IA2007) and the 39th World Skills Competitions (WSC) under one grand programme, namely, the International Skills Festival for All, Japan 2007 (ISF2007). A total of 1,172 IA and WSC competitors from 55 countries/regions around the world showcased their brilliant skills in a range of vocational areas. A more recent example was the Accessible Tourism held in Bangkok in December 2007 in conjunction with an International Conference on Tourism. Coupling of disability focused campaigns with mainstream campaigns proves to be an effective strategy to raise society's awareness and mobilize support from government and people.

### **Mainstreaming disability issues in development programmes and post-disaster rehabilitation and reconstruction**

Disability advocates have to be pro-active in providing inputs to policies and guidelines for development and post-disaster rehabilitation and reconstruction programmes. World Bank has developed such model projects in selected Asian countries. Similarly, we have to ensure that projects sponsored by UN development systems and national governments for achieving MDGs will have to be disability friendly. The disability regional platforms sponsored by ESCAP are useful opportunities to involve the presence of such UN development agencies in order to raise the profile of disability friendly practices, and for networking, capacity building and sharing of good practices.

### **Mainstreaming disability issues in corporate social responsibility framework**

Networks of corporations, at national, regional and international levels are responding positively to the call for corporate social responsibility, and one major domain is on inclusion and diversity. Disability is one of the key items and also one that is less understood by private corporations. Disability advocates will find it beneficial to reach out to such corporations' networks, to enhance cross network relationship, and to help sharing of good practices among corporations. On this strategy, I wish to share with you the impact of a great model. Community Business in Hong Kong is a unique, not for profit organization of, and funded by, the private sector. A great majority of its members are multi-national corporations. Its mission is to lead, inspire and support businesses to continually improve their positive impact on people and communities, and one of its strategic action programmes is on diversity in work place. Its Conventions on diversity and inclusion in workplace are among the largest and most significant events in Asia. The disability sector in Hong Kong was invited as plenary chairpersons and speakers on topics related to disability issues, alongside speakers from private sector all over the world and UN experts. In November 2008, it will organize the third Convention of the same kind. This time, members of the disability sector have further roles to play, including co-organizers and supporters of the important event.

### **Regional programmes focused on the monitoring and implementation of the Convention and the BMF and sharing of good practices**

ESCAP and INGO platforms are good opportunities to identify issues of monitoring and implementation of the Convention and the BMF, and sharing of good practices. National governments are natural alliance and sponsors of such programmes. The Asian Pacific Disability Forum just held a regional conference in Dhaka, Bangladesh in February 2008. The local host succeeded at the Conference in getting Government's open commitment to support the implementation of the Convention and other key disability concerned policies and programmes.

### **Self-help organizations of People with Disabilities (SHOP) and the Asian Pacific Centre on Disability (APCD)**

During the first A/P Decade, ESCAP devoted major inputs in organizing self-help organizations at regional and national levels, with much emphasis on women with disabilities. The progress has been significant as SHOP leaders have been more visible in disability related ESCAP and inter-governmental regional platforms. The development has been brought forward to new heights with the launching of APCD at the beginning of BMF. APCD is a bilateral project between the Japanese Government and Thai Government to support the BMF. While it is governmental structure by design and relies mainly on Japan development grants for its capital and operating costs, APCD has deviated from most inter-governmental bureaucratic structures. Apart from being friendly to Asian governmental organizations, APCD is a strong disability advocate, and a major supporter of disability movement. It provides effective leadership training to SHOP, and has achieved great impact in empowering self-help organizations to have become equal partners in practically all inter-governmental regional platforms concerning disability. In spite of the rapid growth of SHOP in the region, their organization strength and capacity are still relatively weak compared with other advocacy and grass-roots organizations. As a movement, the disability sector has much diversities and differences within itself, and in many areas the growth of SHOP is seen more in number of organizations formed around specific disability characteristics. Few countries in the Region have a strong and consolidated national level networks or coalitions to nurture the necessary political force to raise the priority of disability issues in national action agenda. Given the challenges, APCD is an outstanding Asian model that may be of highly valued references to the rest of the World.



## RI and Regional Disability Movements

The Asian disability situations that I have just shared with you will be incomplete without reporting what RI has been doing in the region. In fact most of the landmark developments bear the marks of outstanding RI leaders.

RI Regional Committee was a founder member of RNN and APDF, and is among the most active alliance partners in delivering actions. The Secretariate of APDF is a complimentary service from Japan Society for Persons with Disabilities (JSRPD). JSRPD's support for regional programmes are led by Dr. Satoshi Ueda, who is the longest serving RI National Secretary for Japan, as well as the most effective Hon. secretaries of the RI Regional Committee for Asia and the Pacific. The Secretary Generals of RNN and APDF are respectively the late Professor Ichiro Maruyama and Professor Ryo Matsui who are highly valued members of RI.

RI facilitated the World Summit of International NGOs in 2000 in Beijing, which was hosted by CDPF, and sponsored by Professor Sir Harry, our Former RI President. The World Summit produced the first ever INGO joint statement, calling for the UN Convention, and sounded the marching horn to launch a global campaign for the Convention. Subsequently, the famous Bangkok Statement for the Convention (ESCAP, 2003) was partly a result of continued and active participation of RI members.

Over the past decades, RI Regional Committee for Asia and the Pacific has nurtured two CBR centres which have since made outstanding impacts in the Region. One is the CBR centre in Bacolod City, Philippines, which subsequently has become a WHO collaborating Centre. The other one is the CBR Centre in Solo, Indonesia, which has been serving as a CBR resource centre for RI and the Region. Recently, it also provides consultation to a new RI member in Timor Leste through a joint project sponsored by some RI members.

RI and its regional networks have by all criteria been effective partners and stakeholders in supporting disability movements in the Region. I wish to take this opportunity to share with you my personal observations on the leadership characteristics of RI which I think is the key success factor for us to pass on to our younger leaders.

## A Personal Note on the Leadership Characteristics of RI

RI as a global family has a great history and a great tradition. It has a history of great leadership making landmark impacts on the global disability movement, as witnessed by the impacts made by the RI Charter for the 80s, and the RI Millennium Charter. RI also has a valued tradition in working together with GOs, NGOs concerned with disability and across sectors. People of today, like us, owe all these achievements to our global leaders, with or without disabilities.

Indeed, RI, especially RI in the Asian Region, is better remembered and acknowledged for its leaders in action. Asian people are not too concerned about RI's organizational structure. Therefore, as an organization, RI should try its best to enlarge its family boundary to nurture and attract leaders, with or without disabilities, who have high moral commitments and dedications to the disability movements, and effective capacities. RI is in fact competing for capable young leaders to join its family. RI's unique tradition in being an organization embracing multi-sectoral and multi-interdisciplinary networks will have a special role in promoting a sense of ownership of the Convention by the whole society.

At this junction, I wish to elaborate my thoughts on the phrase 'leaders with or without disability'. No human being is perfect. We are all differently-abled. Those of us involved in the debate on the drafting of the UN Convention would realize that there is no absolute definition to the concept disability, not to mention the criteria in defining a disabled person. The leadership of Professor Sir Harry, when he was RI President and when UN was celebrating the IYDP, was recognized globally and respected by Chief Executives of many governments (Fang, 2002). He was then not identified as a disabled person. He became a visibly disabled person and required the use of mobility device after his first stroke. Immediately after his returning to social activities from intensive rehabilitation, he remained as active as before in guiding and leading disability movements. Even after he became immobile after his second stroke, he still remains the spiritual leader of our movement. The life history of Professor Sir Harry should have enlightened us to think with greater depth and longer vision about debates on who are disabled and who are not. RI should open its doors and arms to pools of people with the heart, talents and capacity to take on the leadership torch. Similarly, the disability movement should open its arms to partners from other sectors and disciplines to

take an active role, who may not be visibly disabled, but will certainly be disabled one day, if they remain for long enough in the disability movement.

The late Professor Ichiro Maruyama was another shining model for RI members. He was the founder and primary mover of the Regional NGO Network for the Asian and Pacific Decade of Disabled Persons, 1993-2002 (RNN). During the entire 10-year life span of RNN, Professor Ichiro Maruyama was not considered a person with disability. His effectiveness as an organizer and dream builder in raising the Region's awareness on disability and the A/P decade was equal to, if not beyond, any great leaders in the disability movement. When he became disabled in 2007, he took on another even more daunting challenge, by taking to task his government's violation of the ILO Convention which upholds the right to work of PWD with severe challenges. His views are being heard by ILO, and his initiative and action is creating huge impact in the Region. Identifying the late Professor Ichiro Maruyama as a leader without disability or with disability at his different life phases becomes totally irrelevant when all of us in the Region have lasting memory of his impacts, devotion and sacrifices relating to the disability movement.

Into the new era with the coming into force of the International Convention, RI should refresh itself with its great history and tradition, in mobilizing all sectors, all peoples and all who share the same vision. We should learn to recognize the devotion, commitment and perseverance of all leaders in supporting the disability cause.

## Conclusion

Along with uncertainties and challenges, Asian countries and their people are entering into the new Millennium with more opportunities, more choices, stronger political consensus, and heavier commitments on humanitarian values.

Disability movement is facing uncertain challenges. All partners of the movement are entering into unknown situations and embarking on new territories of agenda of action. All partners, including RI should seek out creative and innovative approaches to serve our common objectives of achieving a rights-based, barrier free and inclusive society with effect and efficiency.

RI's valued history and tradition, and its rich human resources, and leadership will continue to serve the disability movement in the Region. RI in the Asian region will continue to uphold

its strategic role as a genuine, dedicated and effective partner of all disability focused and mainstream networks.

Thank you.

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## A Memoir of 25 Years' Association with Bright Future and Hanoi Association of People with Disabilities (DP Hanoi) on the Occasion of the Hanoi Association of People with Disabilities 10th Anniversary, 2006-2016

Joseph Kwok

I have a very happy memory of Hanoi, and my over 25 years' of association with my Hanoi friends with disabilities. My first visit to Hanoi was in 1991 when I was invited by Professor Ryo Matsui, who was then the Specialist of the International Labour Organization for the Region, to take part in the first ILO Seminar. Since then I have been visiting Hanoi and other parts of Vietnam, either on a disability related mission or for pleasure.

One of my major purposes in visiting Hanoi during the first Asian and Pacific Decade of Disabled Persons, 1992-2003, was connected with disability concerned projects funded by the Asia Trust, in partnership with a disabled persons' organization in Hanoi, the Bright Future, and The Society of Support for Hanoi Handicapped and Orphans for People with Disabilities. Both projects have been successfully concluded with significant and positive impacts. We have been particularly impressed with the progresses made by the Bright Future, its contributions to Regional action agenda, and its impact on national disability development work. Bright Future became a founder member of DP Hanoi, and have since been very active in supporting DP Hanoi.

I still remember vividly the time when I first met Mr. Nghiem Xuan Tue some time in late 1990s during the visit of Regional NGO Network (RNN) for the Promotion of the A/P Decade to Hanoi to prepare for the RNN Campaign 2001. We were so surprised to find that Mr. Tue was exceptionally professional, efficient and effective, and above all very hospitable. APDF was not yet formed so as NCCD. However same groups of people have already become good friends and close comrades in supporting disability causes in the Region.

It is also the year when I started project collaboration with Bright Future, and one of its key, dynamic and effective leaders was Ms. Duong Thi Van. We had a number of projects since the 1990s; and these projects were also supported by our close regional disability movement comrades, led by our most beloved, the late Mr. Ichiro Maruyama, Founding Secretary General of RNN, and his terms ended when RNN became APDF in 2002. These collaborative were funded jointly by Asia Trust and grants from Japan mobilized by Mr. Maruyama. These projects all recorded outstanding achievements, and one project on computer skills were broadcasted by Hanoi TV on the occasion of the National Teachers' Day.

One most memorable regional event with great impact was the The RNN Campaign 2001 was sponsored by the Regional NGO Network for the Asian and Pacific Decade of Disabled Persons, 1993-2002, hosted by the Ministry of Labour, Invalids and Social Affairs, and held in Hanoi. The Campaign 2001 opening was graced by very top government officials of Vietnam, as well as senior leaders from the Region. I wish to acknowledge again such successes were largely due to the relentless efforts of Mr. Tue and his Committee. The event was exceptionally successful in many dimensions, including the large number of participants from all over of Vietnam and the Region, the large number of professionals from different sectors and disciplines, and the representation from mainstream sectors. The Campaign's positive and dynamic impact on Vietnam was beyond any expectation. Since then Vietnam has been moving forward in a speed rarely seen in other countries in the Region in complying and proactively applying regional and international standards and guidelines concerning disability, including the A/P Decade targets, and

the BMF targets. Mr. Tue, Mr. Maruyama and Ms. Van were key and most effective leaders that had transformed our common dreams into reality.

I wish to share two particularly important initiatives of the hosting organizations. One initiative was to promote Accessible Tourism, which included a special speech by the expert of the mainstream tourism sector of ESCAP, as well as the first accessible tour to the very famous world heritage, Halong Bay. This initiative has contributed to APDF's Regional Accessible Tourism Conference hosted by Eden Social Welfare Foundation in 2005 in Taipei, in connection with reconstruction and rehabilitation of natural disaster affected areas and victims, including those affected by the major earthquake in Taiwan in 2001, and Tsunami in December 2004. Our colleagues from Thailand are now actively considering a second regional conference on Accessible Tourism some time in the near future in a city fully recovered from Tsunami. The second initiative was providing a platform for both governmental and non-governmental organizations to arrive at a consensus that the A/P Decade should be extended for another 10 years. The second initiative facilitated the ESCAP High Level Inter-governmental Meeting held in Otsu, Japan in 2003, which approved the extension of the Decade with the important BMF statement.

A decade later after the Campaign 2001, The Ministerial Declaration proclaimed in 2012 for the Asia and Pacific Decade of Disabled Persons, 2013 to 2022, adopted the Incheon Strategy to Make the Rights Real. Two years into the Third A/P Decade, APDF, in cooperation with international organizations and other member organizations, organized a regional conference to review recent developments and deliberating on new strategies. The conference was hosted by The Vietnam Federation on Disability (VFD), supported by the Vietnamese Government. The Conference was a great success with key and inspiring speeches and workshop deliberations, and with participants from major INGO, UN experts, local leaders and disability advocates from all over Vietnam. Two major impacts were immediately witnessed. First, Vietnam government passed a resolution to become a signatory country of the Convention on the Rights of Persons with Disabilities. Second, a mass parade was held with great and exciting participation of all conference participants and local organizations of and for people with disabilities around the Hoan Kiem Lake in the centre of Hanoi, with many media coverages. The success of the 2004 APDF conference was the outstanding work of Ms. Dang Huynh Mai, Chairwoman, APDF 2014 Conference Organizing Committee, and Vietnam

Federation on Disability (VFD); and Mr. Kyung Seok Park, Chairman of APDF. Members of Hanoi People with Disabilities and their staff members had been actively involved and supporting the conference organizing, and their contribution was essential in contributing to the outstanding success of the Conference.

With the help of Professor Ryo Matsui, the Rehabilitation International 16th World Congress Fund and the Asia Trust jointly supported a collaboration project with Hanoi DPI, shortly after its founding. The project was "Web based knowledge management and project development in support of BMF+5 and the Convention on the Rights of Persons with Disabilities" for a duration of three years from 2009-2012. I conducted three consecutive field monitoring studies and met with leaders and active partners of Hanoi DPI. I was deeply impressed by the sound governing structure of Hanoi DPI, and the dedication and professional performance of all the members and staff. The Web Project received excellent goodwill network support from the School of Technology, University of Hanoi, and such network relationship contributed greatly to the high level performance of the Project, with updated information communication technological input, as well as sustainability. The launching of the Web Project was supported by key leaders of government and the disability sector, as well as a good coverage of the media. DP Hanoi, although a newly established organization of persons with disabilities in Hanoi, received significant support from Hanoi Government in terms of policy as well as funding for service delivery. The Web Project achieved excellent output and project impacts as demonstrated by well documented evidences.

Looking ahead, the Region will benefit from active participation from Hanoi Association of People with Disabilities in promoting the CRPD.

I wish to congratulate Hanoi People with Disabilities for their 25 years of dedicated and committed services and outstanding achievements, and my best wishes for many more successful years.



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# Major Initiatives of Asia Pacific Disability Forum Supporting the ESCAP Biwako Millennium Framework and United Nations International Convention on the Rights of People with Disabilities

Joseph Kwok

Honorable guests, ladies and gentlemen,

I am very honoured and pleased to have been invited to this important international exchange among people with disabilities from Japan, Philippines, Korea and Vietnam, hosted by the distinguished National Coordinating Committee on Disability of Vietnam (NCCD) in Hanoi, one of the most beautiful and historic cities in Asia. As the Vice Chairman of APDF, I wish to send the best regards and best wishes from the APDF Executive Committee, particularly Ms. Judy Wee, the Chairperson, and Professor Ryo Matsui, the Secretary General.

NCCD and APDF have always been active, productive and happy partners in support of disability causes in the Asia and the Pacific Region. In fact our partnership history started long before our formal existence and can be dated back to the beginning of the United Nations' first Asia and Pacific Decade of Disabled Persons, 1993-2002.

I have a very happy memory of Hanoi. My first visit to Hanoi was in 1991 when I was invited by Professor Ryo Matsui, who was then the Specialist of the International Labour Organization for the Region, to take part in the first ILO Seminar. Since then I have been visiting Hanoi and other parts of Vietnam, either on a disability related mission or for pleasure.

One of my major purposes in visiting Hanoi during the first A/P Decade was connected with disability concerned projects funded by the Asia Trust, in partnership with a disabled persons' organization in Hanoi, the Bright Future, and also a major NGO, The Society of Support for Hanoi Handicapped

and Orphans for People with Disabilities. Both projects have been successfully concluded with significant and positive impacts. We have been particularly impressed with the progresses made by the Bright Future, its contributions to Regional action agenda, and its impact on national disability development work.

I still remember vividly the time when I first met Mr. Nghiem Xuan Tue some time in late 1990s during the RNN's delegation to Hanoi to prepare for the RNN Campaign 2001. We were so surprised to find that Mr. Tue was exceptionally professional, efficient and effective, and above all very hospitable. APDF was not yet formed so as NCCD. However same groups of people have already become good friends and close comrades in supporting disability causes in the Region.

The RNN Campaign 2001 was sponsored by the Regional NGO Network for the Asian and Pacific Decade of Disabled Persons, 1993-2002, hosted by the Ministry of Labour, Invalids and Social Affairs, and held in Hanoi. The Campaign 2001 opening was graced by very top government officials of Vietnam, as well as senior leaders from the Region. I wish to acknowledge again such successes were largely due to the relentless efforts of Mr. Tue and his Committee. The event was exceptionally successful in many dimensions, including the large number of participants from all over of Vietnam and the Region, the large number of professionals from different sectors and disciplines, and the representation from mainstream sectors. The Campaign's positive and dynamic impact on Vietnam was beyond any expectation. Since then Vietnam has been moving forward in a speed rarely seen in other countries in the Region in complying and proactively



applying regional and international standards and guidelines concerning disability, including the A/P Decade targets, and the BMF targets.

I wish to share two particularly important initiatives of the hosting organizations. One initiative was to promote Accessible Tourism, which included a special speech by the expert of the mainstream tourism sector of ESCAP, as well as the first accessible tour to the very famous world heritage, Halong Bay. This initiative has contributed to APDF's Regional Accessible Tourism Conference hosted by Eden Social Welfare Foundation in 2005 in Taipei, in connection with reconstruction and rehabilitation of natural disaster affected areas and victims, including those affected by the major earthquake in Taiwan in 2001, and Tsunami in December 2004. Our colleagues from Thailand are now actively considered a second regional conference on Accessible Tourism some time in the near future in a city fully recovered from Tsunami.

The second initiative was providing a platform for both governmental and non-governmental organizations to arrive at a consensus that the A/P Decade should be extended for another 10 years. The second initiative facilitated the ESCAP High Level Inter-governmental Meeting held in Otsu, Japan in 2003, which approved the extension of the Decade with the important BMF statement.

You may have by now become curious about RNN and APDF. Let me now give you some background of these two in one organizations.

At its forty-eighth session, hosted by the Government of China in Beijing in 1992, the UN ESCAP declared the period 1993 to 2002 as the Asian and Pacific Decade of Disabled Persons. At the same, the Regional NGO Network for the Promotion of the A/P Decade (RNN) was formed by interested international and national organizations of and for people with disabilities. From 1993 to 2002, annual RNN Campaigns were held in various countries to raise public awareness of, and to mobilize support for, the Decade goals of full participation and equality of people with disabilities. The annual campaigns also provided a platform for the disabled persons as well as non disabled participants from the Asian and Pacific region to network and share experiences, problems and ideas. Much gain has been achieved in creating awareness about the situation of people with disabilities in the Asian and Pacific region. The Osaka Forum, held in Oct 2002, signaled the last of the ten Campaigns. The Regional NGO Network (RNN) which was

established for the purpose of organizing the annual conferences was dissolved after the Osaka Forum.

At the Osaka Forum, the idea of forming a new regional NGO network on disability was welcomed by various sectors to strengthen regional initiatives and momentum to meet the rising expectations and demands of the New Millennium. The name of the new network was decided as "Asia and Pacific Disability Forum" (in short, APDF).

After the preparatory discussion for one year, APDF was formally established as a new NGO network on disability in the Asia and Pacific region at the Inaugural Meeting in Singapore on November 26, 2003.

The objectives of APDF include:

- (1) to support the ESCAPA resolution 58/4 on "Promoting an Inclusive, Barrier-free and Rights Based Society for People with Disabilities in the Asian and Pacific Region in the 21st Century",
- (2) to promote the 2nd Asian and Pacific Decade of Disabled Persons, 2003-2012, through the implementation of the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights based Society for Persons with Disabilities in Asia and the Pacific,
- (3) to promote the International Convention on the Rights of Persons with Disabilities; To empower persons with disabilities in the Asia Pacific Region,
- (4) to provide exchange and disseminate information on disability related matters to member organizations,
- (5) to promote and encourage research and development on disability related issues,
- (6) to promote and advocate for technical and other assistance to persons with disabilities, and
- (7) to develop collaborative partnerships and close working relationships with the UNESCAP focal points concerning disability, UN Agencies, Asia Pacific Centre on Disability and other regional and inter-regional forums.

APDF has set up the following working committees: International Convention, Information, Accessible Tourism, Research and Development, Gender Issues, Fund Raising and Sponsorship.

Today we are very pleased that two APDF working committees are present in this hall, the Information and Accessible Tourism. Ms. Dong Thi Van is the Vice Chair of the Information Working Committee, and I am the Chair. Mr. Robert Lin is the Chair of the Accessible Tourism Working Committee. Our two Committees will be meeting during this event to explore our coming action strategies. Your suggestion and participation in our meeting are particularly welcome.

APDF is deeply grateful to Japanese Society for Rehabilitation of Persons with Disabilities in Tokyo, Japan, which provides Secretariat and partial funding support to the operation of APDF. Ms. Etsuko Ueno, the Director of International Affairs of JSRPD, as well as a renowned expert in the field of international and development work concerning disability has been the key person of the Secretariat of [APDF](#).

A major strategy of APDF is to organize General Assembly cum Conference in a bi-annual basis. Its last General Assembly was held in October 2006, and the last Conference was organized in cooperation with UNESCAP at the United Nations Convention Centre in Bangkok. The next General Assembly and Conference will be held in Dhaka, Bangladesh from 5 to 7 February, 2008. You all are welcome to join. These are significant occasions to meet and exchange our development and discuss common concerns and issues to bring about a better future for all.

I wish to add here that our Vietnamese colleagues have always been very supportive to RNN Campaigns during the first A/P, and continued with same if not more dynamic initiatives in regularly dispatching large number of delegations to the 1st and 2nd APDF General Assemblies and Conferences.

We are also very pleased and honoured that Vietnam, through Mr. Tue and his colleagues have accepted our invitation to host the APDF General Assembly and Conference in 2010. We are looking forward to Vietnam's contribution in making another landmark impact through the 2010 major regional event.

You may wish to note that APDF, through its various committee members, have been playing a proactive role in ESCAP's focal activities concerning the implementation and monitoring of the BMF, as well as the promotion of the

International Convention. The often quoted Bangkok Statement concerning the drafting of the International Convention has received valuable inputs from APDF members. We are also very active in supporting ESCAP in drafting the BMF+5, which will be considered by a High-level Inter-governmental Meeting in September 2007.

Looking ahead, APDF share with other sister organizations similar vision about future opportunities and challenges.

Our future Challenges will include competition from other regional demands, such security and peace keeping, poverty, primary health and infectious disease control, gender and elderly issues, racial discrimination, natural disasters, and political instabilities. All these issues have been diverting the attention and resources of societies and communities away from key issues concerning disability.

Fortunately opportunities are also significant in the coming decade. First, developed and developing economies in the Region have shown signs of rapid recovery and sustainable growth. Second, the International Convention on the Rights of Persons with Disabilities was adopted in December 2006, and over 81 member states have signed the Convention as of March 2007. Third, the ESCAP BMF+5 is making positive progress. The Region will be blessed by a dynamic and pro-active twin track approach through the impacts of the Convention and the BMF.

Ladies and gentlemen, given our history, and our visions of the future, APDF invites you all to join hands to create an inclusive, barrier free and rights based society in the Region.

Thank you.



Author: **Joseph Kwok**, RSW, PhD, BBS, JP, is Vice Chairperson of APDF, and Chairman of its Information Working Committee. He is also Vice Chairperson of Rehabilitation International Regional Committee for Asia and the Pacific. He is the Chairman of the high level Rehabilitation Advisory Committee of Hong Kong SAR Government. He was awarded the Katsuo Itoga Prize in 2006.

**Lee, M. B.**

## MB Lee



Mr. Man Ban Lee, SBS, MBE, JP is a certified public accountant and a lifelong advocate of rehabilitation and community service. He was one of the founders of the accountancy statutory body, the Hong Kong Institute of Certified Public Accountants (formerly known as the Hong Kong Society of Accountants). Mr. Lee was a donor of a visiting Professorship in Department of Orthopaedics and Traumatology and had established the M.B. Lee Professorship in the Humanities and Medicine of the University of Hong Kong.

Mr. Lee was the Chairman of the Hong Kong Society for Rehabilitation. He was a founding member of the Hong Kong Equal Opportunities Commission, and former Chairman of the Council of the Queen Elizabeth Foundation for the Mentally Handicapped of the Hong Kong Government.

Mr. Lee was a long time sponsor of Rehabilitation International, and Vice-President of Rehabilitation International and Chairman for Asia and the Pacific Region. He was an awardee of the RI President Award. and a former Vice-President of Rehabilitation International and Chairman for Asia and the Pacific Region.

## Barbara Duncan: In Memory of M. B. Lee, Negotiator Supreme

At RI's 1980 World Congress and quadrennial elections in Winnipeg, the long brewing arguments about representation of disabled people and their organizations on the international level came to a head.

Just as women's and civil rights movements had to fight for their leaders to be accepted as spokespersons in the media and in organizations, so did individuals with disabilities and their organizations have to demand recognition of their expertise and leadership. Just as the leaders of women, racial, ethnic and sexual identity groups claimed that their credentials were equal to the academics and allies who were long-established spokespersons, so did men and women with disabilities insist: "Nothing About Us Without Us."

In terms of RI, in the Winnipeg meetings, this meant focusing efforts on two levels: increase the number of officers (president, regional vice presidents, treasurer) who directly represented the experience of life with a disability or as a family member; and involve organizations of disabled persons in RI, either as new members or adding representation of the disability experience to existing member organizations.

Reports of the spirited, wide-ranging discussions and arguments that went down in Winnipeg were written about in several books and articles, including Nora Groce's *From Charity to Disability Rights* (2002) and Diane Driedger's *The Last Civil Rights Movement* (1989).

For the next few years after Winnipeg, RI Secretary General Acton and President Dr. Harry Fang held many consultations with member organizations that were undergoing similar turmoil, and disabled leaders from varied groups, such as war veterans, government agencies, rights advocates, the international blind and deaf organizations and UN agencies, especially the ILO, which was working with disability rights leaders on vocational issues. Looking far and wide for an RI "elder," trusted by the whole network, who could translate the discussions into direct actions – Dr. Fang chose his right hand advisor, M.B. Lee, who was so integral to the buildup of disability and rehabilitation services throughout Hong Kong.

M.B. greatly enjoyed this assignment to bring together a group with varied points of view about how to infuse the expertise gained from life with a disability into RI at all levels. The group met in Hong Kong in 1982 to develop actions and policies to guide election of 1984 officers. I represented the RI Secretariat and wrote up the meeting report for the members.

It was quite an experience to watch M.B. gently but agilely push forward suggested actions. He and others in the group identified primarily as a member of a profession, but also as an individual with a disability. Several times, during the discussions with members representing many cultures in Asia, Europe and North America, emotions would rise and someone would hurl their pent-up anger about RI directly at M.B. Invariably, he would absorb the "hit" without hitting back and for a moment, there would be this glint in his eye and a raised eyebrow, letting you know this wasn't the first time he was handling misdirected anger.



Some other group members who helped work out how RI could take some leaps forward into the 21st century were: Lionel Watts, Chairperson of the group, internationally known Australian founder of The House with No Steps; Yolán Koster of the Dutch Council of the Disabled, a social policy expert; Byron Buick Constable of the New Zealand Disabled Persons Assembly, called BBC for his communications expertise; and Marca Bristo of Access Living, a Chicago advocacy and independent living organization.

In brief the outcomes of the meeting were: a plan to double the number of regional officers, adding a tier of Deputy Vice Presidents, with the requirement that at least one of the two officers directly represent disabled people or their organizations; and adoption of other ways to increase disability expertise throughout RI, including the commissions, secretariat, projects, business meetings, conferences and congresses. M.B. and the other members who met in Hong Kong worked hard that year to make sure member organizations supported the plan in their next meetings.

In 1984 the next meeting to elect officers, the first slate of RI Deputy Vice Presidents were elected from 7 regions: Tambo Camara, Mauritania, Africa; Sheikh Abdullah Al-Ghanim, Saudi Arabia, Arab region; John Stott, New Zealand, Asia and the Pacific; The Hon. Philip Goldson, Belize, Caribbean region; Col. Joao Villalobos, Portugal, Europe; Alfonso Corredor, Colombia, Latin America; and Gordon Mansfield, US, North America. (The representatives from Belize and Saudi Arabia were blind, and the others used wheelchairs due to war injuries and accidents.)

The trio who worked closely on the Hong Kong consultation for RI—M.B. Lee, Peter Chan and Dr. Fang—were also assisting their colleagues in Beijing on the official launch in 1984 of the China Disabled Persons Federation. It was no coincidence that the CDPF was structured to function in both the spheres of rehabilitation and disability rights and advocacy. The CDPF was accepted as the China member organization of both RI and Disabled People's International, with a structure analogous to the Disabled Persons Assembly of New Zealand and the Dutch Disability Council. Also in 1984, for the first time the RI World Congress was organized under the leadership of a disability rights pioneer, Joao Villalobos of Portugal.

That same year, Dr. Fang, M.B. Lee and a dozen other philanthropists bought an office in New York to serve as RI's first accessible headquarters.



Author: **Barbara Duncan**

1970-1980: RI assistant editor, *International Rehabilitation Review* (IRR); coordinator, RI Information Service, based in Heidelberg; organizer, RI/Sir HSY Fang library;

1980-1990: managing editor IRR; manager, RI biennial film festivals; co-director, RI/World Institute on Disability IDEAS grant; author, Bellagio Report on International Information Services on Technical Aids; news editor, *International Journal of Rehabilitation Research*

1990-2005: editor, IRR; co-organizer, RI regional film festivals; consulting editor, *One in Ten* (RI/UNICEF newsletter on childhood disability); editor, *Disability World* webzine (internet periodical of 5 US based disability organizations); executive member, 1997 Leadership Forum of Disabled Women; and ongoing assistance to RI Asia office including 1990 Beijing, 1997 Seoul and 1998 Hong Kong world conferences

## Douglas Maclagan: Collaboration with Child Welfare Scheme, Pokhara, Nepal

Nepal has seen significant improvements to its health care system since Mr. M. B Lee first joined hands with Child Welfare Scheme (CWS) to invest in the country's health care. CWS has also seen significant improvements in its service delivery and programme design. We have been able to achieve these improvements thanks to the generous support provided by Mr. M B Lee and the Asia Trust over the past 13 years.

### Collaboration

Working together, with Mr. M. B Lee, the Nepalese Government, other NGOs, other donors and local communities we have improved the access to health care in Nepal.

Large recent surveys across all sections of our target populations showed that:

- 96% knew where they can access care and advice
- 88% of target population surveyed had at least one contact with Asha health services
- The % of women that received health care after having a baby had trebled
- The % of street and working children who stated they have someone to turn to for health care and advice had doubled to 94%
- 97% of parents had been able to get their last child immunized

Our collaboration began in 1998 when CWS was supporting a few hundred children in remote mountain communities. This collaboration continues today and allowed us to support strong health services that were used over 91,000 times last year.

The calculated rural and urban target population for Asha Health Care is over 123,000. During this year the services were used 35,219 times for individual curative care with 56,238 attending for pregnancy and maternal care, health promotion and education activities.

We are extremely grateful for the trust Mr. M B Lee placed in our work; first investing in a small rural health post, then providing CWS with a grant to establish its first urban primary health clinic in 2000, The Asha Clinic. Then annually since 2001, supporting doctors and health workers salaries at Asha Clinic and the wider services of Asha Health Care.

When Asha Clinic first started the purpose was to act as a referral clinic servicing those in need of further treatment from our rural health posts. Today it is a comprehensive health service reaching out to urban and rural poor communities. It provides access to primary health care, health promotion, advice and routes for referral, for poor and marginalised children, young people, pregnant women and their communities. It focuses on low cost, low tech approaches to delivering high quality, effective and humane care.

## The Health Service

The service comprises six distinct but integrated programmes that span both rural and urban poor populations, with professional support and coordination from the central urban Asha Clinic that acts as the managerial hub.

Asha Health Care's sub-programmes:

- **Asha Clinic:** purpose built paediatric primary health care centre - acts as the referral hub and main management base for the activities of all the sub-programmes.
- **Asha Hostel:** a place to stay while undergoing longer term care. Created to address the needs of children coming to Pokhara to access more advanced elective surgical procedures or assessment at partner facilities. Provides accommodation, food, education, support and accompanied visits to hospitals.
- **Asha Mobile:** a fully mobile primary health unit providing services to urban slum communities on a weekly basis. Separate Safe Motherhood services and antenatal / post natal care is also delivered via the Mobile service.
- **Asha Village Health:** providing primary care to rural mountain communities from Day-Care/Health Centres run by the organisation in 14 remote villages.
- **Asha Safe Motherhood:** making pregnancy, childbirth and newborn care safer via antenatal care, post natal care and community education – delivered at Asha Clinic and Mobile.
- **Asha Youth Health:** on the streets and at drop in centres: a dedicated team within the department with particular training and skills in the health needs of these young people and the challenges in meeting them.

This service has seen continued growth and is now the second largest provider of paediatric services in the entire Western Region. Relationships and practical collaboration with government continue to strengthen as Asha Health Care becomes ever more embedded into the fabric of health provision, not only accounting for large numbers of patients but frequently leading the way in development of good practice.

Some examples of good practice being:

- **Triage** – this is a simple system of assessing and prioritising patients to be seen. It means that sick children can be identified quickly and do not have to wait. This is a common system in many parts of the world, but is not the norm in Nepal.
- **Adopting Child friendly 'rights-based' approaches** in the provision of care. Promoting respect, dignity, kindness, information-giving and participation with children and families in their own care. This makes services more acceptable and engaged with communities who are often treated very poorly, and it also results in more effective, efficient services too.
- **Partnership working with other health providers and organisations** to lead effective advocacy and problem solving that makes access to care easier for the most marginalised groups.

Evidence of the growing significance of Asha Health Care services can be demonstrated by official endorsement and a 'letter of appreciation' from the government Regional Medical Director, recognising the quality of care but also its relevance and positive impact – illustrated by the reduced burden now placed on overstretched regional hospital emergency departments due to children accessing more appropriate primary care via Asha services.

## Hopes and Wishes for the Future

Over the past decade Nepal has seen improvements in child and maternal health but the situation for newborns, infants and pregnant women (many still children themselves) is still very challenging. In response, CWS has expanded its services to these groups.

The history of maternal health in Nepal is disastrous. Whilst important improvements have been made over recent years, many of the population have not benefited from these and millions of women cannot reach the care and services they need to deliver their babies safely – resulting in many avoidable deaths and injuries. One of the figures used to demonstrate the difference between countries maternal health is called the 'Lifetime risk'. This reflects a woman's individual chance of dying at some point due to pregnancy or childbirth. Below are some figures from the UNICEF State of the Worlds Children 2008 (based on 2005 stats) – a few have been

selected to demonstrate just how big the gap is in this world – and also how real the threat is.

- Ireland 1:47,000
- UK 1:8,200
- Nepal 1:31
- Afghanistan 1:8

Every maternal death or injury has both immediate and long term implications for children, families, communities, the economy and also development efforts:

- Their remaining children have an increased risk of dying without their mother
- The infrastructure of families and communities is dramatically and adversely affected
- Women of this age provide the majority of domestic and agricultural labour – this is lost
- There is no one to care for elderly or other needy family members
- Development efforts flounder
- Country economy and development is hindered

The state of maternal health in many places is nothing less than a public health catastrophe. It is also an obscenity as much of this is avoidable and could be changed. Apart from the public health aspects of this it is entirely a human rights and gender disparity issue.

In the real world one cannot separate children's health from that of maternal health. In Nepal more than half of deaths in children under 5 actually occur within the first month of life therefore if we are serious about reducing child mortality we have to put focus on the newborn period because that's when most of them die.

CWS supports health services for children, adolescents/young people, and mothers-to-be. We do that by supporting new and direct services, by strengthening existing services, and by supporting community health development work to increase knowledge, awareness and demand.

In addition to Asha Health Care we also work through other partners to support the development and re-establishment of services in remote mountain areas, as well as large initiatives in the south of the country to strengthen the role and status of women in local decision making and maternal/newborn care – enabling women and communities to take greater control over their health and life chances.

We contribute to government policy development - an important part of our work, essential to ensure that improvements in access and quality of care continue and are sustained.

We are excited about the services Asha provides and are grateful for the wonderful support Mr. M B Lee and The Asia Trust has provided. We are looking forward to many more years of successful collaboration and providing effective life changing and life saving services to children and their families in Nepal.

# Peter Hämmerle: Collaboration with National Federation of Cooperatives of Persons with Disabilities

Peter Hämmerle

The *National Federation of Cooperatives of Persons with Disabilities* (NFCPWD) is a secondary cooperative. The organization was registered with the Cooperative Authority in the Philippines on July 10, 1998, by five primary cooperatives owned and managed by persons with disabilities.

NFCPWD is complementing and supporting the activities on the grassroots level aimed at providing livelihood to the individual members with disabilities. Common needs such as marketing, capacity building, sourcing of materials and financing are provided by the umbrella organization.

NFCPWD also promotes cooperativism as a vehicle for comprehensive and sustainable development and participation of persons with disabilities. Since 1998, 10 more cooperatives were organized and joined the Federation.

NFCPWD operates an office just outside Metro Manila. One of the main activities is the coordination of a central contract from the Department of Education. This contract for school furniture has to be delivered nationwide. Usually all members receive sub-contracts and thus share in the production and delivery. More than 500,000 tablet armchairs have been delivered in the last 10 years.

NFCPWD is connected with various national and international organizations. Even before the formal registration of NFCPWD the founding primary cooperatives were supported by *CBM*, an international, non-government organization focusing on the needs and development of persons with disabilities. CBM has provided technical assistance, capacity building and capital for the NFCPWD business activities.

The *Canadian Cooperative Association* (CCA) in partnership with the *Canadian International Development Agency* (CIDA) provided assistance for capacity development of NFCPWD on the local and national level. Several loans and support for organizational development were provided by *RaboBank Foundation* from the Netherlands.

Since Calendar Year 1998, the Philippine General Appropriations Act includes a Special Provision which mandates the Department of Education to source ten percent of its requirements for school furniture from cooperatives of persons with disabilities engaged in manufacturing furniture. This provision was lobbied for by the founding members of NFCPWD. DepEd is the main customer for the products of the cooperatives.

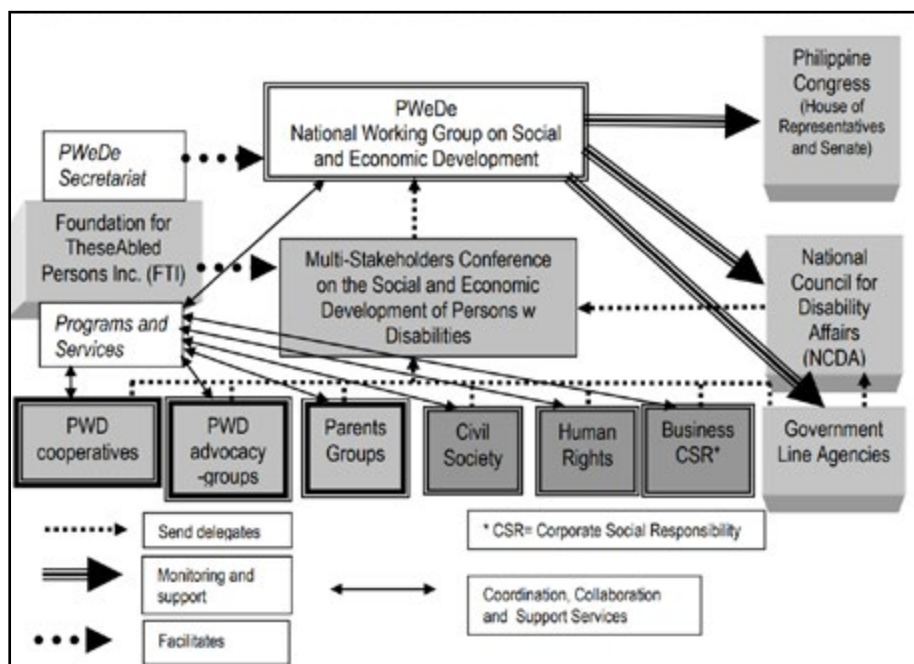
## FTI - Brief Description

The Foundation for TheseAble Persons Inc. (FTI) was founded in 2009 by individuals with and without disabilities who had been in one way or another important in the cooperative self-help and business oriented approach towards economic empowerment of persons with disabilities. NFCPWD as an organization is also a member of FTI and has a guaranteed seat in the Board of Trustees.

FTI is complementing the cooperative activities which are business and profit oriented with a support network which answers the need for accessible capital to finance contracts and investments into appropriate facilities. At the same time FTI allows the cooperatives to link with professionals and other organizations that can contribute and share their know-how as well as individual networks.

The FTI office is located in Quezon City within Metro Manila. It is being provided by Hong Kong Trust Funds free of charge. From here FTI operates, moving forward on its five main programmatic objectives:

- 1) Organizing and internal capacity-building: Build FTI to carry out its mandate efficiently and effectively;
- 2) Alliance-building-Partner with organizations and agencies for synergy and greater impact;
- 3) Advocacy and Lobbying-Gather support from legislative and executive organs of Government nationally and internationally for enacting appropriate laws and their efficient implementation;
- 4) Resource generation- Access to resources and opportunities for economic activities of PWDs;
- 5) Marketing and Communications- call on the general public’s attention and support for PWD concerns and for FTI by documenting the Foundation’s continuing development as well as success stories of PWDs.



*How FTI connects to various stakeholders.*



## CV - Peter Hämmerle

Nationality: German

Residence: Muntinlupa City, Philippines

### Professional experience

Since January 2005, Christoffel Blindenmission, Manila Philippines

#### PROJECT CONSULTANT, National Federation of Cooperatives of Persons with Disabilities (full time)

- Integration of cooperative self-help approach to business and advocacy in an inclusive strategy to comprehensively address issues of economic and social empowerment in the Philippines;
- Management of newly established “Foundation for TheseAble Persons Inc.” as Executive Director in its organizing and pioneer stage;
- Setting up local mechanism to provide financing to start-up group business undertakings that provide employment to persons with disability (loan amounts far higher than micro finance standards);
- Capacity building on primary and secondary cooperative level to manage large national contracts. Members, officers and staff are persons with disabilities;
- Financial planning and assistance in building financial management systems
- Preparation and implementation of 5 years plans of National Federation of Cooperatives of Persons with disability;
- Product development, new product lines to expand opportunities for employment of persons with disability;
- Training in woodwork, steelworks;
- Management training;
- Marketing;
- Advocacy and lobbying for rights based approach- equal participation in economic activities

1998-2004 Free-lance Advisor

1992-1998 Project Coordinator CBM, Philippines

1986-1992 Professional Experience as Joiner/ Master Joiner (since 1991)

### Professional involvements

2011 CBM Working Group on Strategic Partnerships

2011 Vice President, Philippine Council of Cheshire Homes

2007 CBM working group on Appropriate Technology

2003 CBM Advisory Working Group on Livelihood

## Pictures



*Consultation with the lawmakers- December 8, 2010, at the House of Philippine Congress.*



*The same is done in other places across the Philippines. A regular contract with the Philippine Government provides opportunities. SAFRA ADAP Cooperative in San Francisco, Mindanao.*



*Preparing the seats for the armchairs sold to public schools. FARAD Cooperative Baguio City.*



*Having fun after work. Dancing and Singing without limits. SAFRA ADAP Cooperative.*



*Bending, welding, grinding using standard tools to earn a living and develop skills. FARAD Cooperative, Baguio City.*



*The site of the new workshop of TAPDICO Cooperative in Tacloban City, Leyte. An old motorpool owned by the City of Tacloban.*



*Working while sitting. Mobility is not required. SAFRA ADAP Cooperative.*



*The construction of a new and accessible office and training facility for the National Federation of Cooperatives of Persons with Disabilities (NFCPWD) in Metro Manila.*



*TAPDICO Cooperative members visiting the SAFRA Cooperative to learn and exchange ideas.*



*Sample chairs using engineered bamboo instead of wood produced by ADPI Cooperative in Iloilo City, Panay Island.*



*Preparing for the Multi-stakeholders Conference at the FTI office in Quezon City.*



*The project is being recognized for helping the sector help itself. The Government hits two birds with one stone: Quality Chairs for students in public schools and livelihood development and integration of the marginalized disability sector.*





*Blessing the office of FTI in Quezon City which is owned by the Hong Kong Trust Fund.*



*The building where the FTI office is located at the 7th floor.*

# John Andrew B. Sanchez: Collaboration with Negros Occidental Rehabilitation Foundation, Inc. (NORFI)

John Andrew B. Sanchez

## 1. How Did the Collaboration Happen?

The collaboration began in 1985 with the support of WHO-Western Pacific Region and the National Council for Disabled Persons (NCDP) - Philippines. The Hongkong Society for Rehabilitation learned of the piloting of the Community-Based Rehabilitation Program in Bacolod through WHO and NCDP. With this knowledge, Mr. M.B. Lee, Ms Sheila Purves and Mr. Joseph Kwok visited the CBR program in Bacolod and were impressed by the developments gained by the pilot project. They noted the strong collaboration between NORFI (the program implentor) and the Local Governments of the City of Bacolod and the other five local governments in Kabankalan, Bago City, La Carlota City, Valladolid and Talisay. With these in placed, HSR entered into a formal collaboration with NORFI in 1988 with fund support for the next three years.

## 2. What is the Nature, Characteristics and Uniqueness of the Collaboration?

The terms of reference for the three-year collaboration included the following: technology transfer – specifically focused on the continuing training/equipping of the field local supervisors in dealing with disabled persons; their families and communities; monitoring and installation of built-in evaluating structure to appropriately document the gains of the project and correct/improve the weaknesses or failures; technical exchange between and among program implementers between the two organizations; sustained support from WHO-WPR, NCDDP and participating Local Governments; document the lessons learned and best practices of the collaboration for the purpose of sharing these experiences to

other countries/NGOs/pilot areas; and, a small fund support for a feeding program aimed at rehabilitating malnourished disabled children in the pilot areas.

## 3. What is the Duration of the Collaboration?

The first phase was from 1988 to 1990 and the second phase was from 1991 to 1993. In 1992, NORFI was designated by WHO-Western Pacific Region as a Collaborating Center for CBR Program. Also on the same year Ms. Valdez was nominated as member of the Experts Panel for CBR in the Western Pacific Region. During these period – from 1987 to 1995, there was a lot of technical exchanges that took place between HSR and NORFI and also between WHO-WPR and NORFI both at the National and International Levels. It was also during these years, that NORFI was placed in the international map for rehabilitation, specifically, on CBR by WHO which attracted a lot of visits from various international NGOS /GOs concerned with disabled persons.

## 4. What is the Impact of the Collaboration on Selected Target Recipients, and the Wider Community in General?

The impact of the collaboration on the target recipients can be enumerated by the following: (1) families of disabled persons were equipped to deal with their disabled member and thus make them productive members of their communities (2) disabled children were supported and given hope to be a part of their families and communities and enjoyed basic rights to

education (3) rehabilitated disabled adults became members of DPI- Negros Occidental Chapter which enriched their lives as human beings (4) Local Supervisors who also function as Primary Health Care workers were able to acquire and learn community-based rehabilitation methods thus bringing-in into the mainstream of health programs disabled children and adults in their communities (5) Local governments recognized the need to include disabled persons into the mainstream of government social services without exorbitant costs on their part. In general, the impact of the collaboration are the following: (1) due to the gains made at the local level, a recommendation was made to include rehabilitation as the 4th component of the Primary Health Care Program of the Ministry of Health (2) from a 5-year pilot project, evolve CBR into a 20-year development program for its institutionalization into the country's health program (3) develop training manuals, program implementation modules, community-based and appropriate technology in dealing with disabled persons at the home level manuals (4) the program should be developed in two levels: technical or medical level wherein a medical practitioner or a rehabilitation specialist should handle; the social development level which will include community organization , resource mobilization, manpower training on program management and integration of disabled persons into the daily fabric of life of a community.

## **5. What are the Changes that Took Place after the Collaboration?**

All of the impact enumerated above had been achieved and still continuing until today. Negros Occidental, thru the efforts of the late Dr. Primitivo Cammayo, Mrs. Joy S. Valdez, the late Mr. Luis Sarrosa, Atty. Roxy Lacson, Board members (past and present) of NORFI, DPI- Negros Occidental officers and members and the staff of NORFI have been instrumental in demystifying rehabilitation and provided an alternative methods of rehabilitating disabled persons at the family and community levels at an affordable costs. Institutions are good but should not be the end-all of rehabilitation but function as a referral point of rehabilitation. Disabled persons should be integrated and be part of their respective families, enjoying life equally with those who do not have disabilities. NORFI thru its various collaborations and partnerships in developing CBR into a sustainable program had revolutionized the concept of rehabilitation of the West and provided a more humane pathway for disabled persons



# Collaboration with Bright Future Group of People with Disabilities, Hanoi, Vietnam

Duong Thi Van

## Vocational Training On Informatics And Foreign Language For People With Disabilities

The Bright Future Group for People with Disabilities is an organization of people with mobility impairments, who work as volunteers for people with disabilities. It was established in 1988. The first members were former students of Hanoi University (now known as National University), Technology University and Hanoi Foreign Language College. In 1995, the Bright Future Group was legally admitted as a member of the Society of Support for Hanoi Handicapped and Orphans (SSHHO). It is also a member of the Vietnam Association for Rehabilitation (VINAREHA). All the activities of the Bright Future Group are managed and conducted in accordance with the regulations approved by the Executive Board and all the members.

The objectives of the Bright Future Group are:

- To encourage people with disabilities to lead independent lives, not to be a burden on their families and society, to foster their well-being, and to work towards removing prejudice and negative attitudes in society.
- To create opportunities for employment of people with disabilities, by providing vocational training in such areas as computer and foreign language skills.
- To create a positive environment in society which allows people with disabilities to participate in and contribute to community activities, and the growth and development of the society.

- To provide and exchange information to encourage society to create a barrier-free environment to promote the integration of people with disabilities into the community.

Bright Future had run the project on vocational training of computer using and English language acquisition for people with disabilities for 1996-1998 funded by Rehabilitation Association in Hong Kong and Japan.

## 2. Purpose of Project:

- Teaching children and adults with disabilities in order to enrich their knowledge of informatics and English language.
- Creating opportunities for them so that they could take entrance exams into further schools, colleges and universities, and find jobs.

## 3. Project Period:

3 years (1996-1998)

## 4. Content:

- Teaching informatics for people with disabilities and youth with disabilities in Hanoi how to use computers to write letters, use excel, go to internet, make power point presentation.

- Teaching English to people with disabilities as a tool to study, learn, exchange and cooperate with international friends in communication.
- Number of students: Informatics class: 20 students/2 classes/year, English class: 10 students/9 months.

## 5. Results:

BF Group opened classes to teach informatics and foreign languages for 3 years under the plan of the project.

- Classroom: Initially, Hanoi Department of Labor Invalids and Social Affairs supported one classroom. After one year of the project, the group rented an office in other area for both BF headquarter and space for classroom. Computers, air conditioners, chair and desks, cabinet were fully equipped.
- Student enrollment: all members of BF learned informatics and foreign languages, except for informatics teacher who should learn only foreign language and foreign language teachers learn informatics.

Enrollment is done through Hanoi Association for Support of People with disabilities and Orphans and Hanoi Department of Labor, Invalids and Social Affairs and other information channels to select students with disabilities.

- Informatics program: informatics for office by curriculum of Department of Education and Training (Microsoft word, excel, PowerPoint, Internet, email, files management).
- Teachers of informatics: Duong Thi Van, Nguyen Hoang Duong, Nguyen Thi Thi were among the first teachers, students went to advanced program of informatics and became teachers in the following years like Mr. Nguyen Trung, Ms. Nguyen Hong Oanh.
- Teachers of English: 2 members of BF, Nguyen Hong Ha and Nguyen Bich Hang were teachers of English.
- Type of class: at the beginning, the class had only people with disabilities, then BF expanded to include people without disabilities in integrated class with people with disabilities, fee is free for people with disabilities but must be paid by people without disabilities. After 3 years of the project, BF still continued to open class of informatics and languages until 2003.

- More than 150 participations of people with disabilities trained in the project which included students with mobility impairment, hearing impairment. Students were proficient in using computers in office, looking up in Internet, using email...

Students attending in classes of informatics and foreign languages not only learned informatics and English but also talked about issues relating to inclusion of people with disabilities. They became more confident in daily life. Many parents of student expressed their sincere gratitude to the teachers of BF.

It was specially noted that teachers of BF were connected to share information, experiences and visit one another. Some other teachers were also invited by BF to teach in classes of informatics and English.

- A majority of students found jobs suitable to their capacity. Some people with disabilities became leaders of other organizations.

## 5. Budget:

43,850 USD

## 6. Evaluation to Project “Teaching Informatics and Foreign Language for People with Disabilities in Hanoi”

- It was the first project BF implemented in cooperation with international organization and assistance from Rehabilitation Association in Hong Kong and Japan and monitoring from Hanoi Association for Support of the handicapped and orphans and Hanoi Department of Labor, Invalids and Social Affairs. The project was implemented in 3 years from 1996 – 1998 but it was continued until 2003 by the own funding from BF.
- Teachers of informatics and English were members of BF. They graduated from Department of Mathematics, Physics of Hanoi General University, Department of French and English of Hanoi University of Foreign Studies.

- Capacity of members of BF and BF group was clearly improved. Members of BF took part in activities for people with disabilities in Hanoi, joined to contribute to issues relating to people with disabilities in seminars, workshops in Vietnam and abroad organized by departments, NGOs.
- Many members established self-help groups, clubs of people with disabilities in Hanoi. They contributed to developments of disability movement in Hanoi and Vietnam.
- Voices of people with disabilities became stronger to protect legal rights and interests of persons with disabilities through mass media, workshops, seminar on issues of people with disabilities. BF group made positive contribution to draft Ordinance on Persons with disabilities, proposed to develop standard code on accessible construction for people with disabilities, translated material “managing self-help groups of people with disabilities” of UN ESCAP, “Asia – Pacific Decade of Persons with disabilities 1993 – 2002” – UN resource material published by RNN with funding from RNN, CRS and Plan International. These books provided people with disabilities and organizations of people with disabilities in Vietnam with information and experiences in management, operation of self-help groups of people with disabilities in regional countries.
- In the Asia – Pacific First Decade of People with Disabilities, BF joined organizing committee of the Campaign 2001 in Vietnam in collaboration with RNN.
- This project facilitated capacity building for the Executive Board and members of the BF. This was a prerequisite for future cooperation with other organizations at home and abroad. At the same time, BF was also one of the 19 founders of present DP Hanoi and supported the development of many self-help groups in the provinces and cities nationwide.
- On this occasion, all members of Bright Future Group would like to pay tribute to the souls of Madam Nghiem Chuong Chau, former President of Hanoi Association for Support of Handicapped and Orphans, Mr. Peter Chan, president of RI A/P, Mr. Ichiro Maruyanma, General Secretary of RNN.
- DP Hanoi also would wish to pay tribute to Mr. Pham Rue, former director of Social protection department, Hanoi Department of Labor, Invalids and Social Affairs, Mrs. To Thi Phuc, former vice president of Hanoi ASHO, Mr. M. Lee, Mr. Joseph Kwok, Vice Chairman, Asia – Pacific Disability Forum (APDF), Ms. Sigh Linder, former CRS country representative in Vietnam, all mentors, friends who were wholeheartedly dedicated to mentoring and supporting our group since its inception.
- Appreciating the contribution of Bright Future Group to disability movement, Hanoi People’s Committee has twice presented certificates of merit to the Group. Do not stop at what has been achieved, BF group will, together with other member organizations of DP Hanoi, continue its efforts to solve issues of people with disabilities, to achieve the objective of equal participation and inclusion of people with disabilities in social life.

Duong Thi Van

Former Head of Bright Future Group



*Photo 1: Discussion between Hanoi Department of Labor and Social welfare (Hanoi DOLISA), The Society of support for Hanoi Handicapped and Orphans (SSHHO) and Bright Future Group (BFG), signed the project.*



*Photo 2: Hanoi DOLISA, SSHHO, The Donors, and BFG at the meeting.*



*Photo 3: BFG members of the first days*



*Photo 7: RNN, SSHHO and BFG members and in Campaign 2001 in Hanoi.*



*Photo 4: BFG members who carried the project*



*Photo 8: Madam To Thi Phuc, Former Vice president of SSHHO.*



*Photo 5: The donor visited BFG.*



*Photo 9: Some learners of English Classes.*



*Photo 6: The donor visited BFG.*



*Photo 10: Some learners of Computer classes.*





Photo 11: Some learners of Computer classes.



Photo 15: Some learners of Computer classes.



Photo 12: Some learners of Computer classes.



Photo 16: Some learners of Computer classes.



Photo 13: Some learners of Computer classes.



Photo 17: The Management of self-help organizations translated into Vietnamese from UNESCAP by BFG



Photo 14: Some learners of Computer classes.



Photo 18: The related PWDs' documents from RNN translated by BFG.

## Joseph Kwok: Collaboration with Timor Leste, Background Reports

### A field trip report from Joseph Kwok, July 2002

During my visit to East Timor from 3 to 6 July 2002, I conducted the following activities:

1. Extensive meetings with UN Consultant for the Government (Ciara)
  2. A meeting with international NGOs, local NGOs and government officials
  3. Attended the Dili District
  4. A meeting with the key division heads of the government
  5. Shown and now holding three picture records of the several district workshops held before my visit
- My overall impression is as follows:
1. The project being partially sponsored by Asia Trust and RI Congress Fund is serving significant impact on both government and NGOs in East Timor, especially in raising disability awareness among both government and the public. This is of vital importance for a new government when it is so much pressed by so many other priorities. The is both timely and significant in helping the new government in drafting policy and legislation concerning disability.
  2. Ms. Ciara Knudsen, as a UN adviser for the Government, has been providing the most needed support to the Project. Her presence has been vital to the success of the Project. Unfortunately she is planning to leave her current position by end of August, when the Project will be practically completed, including also the National Workshop. Two other major INGOs are also providing support to some district workshops. All these support in kind are additional to our Grant.
  3. The government officials whom I met have shown keen interest in the disability area and also a high sense of commitment in taking on the challenges of formulating overall disability policies for the new government. All the major stake holders that I met while in Dili have shown a strong sense of solidarity in pursuing disability issues.
  4. Being a new nation, it is expected that East Timor will be facing with a host of challenging issues, including the withdrawal of UN funding and personnel, and consultants from other international NGOs, which are in the process of diverting their limited resources to other more pressing areas, including war torn areas in Europe and in Asia. Simply, the new government has to find means to raise taxes to support all its current activities, not to mention new ones.



5. I shared with the East Timor stake holders about inclusion of students in mainstream schools and community based rehabilitation. They are realizing the practical and long term meaning of the principles and approaches involved. Perhaps some practical support for them in helping students with visual challenges to study in mainstream schools (which would as a pilot, involve training of both teachers in the only very small and newly formed special school, and those in mainstream schools), and training and implementation of a pilot community based rehabilitation project would be very helpful for East Timor's future development.
6. I also shared with all the people I met about latest development in world and the Region, and they are keen to get involved in promoting the extended A/P Decade. They may also be interested to apply for membership to RI as well as to RNN or its replacement.

## UNITED NATIONS REGIONAL COORDINATION MECHANISM THEMATIC WORKING GROUP ON DISABILITY-RELATED CONCERNS TASK FORCE ON EAST TIMOR

Third session, 24 June 2002, United Nations Conference Centre, Bangkok

### I. OPENING OF THE MEETING

1. The third session of the Task Force on East Timor was opened and coordinated by Mr Yutaka Takamine and attended by 16 members.

### II. ADOPTION OF THE AGENDA

2. The following agenda was adopted:

- (a) Report on developments in East Timor
- (b) Visit to East Timor of Mr Joseph Kwok, Vice-Chair, Rehabilitation International Regional Committee for Asia and the Pacific
- (c) Other matters

### III. REPORT ON DISABILITY DEVELOPMENT IN EAST TIMOR

3. The ESCAP secretariat informed the Meeting that a report had been received from Ms Ciara Knudsen, Adviser to the Division of Social Services, Department of Labour and Solidarity, Government of East Timor. Key developments included:

- (a) The Constitution of East Timor contained an article providing for the equal rights and responsibilities of persons with disabilities, except in cases where their disability prevents them from fulfilling the rights and duties. The Constitution also contains an article on anti-discrimination.
- (b) The Disability Working group has begun training personnel to undertake a survey of people with disabilities, which will take place in July and August 2002.
- (c) Three regional (District) workshops have been undertaken, with participants from local community groups and people with disabilities identifying needs and strategies to meet them. The regional workshops will be followed by a national workshop in Dili, in mid-July 2002.
- (d) Local disability NGO Katilosa has received assistance from the Embassy of Finland, and a consultant from the Philippines will work with Katilosa for six months from July 2002.
- (e) One school for disabled children has been established, with assistance from Handicap International, but transport problems prevent children from attending.
- (f) ILO have confirmed that a consultant will assist in the development of disability legislation and policy in September 2002.
- (g) Areas of need were identified as follows:
  - (i) Technical assistance in Braille and teaching blind children
  - (ii) Assistive and mobility devices and aids, including designs for devices that could be built locally, and wheel-chairs

- (iii) Technical assistance in and establishment of CBR services
- (iv) Prosthetics and orthotics training and production
- (v) Technical assistance to develop the disability data base

#### **IV. VISIT TO EAST TIMOR OF MR JOSEPH KWOK, VICE-CHAIR, REHABILITATION INTERNATIONAL REGIONAL COMMITTEE FOR ASIA AND THE PACIFIC**

4. The Meeting was informed that Mr Joseph Kwok would visit Dili, East Timor, 3-5 July 2002, to attend preliminary meetings for the National Workshop, to be held in mid-July. Funding for the National Workshop on Disability Awareness Raising, regional (district) workshops and the disability survey has been made available jointly by Rehabilitation International World Congress Fund, via the RI Regional Committee for Asia and the Pacific, and the Asia Trust through Mr M.B.Lee, SBS, MBE, JP.

#### **V. OTHER MATTERS**

5. The Meeting conveyed a message to the Task Force received from Mr Mike Davies of CBM-SEAPRO. He stated that CBM remains keenly interested in support for disability prevention and intervention in East Timor. Specific support priorities include prevention of blindness and deafness, mental health work, inclusive education, livelihood and income generation, and community-based rehabilitation. CBM is interested in making contact with local agencies, working or planning to work in these fields, with a view to providing financial and technical support. CBM will only work with East Timorese agencies which are officially recognized by government.

6. The Meeting was informed that wheelchairs may be available to East Timor through NGOs in Japan.

7. The Royal Victoria Institute for the Blind, Australia, reported that they were working in East Timor and would welcome collaboration with other agencies.

#### **SRSG's Statement - National Dialogue**

#### **UNITED NATIONS NATIONSUNIES UNMISSET United Nations Mission of Support in East Timor Presentation by H.E. Ambassador Kamallesh Sharma Special Representative of the Secretary- General to National Dialogue, 25 January 2003**

Your Excellencies President Xanana Gusmão, President of National Parliament Lu O'lo Guterres, Prime Minister Alkatiri, Excellencies Ministers, Secretaries of State and Vice Ministers, Participants in the Dialogue, Distinguished Observers and Guests,

1. Even though UNMISSET may not have a formal role in the internal political dialogue, which is now being initiated by the Honourable President, I would like to thank you for inviting UNMISSET to give a briefing to participants on UNMISSET's role in Timor-Leste at this National Dialogue. I would like to first of all congratulate all of you on the organisation of this dialogue – a living demonstration of a robust democratic spirit, characterised by open discussion and debate and an expression of diverse opinions, towards a shared understanding of a democratic culture which will be the bedrock of a strong and prosperous nation in the years to come. Tolerance, harmony and respect for views different from one's own beliefs and working out differences within the framework of the rule of law are the basic building blocks of any democratic society. Fomenting discord, fundamentalism of views and use of violence to achieve one's aim must be firmly and categorically rejected. All participants in this dialogue, and indeed all citizens of Timor-Leste, I believe, are committed to this vision for their country and society. I applaud their unstinted faith in democracy as the means of governing their new country, their use of democratic means to settle grievances and differences, and their commitment to build, through democracy, the future they desire for themselves and the coming generations. UNMISSET and the United Nations would provide such support as they can in this historic endeavour.

2. It is my hope that today's dialogue will not be a one-off event, but will mark the beginning of periodic, meaningful and peaceful discussions between concerned parties and an opportunity to address issues before they assume confrontation proportions. The path towards peace, stability and progress, towards an inclusive society, in brief, towards a juster and an equitable future, will be strewn with many challenges. I am convinced that these would be overcome by your dedication and love for your country and its people, under the wise guidance of your democratically elected leaders.

3. With the Independence Day on 20th May last year, the United Nations mission has been transformed from the UN Transitional Administration (UNTAET) to the United Nations Mission of Support in East Timor (UNMISSET). The difference is not just in the name, but is in the very nature of two missions. Let me stress that unlike UNTAET, UNMISSET does not have an executive authority. It is a mission to support a now sovereign independent country, Timor-Leste. It is a mission with a specific mandate of limited duration in support of the security, public administration and stability of the nascent state.

4. Resolution 1410 decided that the mandate of UNMISSET would include three major elements. First, to provide assistance to core administrative structures critical to the viability and political stability of Timor-Leste; second, to provide interim law enforcement and public security and to assist in the development of a new law enforcement agency in Timor-Leste; and third, to contribute to the maintenance of the external and internal security of Timor-Leste. The Resolution itself is supported by a Mandate Implementation Plan, the details of which are listed in some detail in the 17 April 2002 report of the Secretary-General to the Security Council. Both of these documents are in the public domain, and I hope are familiar to the Government and all participants. In the interest of transparency and information, I have also directed that copies of these documents in Tetum, Portuguese or English be provided by UNMISSET on request to any citizen of this country. The documents can be obtained from the head of the Department of Information of UNMISSET.

Mr. President,

5. I would now like to touch briefly upon these three areas and outline our objectives, achievements and constraints. As far as assistance to core administrative structures is concerned, the Civilian Support Group is in existence. You would recall that the Security Council had approved 100 international advisor posts in those areas considered critical to the viability of the Government, political stability and provision of basic services, for which no other source of international funding had been identified at that time. The advisors aim to transfer knowledge and skills to their Timor-Leste counterparts, and to ensure that by the time of their departure before the conclusion of the UNMISSET mission those counterparts are in a position to take on the required functions. Of course, there are many challenges to be overcome, such as language barriers, deployment of counterparts and lack of management experience of counterparts given the historical circumstances,

to name but a few. The demonstrated fact that all public services have continued to operate since independence is the best indicator of the merit of this programme so far. The real touchstone of success would lie in the ultimate redundancy of these advisors. The UN, the Government and the international community desire that these international experts should leave the country, with the counterparts poised to deliver essential and critical services on their own and to build on these capabilities. I look forward to that day, not far in the future, with hope and aspiration. As the road is long one, I should add that concerted efforts are underway to fill more development posts under the coordination of the United Nations Development Programme, which will of course continue after the mandate of UNMISSET is terminated. The UNDP and other agencies of the UN already in Timor-Leste will continue their partnership and support in various areas of social and economic cooperation.

6. A word about the crucial justice sector. I believe that promotion of rule of law is of critical importance in any society, particularly in a young developing society. UNMISSET is working closely with the Government and supporting its efforts to build the country's justice sector. UNMISSET had also prepared a comprehensive paper identifying the challenges in the justice sector, and possible modes for overcoming them, as an input to the presentation by the Ministry of Justice to the international community. A needs assessment mission for the correctional system was also fielded last year and I trust that its report would provide an impetus to further international cooperation to achieve best results. I am also convinced that in this Year of Justice and Administrative Restructuring our cooperation with the Government would augment substantially, of course within the national development plans and priorities of Timor-Leste.

7. The Serious Crimes Programme of UNMISSET, which is also time-bound and addresses some atrocities of the tragic period of 1999, is part of the national justice system of Timor-Leste, and its success therefore is dependent upon the strength of the justice system as a whole. It is essential to identify strategies to strengthen the national justice system, even for better results of the serious crimes process. UNMISSET has recently secured substantial additional resources for the Serious Crimes Programme. These additional resources include additional judges, court clerks, translators, investigators, lawyers and court transcribers.

8. The objective of the internal security and law enforcement programme of UNMISSET is two fold. First, to continue providing executive policing after independence, and second, to support the development of the Timor-Leste Police Service, through training, co-location and timely and coordinated handover of responsibilities. This is proceeding apace. Till date over 2531 TLPS officers have been trained out of a total police strength of 2830, representing nearly 90% of the force strength. As the capacities of TLPS grow, districts are also being gradually handed over to TLPS. To date, 5 districts have been taken over by TLPS and the remaining districts will be handed over to TLPS, with a final handover scheduled in 2004. Of course, learning the lessons from the unfortunate events of 4th December in Dili and earlier events in Baucau have brought to fore the requirements for additional training and equipment and some reconfiguration for the police force. These are being actively examined and necessary corrective actions have been initiated towards the greater effectiveness and professionalisation of the force. Needless to say, all these measures are being decided and implemented through close consultations between the Timorese authorities and the UN.

9. There has been much debate recently regarding policing within Timor Leste.

Policing in a democratic state is underpinned by the very fabric of society, the culture and needs of the community, and the rule of law that the community recognizes, respects and wishes to advance. The police are simply community members handed the sometimes onerous task of upholding the community values.

10. The very notion of community policing can sometimes be elusive when dealing with other factors that impact on the community's well being. Unemployment, standards of living, and a sense of unfulfilled expectations and acts of violence, following many years of suffering and deprivation, are all factors which pose challenges to the development of a democratic rule of law. A new democratic culture, a new way of life may not be fully achieved overnight. At the same time, I also appreciate that it will take time for the police to gain community confidence and work together with all stakeholders in resolving the community's problems. But I have no doubt that we have taken the right direction with confidence and that the goal will be realised.

11. UNMISSET was given the task of assisting in the development of the Timor-Leste Police Service based on enlightened principles desired by the community as a whole.

We must actively engage the communities in every district through local forums and local dialogue to re-affirm what the community desires. The police are only one pillar of the community and through this mode of collaboration can assist the community in its future direction. Open and frank discussions with the District Administrators, Chefes de Suco and with the youth in the schools will enable these model policing principles to grow and flourish in Timor Leste.

12. You would appreciate that the role of UN peacekeepers in Timor-Leste is an evolving one in practice. The Mandate Implementation Plan foresaw the role of the PKF as purely one of external security and border control. Over the past few months this involved training of a Border Patrol Unit, whilst continuing to patrol the 242 km long land border. Realizing the difficulty of protecting the long border along rough terrain, Government of Timor-Leste, and UNMISSET will assist in the implementation of whichever strategy is agreed upon with the authorities of Timor-Leste as the appropriate policy to be adopted. However, as a result of recent and unexpected disturbances such as those which took place in Atsabe in early January, UNMISSET has had to re-examine the focus of the PKF and modes of cooperation with the police and defence forces of Timor-Leste. Changes, if any, would be made in full consultation with the Government and institutions of Timor-Leste and members of the international community. The active cooperation of the government of Indonesia at all levels will be a great asset.

13. For the present, the PKF shares the responsibility for external security with Falintil-FDTL. Already, responsibility for Lautem District has been handed over to Falintil-FDTL and it is anticipated that further districts will be handed over as the capacity of Falintil-FDTL increases. To facilitate this process, ways are being found to enable the closer cooperation of the PKF and Falintil-FDTL in day-to-day operations. This recognizes that the PKF's role in providing external security does not supplant that of Falintil-FDTL and does not impinge on Timor Leste's sovereignty. The PKF is here to help during the period in which Falintil-FDTL is developing its full capabilities. It is expected that by June 2004, this process will be complete and the PKF will withdraw.

14. As a part of the ongoing reconciliation programme pursued by the Office of the President and supported by other Government institutions, as well as UNMISSET when requested, the policy up to and after Independence has always been to welcome back all those people of Timor-Leste who wished to return to their homeland. Many initiatives were also

put in place to open a dialogue with known militias in West Timor. As a result of the President's initiatives and steps taken by the government of Indonesia, more than eighty percent of the refugees have returned to Timor-Leste. This is a remarkable achievement for which both sides must be applauded. As I said before the Security Council it was deserving of a better notice by the international community. The message has always been that Timor-Leste is an independent country for all citizens, and not only for those who voted for Independence in August 1999. With this open-door policy, it cannot be so surprising that a number of criminal elements may have also chosen to return. UNMISSET is working closely with the Government of Timor-Leste to see what steps are necessary to contain and prevent criminal activities, particularly by these armed bandits.

15. Substantial progress has been made by the Government, assisted by UNMISSET, in developing a harmonious and mutually beneficial relationship between Timor-Leste and Indonesia. The Security Council underscored this relationship as being critical to the success of its mandate in Timor-Leste and, more importantly, to the long-term prosperity of Timor-Leste as an independent and sovereign nation in its own right within the region.

16. We have striven in many ways to widen the scope of assistance for Timor-Leste by working closely with all development partners. All actions taken in this regard have been carried out in close consultation with, the Timor-Leste leadership. We regard ourselves as facilitators of progress in Timor-Leste in the widest sense and a friend of Timor-Leste in all aspects of its national vision. Of course, as with all nations, the ultimate responsibility for development and advancement vests in your people and government. We can only be supportive and reliable partner of the programmes that you choose.

Mr. President,

17. Some in this room, and outside, appear to labour under a misperception that part of sovereignty of Timor-Leste vests with the United Nations. I would like to strongly urge that all such concerns be put aside, once and for all. Timor-Leste is a fully independent and sovereign nation. Its membership of the United Nations is a proof, if any was needed, that this sovereignty and independence is recognised by all members of the international comity of nations. UNMISSET only has operational responsibilities in some areas, with the consent of the fully sovereign government, which it exercises in close

consultation with the Government and other relevant institutions. Finally, Mr. President, in case there may be a misapprehension on this point, I would wish to assure that the United Nations, and UNMISSET, work only in accordance with the mandate given to it by the Security Council and in cooperation with the host Government. It has not and will never act as an instrument of any foreign power. In fact, the Charter of the UN explicitly forbids its staff from doing so.

Mr. President,

18. Much has been achieved through the partnership and close working relationship between the Government and UNMISSET, and yet so much remains to be achieved in the short time remaining. Resolution 1410 cited earlier goes on to indicate that UNMISSET will, "over the period of two years, fully devolve all operational responsibilities to the East Timorese authorities as soon as it is feasible, without jeopardising stability". We will strive to meet that deadline and responsibility, and fulfill the enormous tasks before us. But we can do this only together with you, with cooperation from you and from the international community. I am convinced we will all proceed forward and with success in this spirit. Our desire is to facilitate a smooth transition of the role of the United Nations towards traditional development assistance. In the final 17 remaining months of the mission, UNMISSET would contribute to the fulfilment of the aims and aspirations for your new nation, while completing its mandated tasks.

I thank the President for giving me this opportunity to address all of you.

### **Speech by Ms Thelma Kay, Chief, Division of Emerging Social Issues, United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)**

Opening of Workshop on CBR Co-organized by Department of Labour and Solidarity, Timor Leste and Rehabilitation International

Dili, Timor Leste; 19-20 January 2003

Excellencies, Distinguished participants, Ladies and gentlemen,

On behalf of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), I am very pleased to deliver a message of congratulations to all of you on successful inauguration of the national workshop on Community-based Rehabilitation (CBR) in Timor Leste and the ceremony of signing the proclamation of the Decade of Disabled Persons by the Government of Timor Leste. I am pleased to welcome all of you who are attending this important event.

UNESCAP is extremely pleased to see special attention and importance attached to the issue of disability by the Government of Timor Leste and various civil society organizations and associations in the country which actively participated in the preparation for this event.

Also we wish to extend our deep appreciation to Rehabilitation International for sponsoring this national workshop on CBR in Timor Leste.

Ladies and gentlemen,

This event is timely, as Governments in the Asian and Pacific region have proclaimed the extension of the Asian and Pacific Decade of Disabled Persons for another 10 years from 2003 to 2012. The Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF) was adopted as the major regional policy guideline for the new Decade at a High-level Intergovernmental Meeting in Japan in October 2002.

While the first Asian and Pacific Decade of Disabled Persons (1993-2002) had achieved a great deal, the participants in the Intergovernmental Meeting recognized that there was a need to address various issues affecting people with disabilities and further promote their full participation and equality in our region beyond 2003. The regional policy guideline, Agenda for Action with twelve priority areas and the Proclamation on the Full Participation and Equality of People with Disabilities were adopted at its inception.

So far, forty-three UNESCAP members and associate members have signed the Proclamation by the end of 2003. Today, on 19 January 2004, Timor Leste will become the 44th signatory country to the Proclamation on the Full Participation and Equality of People with Disabilities.

Ladies and gentlemen,

It is estimated that 400 million persons with disabilities live in our region and more than 40 per cent of them live in poverty. Less than 10 per cent of children and youth with disabilities have access to any form of education. Many persons with disabilities cannot move freely because the environment is not accessible. Access to health services, adequate food, employment, social services, transportation, communication, and participation in the civil and political domains of the community are widely denied to persons with disabilities.

Timor Leste has recently emerged from a period of destruction of dwellings and infrastructure in addition to loss of human lives. Disability statistics in Timor Leste are almost non-existent and inaccurate. However, a well known international NGO undertook a preliminary survey in Timor Leste, and the prevalence of disability in this country was reported to range from 1.5 per cent to 2.5 per cent at least, and those requiring prosthetic, orthotic or medical rehabilitation were estimated to be around 1 % of the total population, consisting of approximately 7000-8000 individuals. For various reasons, these statistics could be significantly under-numerated. In addition to physical disabilities, there are also a significant number of people suffering from post-traumatic stress disorder.

The BMF presents a paradigm-shift from viewing disability primarily as a social welfare issue to a rights-based issue, in which empowerment of persons with disabilities is seen as an important component of socio-economic development at the national level. The framework identifies seven priority areas for interventions during the new Decade. These are:

- Self-help organizations of persons with disabilities and related family and parent associations;
- Women with disabilities;
- Early detection, early intervention and education;
- Training and employment including self employment;
- Access to built environments and public transport;
- Access to information and communication technologies; and
- Poverty alleviation through capacity-building.



The BMF strongly recommends CBR as the most appropriate strategy for the prevention of causes, early intervention of children with disabilities, reaching out to persons with disabilities in rural areas, raising awareness and advocacy for the inclusion of persons with disabilities in all activities in the community, including social, cultural and religious activities. CBR perspective will reflect a human rights approach and be modeled on the independent living concept.

Ladies and gentlemen,

The signing of the proclamation is also very timely, because last year, after a 15-year struggle, the international community has finally decided to elaborate a new Comprehensive International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

At the 2nd Session of the Ad Hoc Committee to consider proposals for an International Convention, held from 16 to 27 June 2003 in New York, Member States agreed to start elaborating the Convention, and a special Working Group was established with the mandate to develop a consolidated draft text of the Convention. The Working Group is composed of 27 Governments and 12 NGOs at the global level, with full participation of persons with disabilities and civil society.

Ladies and gentlemen,

The primary aim of the current Asian and Pacific Decade of Disabled Persons from 2003 to 2012 is to promote the paradigm shift to a rights-based and development approach towards empowerment of disabled citizens. This workshop and its philosophical framework present a common regional endeavor and a clear testimony of our determination to achieve this goal.

I would like to conclude by expressing our shared aspirations towards an inclusive, barrier-free and rights-based society, a society in which all people with different abilities and unique diversities can fully claim and enjoy their rights on an equal basis.

I wish you success in your deliberations and a pleasant stay in Dili Timor Leste.

Thank you.

## **Approval of funding for the Project, “Capacity Building on CBR in Timor Leste”**

9 Sep 2004

M/s. Kay Nagata, Ichiro Maruyama and Joseph Kwok,  
c/o KATILOSA,  
Rua Clak Fulk Becora, Dili,  
Timor Leste.

Dear Sirs / Madams,

Your Project “Capacity Building on CBR in Timor Leste”

We are pleased to inform you that an amount of up to USD37,500 (Say U.S. Dollars Thirty Seven Thousand Five Hundred Only) has been approved to fund the captioned project (hereafter referred to as the Grant) under the terms and conditions set out below.

- 1) The recipient of the Grant (hereafter referred to as KATILOSA) is responsible for overseeing and implementing the project for which a copy of your proposal and budget is attached herewith.
- 2) We shall not be responsible for any additional financial support beyond the Grant agreed.
- 3) KATILOSA shall be responsible for securing sufficient funds, including matching funds from Workability Int’l-Asia, other donors and the local community who will be benefited, to complete the project.
- 4) Project financial report(s) on yearly basis certified by registered certified public accountant(s) shall be provided to us until full completion of the project.
- 5) The Grant shall be released in the following manner:
  - Year 1 USD20,000 on confirmation of the commencement of the project.
  - Year 2 USD10,000 with a proviso of a satisfactory performance report confirmed by The international committee comprising of a senior officer of UNESCAP and Mr. Ichiro Maruyama and Joseph Kwok

- Year 3 USD 7,500 with the same proviso for year 2 stated above.

Please inform us detail of your bank account so that transfer of the Grant can be arranged.

Yours faithfully,

Mr. M. B. Lee  
Trustee of the Hong Kong Asia Trust

## **Funding Approval from Ichiro Maruyama**

Date: Thu, 07 Oct 2004 14:09:23 +0900  
From: maruyama-ichiro <maruyama-ichiro@spu.ac.jp>  
Subject: RE: Timor Leste Project  
To: Joseph Kwok <SSJK@cityu.edu.hk>  
Cc: laurentino\_ensy@hotmail.com, laurent\_ensy ensy <laurent\_ensy@hotmail.com>, Kay Nagata <nagata@un.org>  
Thread-topic: Timor Leste Project

Dear Joseph,

Thank you very much for your excellent job to raise fund for Timor Leste Project. I am happy to follow your order.

The US\$5,000 which I guaranteed for the year 1, is ready to pay.

Please direct me the time and where to send it.

As to \$7,500 by WI-Asia for the year 3, I will do my best to raise until the due time.

WI-Asia will have the first meeting in NZ from October 11, 2004 within the general assembly of Workability International.

Ichiro Maruyama

## Joseph Kwok: Mission Reports 2004 to Timor Leste

### **Kay Nagata, Social Affairs Officer; Aiko Akiyama, Project Expert on Disability; Emerging Social Issues Division, ESCAP, 26 January 2004**

1. Mr Arsenio Paixao Bano, Secretary General of State for Labor and Solidarity signed, on behalf of the Government of Timor Leste, the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region on 19th of January 2004 in conjunction with the Opening Ceremony of the Workshop on Participatory Need Assessment of Community Based Rehabilitation (CBR). With this, Timor Leste became the 45th signatory country.

2. The Secretary General announced that the inter-ministerial working group to develop a comprehensive disability national plan would be inaugurated on 20th of January 2004, in response to a request to the Council of the Prime Minister. This will involve his ministry, Ministry of Public Health, Ministry of Education, Ministry of Work and Ministry of Foreign Affairs. The Timor Leste Constitution already has two articles that explicitly mention application of disabled persons human rights. The new development will lead to a significant step forward for its implementation. The Secretary General also showed the country's support for the international convention on disability and their commitment to participate in ESCAP activities.

3. The Workshop was the first nation-side event on this topic, funded by the Rehabilitation International (RI), and organized by a Timor civil society organization for persons with

disabilities, KATILOSA, in collaboration with the ministry. Approximately 40 persons participated in the workshop from different parts of the country and they include persons with physical disabilities, visual impairment. The main resource person was Dr. Handojo Tjandrakusuma, a prominent CBR expert from Indonesia. Main working languages were Tetum and Bahasa, Indonesia.

4. Kay Nagata delivered a speech by Ms Thelma Kay, and Aiko Akiyama presented the Biwako Millennium Framework.

5. The findings and results of the workshop are the following;

- i. Capacity building of disability organizations, self-help organizations, and their partnership development with the government is necessary.
- ii. Recommendations and an action plan based on the participant's discussions will be developed after the workshop by KATILOSA.
- iii. Future projects on income generation activities and CBR and capacity building might be developed with the cooperation of Dr Joseph Kwok, and Dr Handojo.

6. With a cooperation of the Government of Timor Leste, Kay Nagata and Aiko Akiyama made two filed visits to a CBR center in Aielu district and the Aishun Foundation in Delta district. For the former center, two Timor persons are currently being trained on production of prosthetics and orthotics at the Cambodia Trust in Phnom Penh. At the latter foundation, some direct services including residential care and

computer training are provided to 50 persons with disabilities, yet more resource and managerial skills are needed.

7. Dr. Hondaiyo and Kay Nagata met the tourist sector leader in Bali (Mr. Ida Bagus Lolec, Pacific World, Bali) and discussed the issue related to barrier-free tourism in Bali, and the discussion was covered by the Indonesian National News Agency (Mr. Chandra Hamadani, Chief Bureau)



Photo 1: Signing of the Proclamation by the Government of Timor Leste.



### Joseph Kwok, Mission Report to Timor Leste, January 2004

Theme: CBR international seminar (2 days) and workshop (2 days)

Organizer: organized by KATILOSA and Sponsored by Government of Timor Leste

Funded by: RI as second of a two part event, with first part conducted two years ago funded by Asia Trust

Date: 19-22 January 2004, a total of four days

International Participants: Representatives from UNESCAP (Kay Nagata and Aiko Akiyama), Representative from Asia Trust, RI, Asia and Pacific Community Workshop and JSRPD (in the one person of Joseph Kwok), Consultants from Solo CBR Centre (Dr. Handojo and two colleagues)

Local Participants: Secretary of State, Chief of Social Services, representatives from Ministry of Health, Ministry of Finance, Foreign Ministry, Special assistants to the Prime Ministry, selected CBR trainers from four districts, disabled people, and KATILOSA

Event activities:

4. Opening ceremony with keynote speeches from UNESCAP, Secretary of State, and Joseph Kwok.
5. Signing the A/P Decade Proclamation by Government of Timor Leste.

6. CBR exchange and workshop, as well as working on recommendations.
7. A working lunch hosted by Joseph Kwok with all key participants, including Secretary of State
8. A welcome dinner hosted by Secretary of State
9. A field visit to useful sites for possible future collaboration by Joseph Kwok, led by Laurentino of KATILOSA
10. A breakfast working session with Laurentino of KATILOSA on reporting format and content to funder.

#### Field Observations:

1. Solo CBR Centre with the full support of its Chief Officer, Dr. Handojo has been very effective in supporting the event. The advantages are that it requires a relatively low funding support, it has no language barrier in terms of its printed and oral inputs (they use same spoken and written languages), it has taken on the task with deep sense of cooperative spirit and mission.
2. UNESCAP has given its full technical support, plus also the personal support of its key officers, Kay and Aiko. This support is expected to continue.
3. The government of Timor Leste has given a special attention and support to the event. They have also made significant progresses since the last workshop and survey funded by Asia Trust. The government is progressing to complete the national disability concerned survey started with Asia Trust funding, developing a high level committee overseeing disability issues, working on a comprehensive national disability concerned policy, as well as trying to mobilize private funding to support disability programmes, including vocational and income generating programmes.
4. The cooperation between KATILOSA and government is effective, plus also with some self-help organizations of people with disabilities.
5. KATILOSA and Laurentino in particular is well positioned, has the necessary experiences and structure, and is committed to pursue further development work in the country. KATILOSA is managed by a Board, which

comprises Bishop Basilio Do Nacinato as its chair, Mr. Miguel Maya of University of Timor Leste, Laurentino. More board members will be added.

6. Solo CBR centre has established a cordial and effective relationship with both Laurentino and Government, and will continue to work as partners in joint collaboration.
7. Because of the downsizing of UN in the country as well as the lack of new revenue sources, the country and its people are facing more challenges. Further support is highly recommended.
8. Further support may be considered in the following areas:
  - 8.1 Support to government in policy development and formulation. Such support would involve funding for consultancy, e.g. assisting them to invite Solo CBR centre consultants to support the work.
  - 8.2 Support to government and KATILOSA to develop pilot CBR programmes
  - 8.3 Support to government to develop funding provision to assist income generating activities of people with disabilities. In this regard, KATILO may be working on a small scale social enterprising unit which can be one of the projects to be supported by the Government managed trust fund for vocational and income generating of people with disabilities.
9. Specific suggestion:
  - 9.1 Asia Trust, APCW and JSRPD be requested to provide partnership grants to support a CBR project, Consultancy for policy formulation, as well as support to the Special Fund with specific model project to be managed by KATILOSA.
10. Next step: Subject to your comments, further discussion will be carried out with all interested parties along the direction suggested by funding and local partners.

# Laurentino: Progress Reports from Timor Leste, 2005

## PROGRESS REPORT OF CAPACITY BUILDING ON COMMUNITY BASED REHABILITATION (CBR) IN TIMOR LESTE

Laurentino, 2005

The workshop, first training of CBR in Timor Leste was held in the Hall of Ministry of Education, Culture, Youth and Sport from 21 – 26 February 2005, and the participants were from Government, NGO's and Persons with disabilities in Six (6) districts. The total of 35 participants were participated the training. The CBR training was lunched by Mr.Amandio Amaral Freitas from the Division of Social Service (DSS) Dili.

**The training was divided into two sessions:**

### A. Training on CBR Management

1. Many participants were interested in methodology of community based approach related to disability issues which based on community participation and resources. They wanted to apply the method into their own programs/activities. Some NGO and church leaders wanted to add and develop their activities with CBR.

2. They though that management of CBR were systematic and applicable to the other issues so that they wanted to adopt the management system of CBR to their own existing activities/ programs.

3. KATILOSA had initiated to start CBR program with entry point of Income Generating project. However to the whole of Timor Leste, to develop and spread out CBR in the future, if only KATILOSA was not enough. It needed wider collaboration and network. The participants had commitment to establish "Timor Leste National CBR Network". The network would be as a place for GO, NGO and PO that want to develop and implement CBR to share information, communication and consultation, dissemination programs and activities of CBR, encourage and motivate each other, support HRD in CBR through conducting appropriate training.

4. Some participants were eager to visit CBR Center Solo Indonesia and any relevant institutions in Indonesia to study more about CBR and rehabilitation services. Now they collect fund to support they needs.

### B. Training of Income Generating and self help Group

1. Through the training there were 16 persons with various disabilities had established two group of self help group. They themselves developed the role and function of the members towards development of group. The group was composed 8 persons wanted to start with income generating activities by using revolving loan fund system.

2. The project will give amount money for the group as a capital to start business.



3. Every month the members will have a meeting for sharing their business, consultation, peer counseling, exchange information, etc

4. Katilosa would facilitate and give necessary assistance to the group members so that the group members develop their capacity in business.

5. The group will submit report to KATILOSA every three months.

Note: KATILOSA has a partnership with The Leprosy Mission International to expand CBR program in other Sub Districts. The CBR Program was expanding to another three Sub-Districts such as Vemase, Baucau and Laga.

## Final Report of Capacity Building on Community Based Rehabilitation in Timor Leste

### A. Introduction

The first year program of Capacity Building on Community Based Rehabilitation has been started in February 2005 in Timor Leste. The Capacity building training started with training on CBR Management and Income Generation Group. The participants were come from various types of disabilities, Department of Health, Department of Education as well as the representatives from 6 districts.

**The training was divided into two sessions:**

#### I. Training on CBR Management

- i. Many participants were interested in methodology of community based approach related to disability issues which based on community participation and resources. They wanted to apply the method into their own programs/activities. Some NGO and church leaders wanted to add and develop their activities with CBR.
- ii. They thought that management of CBR were systematic and applicable to the other issues so that they wanted to adopt the management system of CBR to their own existing activities/ programs.

- iii. KATILOSA had initiated to start CBR program with entry point of Income Generating project. However to the whole of Timor Leste, to develop and spread out CBR in the future, if only KATILOSA was not enough. It needed wider collaboration and network. The participants had commitment to establish "Timor Leste National CBR Network" (CBR Working Group). The network would be as a place for GO, NGO and PO that want to develop and implement CBR to share information, communication and consultation, dissemination programs and activities of CBR, encourage and motivate each other, support HRD in CBR through conducting appropriate training.

- iv. Some participants were eager to visit CBR Center Solo Indonesia and any relevant institutions in Indonesia to study more about CBR and rehabilitation services.

#### II. Training of Income Generating and self help Group

- i. Through the training there were 16 persons with various disabilities had established two group of self help group. They themselves developed the role and function of the members towards development of group. The group was composed 8 persons wanted to start with income generating activities by using revolving loan fund system.
- ii. The project will give amount money for the group as a capital to start business.
- iii. Every month the members will have a meeting for sharing their business, consultation, peer counseling, exchange information, etc
- iv. Katilosa would facilitate and give necessary assistance to the group members so that the group members develop their capacity in business.

KATILOSA is also taking an active role in prodding the government to provide policies and services to the disabled people. The Policy has been drafted in 30 June 2005 and the draft has submitted to the Council Minister for the approval.

#### B. Expansion of CBR to District Baucau.

As part of expansion of CBR program KATILOSA has been developed a partnership with The Leprosy Mission International to introduce Community Based Rehabilitation (CBR) in Vemanse, Baucau, Venilale and Laga.

Both organizations have conducted four times meeting with four different sub-districts in District Baucau. About 175 local leaders have been participated in these meetings. The participants were from chief of village (Chefe Aldeias), Chief of Sub-Administrator (Chefe de Sucos), Health Department, Social Services, Department of Social and Economic Commission persons with disabilities as well as local community members and local leaders.

All the leaders in Baucau District were very enthusiasm welcome in CBR program in their places. Most of them wanted CBR to be implemented with the community, persons with disabilities and local leaders as well as the CBR Workers/facilitators who has been selected by local community and local leaders. Most of community leaders suggested that community awareness raising is more important in Baucau because in many years community was put a negative attitude for persons with disabilities.

Through the meeting with local leaders there were a few priority areas have been identified such as Education, social economic and mobility. Some of participants were recommended for public awareness raising, disability prevention, early detection and intervention. As Timor Leste is very high level for accident (traffic accident) as well as malaria.

Since then, KATILOSA's service is expanding now and the number of Children and adult with disabilities is more increasing under our services. It has a good links with ASSERT for referral to make prosthetics and orthotics.

In November 2005 KATILOSA in collaboration with TMLI, we have been conducted survey through out Baucau District. There are a few Sucos (Village) still left out but all the data would be collected by the end of February 2006. Both KATILOSA and TMLI will identify the priority area for intervention and provide services.

### **C. Establishing CBR Network/Working Group in Timor Leste**

Through the first training most of the participants were recommended a necessary to set up a CBR working. A CBR Working Group has established now and the member composed six organization such as KATILOSA, ASSERT, The Leprosy Mission International, Klibur Domin Tibar, Mary knoll Sister in Aileu and Alma Sister. All the members have

been met regularly in once a month to share ideas, experience, skills and other appropriate information as well as discuss the training for the Group members. One of the training that the group has been identified is training for CBR Facilitators and Mid Level Rehabilitation Workers.

The CBR Working Group beginning discuss with Minister of Labor and Community Reinsertion, Minister of Health and Minister of Education regarding the future of government role in the Community Based Rehabilitation in Timor Leste.

The CBR Working Group has made one week visit to CBR Center Solo to discuss the future cooperation between CBR Working Group in Timor Leste and CBR Center Solo. KATILOSA was discussing the future training. We were inviting them for the second training for all CBR Facilitators and the members of CBR Working Group.

### **D. Problem and solving**

Over the last five months KATILOSA has been faced a few obstacle in managing two income generation group as follow:

- a. The short term training on running business is more difficult.
- b. Lack of capacity of managing the group
- c. Some of disabled people though that the loans is as charitable support.
- d. The disabled persons still thinking negative attitude for themselves about running business.

Due to lack of capacity KATILOSA has discussed and met with ILO and Opportunity Timor Leste in collaboration training for Income Generation Group. We would like to let you know that we could not commence in Maliana, and Aileu because we realize that lack of human resources to expand to the districts which has been state in the original proposal. It is also after the formation of CBR Working Group each of members divided the in which district they will start. Therefor, KATILOSA start in four sub – districts in Baucau, Klibur Domin start in Liquisa and Ermera, Merryknoll Sister focus in Aileu while ASSERT and Alma Sister in Dili.

It is also CBR Working Group organized CBR Participatory training in March this year, so KATILOSA did not organized this separate training yet. These training will focus on CBR Facilitators for 12 months for first year. This training probably will continue for The Mid Level Rehabilitation Workers (MLRW) after successfully completing the CBR Facilitators training and this cadre will continue to attend one week blocks every month for a further 12 months with continued field mentoring.

The CBR Working Group has made a week visit to CBR Center Solo to discuss the future cooperation between KATILOSA and future training. We were inviting them for the second training for all CBR Facilitators and the members of CBR Working Group.

## **KATILOSA Progress Report May to August 2006 Joaquim Soares, Klibur Domin, For Community Based Rehabilitation Working Group**

### **Introduction:**

The observations during the ethnic riots, narrative experiences and a few records point to the fact that many of Disabled Children in East Timor are due to malnutrition caused by dire poverty of the family, malaria and next to these disabilities are mental disability due to trauma of the situation.

More importantly for the development and well-being of Children with Disabilities, there is a need to prevent further aggravation of their situation especially their disabilities. An impact program such as rehabilitation of their physical, mental and/or psychological disabilities is warranted. In addition, pregnant mothers, in particular, and women, in general, whose conditions now are medically and health-wise needing curative measures must be treated to prevent deformities in their children.

### **Activities:**

1. The early intervention and early detection component of the training program was conducted in May. Field follow up in Baucau for one week following the training until expatriate staff were evacuated at the end of May

2. Referral a child with failure to thrive and a congenital heart defect from Baucau to National Hospital in Dili. She was also referred to the Royal Australian College of Surgeons Pediatrician for consideration for future surgery in Australia to repair the heart defect.
3. Referral Leprosy from Venilale to Sister CIJ (Catholic Sister) in Baucau
4. Baucau CBR Facilitator has a meeting with Xefe Suco (Village head), Social Services and Health department in Baucau to introduce CBR program.
5. Assist people with disabilities in Refugee Camps
6. Physical therapy for disabled children
7. Family Education

### **Result**

- a. CBR Worker training has been suspended because of the situation in East Timor. All expatriate staff was evacuated. It is expected the training program will resume later in the year
- b. The child was treated for malnutrition in Dili National hospital and has been referred for review by the RACS Cardiac Surgeons when they resume visits to Timor Leste.
- c. The person with Leprosy and their child with malnutrition was assisted by CIJ Sister to do the treatment and they will contact with Department of Health in Venilale
- d. Most of the local leaders are welcome CBR program and they are very enthusiasm to work with KATILOSA to the success of CBR program.
- e. During the crises we some of program we could not continue but we do some visit to refugee camp and we found five disabled persons in Baucau. We distribute two crutches and doing counseling.
- f. There are about 30 disabled children visited by CBR workers together with KATILOSA's staff. At the same time we have been referred six persons of epilepsy to local clinic and continue for treatment. During the visits we have also established a small Play Group system

between children with disabilities and children without disabilities in the community. It has been a good model for children with disabilities to integrate into the community.

- g. Family Education is an important way of decimating information to family about early detection and intervention, disability due to malnutrition, malaria, etc.

### Feedback Meetings in the Communities

The sustainability of CBR is depending on the involvement of families, community leaders, persons with disabilities, etc. In this regard KATILOSA currently conducting meetings so called "Community Feedback Meetings". The first meeting was take place in Venilale and the meeting was involve disabled peoples, families, Community Health Clinic (CHC), Sub-district Administrator, head of village and community volunteers.

The meeting was opened by Sub- district Administrator. He was very welcome the CBR program in his area and hoping that this program will working more closely with local community because CBR program is a newest program for them. He recommended that it would be better the program should expand to another five village because KATILOSA did not reach these area yet. He is also recommended that the Facilitators need to work more closely with community volunteers in the area where CBR program take place.

At the end of the meeting the participants was requested to share the experience and ideas about the CBR program and their daily lives in the families and communities.

The same meeting will be conduct in Vemase and Baucau on August 5 – 6, 2006. The objective of the meeting to find out the progress and the problem of the implementation of CBR program so we can get opinion and ideas from disabled peoples, local community leaders, CHC, families, head of village and community volunteers.

#### Difficulties and problem

1. During the Ethnic riots we faced some problems to visit our clients for 2 ½ week and we temporarily move our staff to Baucau where the most CBR program based. Since then we plan to visit our clients as normally because Baucau is safe.

2. Suspension of the training program and evacuation of expatriate staff causes some difficulties. Although the nature of the CBR approach, being community based, means that many of the activities can continue without expatriate supports.
3. The income generation is the major problem to control as we do not have enough capacity and staff to control the group.
4. Transport to remote locations remains difficult.

### How to spend fund from donor?

In the beginning of February to April the fund was used for CBR Manager, three CBR Workers, one finance staff as well as for the used of office rent, transportation. But in the beginning of May until recently the fund is only used for two CBR Facilitators salary in Baucau district.

### Report on the Trip to Community Based Rehabilitation Center, Solo and Malang, Indonesian

On 18 December the representatives of the CBR(Community Based Rehabilitation) Working Group trip to Indonesia to visit the Community Based Rehabilitation Development Training Centre(CBR-DTC) in Solo and the Institutional Based Rehabilitation(IBR) and Community Based Rehabilitation Development Center( CBRDC) BHAKTI LUHUR) in Malang, Indonesia. The representatives of the CBR Working Group were composed Joaquim Soares and Gregorio Mendes from Klibur Domin, Laurentino Guterres, Agostino Aparicio Guterres and Jane Doepel from Katilosa and Louise Maher from ASSERT. The trip was funded generously by the British Embassy in Timor-Leste.

The trip to Indonesia was very successful as the representatives were learning and getting so much information on the development of CBR program in Timor-Leste for the people with disability.

The objectives of the trip were:

1. To assess the appropriateness of training modules available in Indonesian language from the CBR centre Solo and the CBR Centre Bhakti Luhur in Malang
2. To be used for as much of the course as possible. The trainers would use English versions of the same module and develop competencies from these.
3. To develop a partnership with the CBR Centre Solo and CBR centre Bhakti Luhur in Malang to develop CBR centre in Timor-Leste, to provide those modules which cannot otherwise be provided
4. To discuss the possibility of The CBR Centre, Solo and CBR centre Bhakti Luhur in Malang to provide training for the CBR workers from Timor-Leste.
5. Approving recognition of prior learning for the course to enable those course participants who so desire to continue to advance their studies with the centre following the 2 year training program.
6. For the managers of the CBR programs in Timor Leste to further their understanding of the CBR process by observing the work of the CBR centre, Solo and CBR centre Bhakti Luhur in Malang
7. For each Delegate to have the opportunity to increase their understanding of the roles and responsibilities required of leaders in CBR organisations.

## The CBR Working Group visited the following Institutions:

### 1. CBR-DTC, Solo, Central of Java

On 19 December the group met with the director of the CBR-DTC, Mr Jonathan Maratmo and his staff to discuss about the experience of CBR Project in Rural Community of Central Java, Indonesia. The main focus of the CBR-DTC Solo is to provide the professional training in CBR programs for the Social and Health workers in Central of Java.

During the discussion and sharing the information of CBR program, Mr Jonathan gave his power point presentation about the CBR program. The main points of his presentations were talking about several of the CBR Action Programs such as Community Awareness, Early Detection and Early Intervention, Group Therapy "Child to Child", Inclusive Education, Primary Rehabilitation Therapy, Self Help Group and Income Generating. Mr Jonathan also shared the information about the Steps of Strategic Implementation of CBR in the Central Java, Indonesian. (A copy of power point presentation is enclosed).

As a newest country in the world, CBR program is so new for Timor-Leste. The group learned so much from the presentation of Mr Jonathan about the CBR program in Central Java Indonesia and the steps of strategic of the implementation of the CBR programs.

After the presentation the group were doing a tour to see the facilities in the CBR-DTC. They had rooms for the Physiotherapy, Occupational therapy, Speech Therapy, Orthothetic and Prosthetic, training facilities, dormitory, conference rooms and others. In each rooms they had physiotherapists, Occupational Therapists, Speech Therapists and specialist for the Orthothetic and prosthetic.

Before left the CBR-DTC Solo, the Group purchased some books and the materials for the course. The CBR centre Solo also agreed of the requesting of the CBR Timor-Leste to provide training for the CBR workers in Timor-Leste in November 2006.

### 2. Foundation for Caring the Children with Disability (FCCD) of Surakarta, Central of Java

On 20 December 05 at 09.00 AM the staff from CBR-DTC, Solo guided the group to visit FCCD

The Vice Director of the Foundation, Mrs PP. Wijayanti Handjilin introduce to the group about the programs in the Foundation. Mrs Wijayanti took the group for a tour to see their activities such as Physiotherapy rooms, Occupational Therapy, Speech Therapy, Hydrotherapy, Special School for the Primary and Secondary School, the equipments for Physiotherapy and the Occupational Therapy and Vocational Training. The foundation also had dormitory for the children with disability to stay while doing their studying and also get regular treatment.

The group was so impressed about the facilities that they used to provide services for the children with disabilities. There were various equipments that the group had never seen them before, such as equipment for the Physiotherapy, Occupational Therapy, and Speech Therapy. Photographs of some of the equipment were taken to try to get them made in Timor Leste.

Another important thing which the group learned was the Foundation had so many professional staff that providing very good quality service for the children with disability. And also the group realised that as the Timor-Leste is a newest country in the world, the human resources in Timor-Leste so limited in providing service for people with Disability if compared with the services provided by the people in Indonesia.

### **3. Academy Physiotherapy and Occupational Therapy (OT) of Health Polytechnic, Surakarta**

In the same day, at 11.00 AM the group continued to visit to the Academy of Physiotherapy and OT. The Director of the Health Polytechnic hosted the group in his office. He introduced his staff and the courses. After the introduction in the conference room, the staff took the group for a tour to see the facilities and the equipments in each courses room.

The director and the staff advised that the students from Timor-Leste could be allowed to study in the Academy of the Health Polytechnic. The arrangement could be negotiated through the Ministry of Health of Timor-Leste and Ministry of Health of Indonesia. They also explained that the duration of the courses would be 3 years. To complete the course, a student needed to pay around US\$3000.00.

The group realised that Timor-Leste did not have a formal education about Physio and OT. The group also realised that to provide a good quality services for the people with disability, the CBR working group needed to organise to seek some funding to send some students to attend the courses in Indonesia.

### **4. Rehabilitation Centre, Surakarta, managed by the government**

At 11.30 the group continued to visit to the Rehabilitation Centre of Surakarta, managed by Social Department. The head of the Department received the group in his office. He introduced about various programs in the Rehabilitation Centre. Unfortunately the group was a little bit late, due to their busy schedule and so did not visit the facilities.

### **5. Bhakti Luhur Foundation**

The next day on 22 December at 06.00 AM the group continued to travel to Malang to see a big rehabilitation centre run by a Catholic organisation. The name of the rehab centre is "Yayasan Bhakti Luhur" or Bhakti Luhur Foundation. The group arrived in Malang at 3.30 PM. From Solo to Malang was taking about 8 hours driving.

On the next day, 23 December 05, the group met with the head of the CBR-DC, Mr Yohanes Subasno. During the discussion he introduced the Foundation and also presented to the group about the following information.

#### **ACADEMIC TRAINING OF COMMUNITY BASED REHABILITATION FIELDWORKERS AND THERAPISTS**

1. REHABILITATION OF THE BLIND AND LOW VISION
2. REHABILITATION OF THE DEAF AND HEARING IMPAIRED.
3. REHABILITATION OF THE INTELLECTUALLY CHALLENGED
4. REHABILITATION OF MULTIPLE HANDICAPPED. Characteristics of Multiple Handicapped. Programming and techniques of overcoming and handling multiple handicaps. Functional Curriculum for multiple handicapped. CEREBRAL PALSY. Treatment for children with cerebral palsy in Activities of Daily Life. Treatment for children with cerebral palsy in motor skills. How to make adapted equipment and to train children with CAP. To use them.
5. MEDICAL REHABILITATION
6. EPILEPSY. LEPROSA. AIDS. Classification of syndromes. Treatment. How to give information for the community in villages, and how to refer them to community health centre and to take care of the medication.
7. PHYSIOTHERAPY
8. OCCUPATIONAL THERAPY
9. COMMUNITY BASED REHABILITATION MANAGEMENT.



After the presentation Mr Yohanes Subasno took the group to visit the facilities of the Foundation. The facilities were so big and had lots of the programs inside for the children with disability such as Physio room, OT room, vocational training, special school for the primarily and secondary, orthothetic and prosthetic, workshop for building and repairing wheelchair, accommodation for the orphans (the children who lost their parents).

There were also some discussions about the possibility of sending some CBR workers from Timor-Leste to attend the CBR Management training in Bhakti Luhur Foundation. Mr Subasno advised that Bhakti Luhur could accept at least 6 people to attend the training from 6 to 8 weeks. Bhakti Luhur also provided accommodation and meal for the participants during they are attending the training.

The group purchased some copies of Disabled Village Children books, training modules and some other books from Bhakti Luhur Foundation for the participants of our planned training course.

## Summary

The group had very successful trip to Indonesia to do a comparative study about the CBR program for the PWD. Both the Institutional Based Rehabilitation (IBR) and Community Based Rehabilitation (CBR) are the two programs that taking very important roles in providing service for the people with disability.

## Objectives Met

1. Appropriate resource materials in Bahasa Indonesia and English were purchased
2. Relationships were strengthened particularly between the CBr-DTC Solo, The Physiotherapy and Occupational Therapy Academies and the Bahkti Luhur CBR Centre Malang.
3. Provisional arrangements were made for CBR\_DTC Solo to provide CBR Training in November 2006 and for a Physiotherapy staff member of The Physiotherapy Academy to provide Early Intervention and detection training in April 2006. Preliminary discussions with th Bahkti Luhur centre for Training to CBR Managers

4. The recognition of prior learning was not discussed in detail during this visit but will be as relationships develop further.
5. The CBR Managers from Timor Leste were able to further their understanding of The CBR process through detailed discussions with their Indonesian counterparts.
6. The CBR Working Group has colleted lots of information from the various Rehabilitations Centers in Indonesia. The group would organize to prepare the strategic planning and its implementation for the CBR program in Timor-Leste. The group will work together with other NGOs, government departments who are providing service for the PWD to pare the resources to provide a good quality services for the people with disability in Timor-Leste.

In the beginning of March, the CBR Working Group will realize a training program for the Community Based rehabilitation Workers with some participants completing a second year of training to become Mid Level Rehabilitation workers. The group hopes that they can prepare Human Resource Development for the Implementation of CBR Services in Timor Leste

Fifty (50) Timorese staff from NGOs Klibur Domin, ASSERT, KATILOSA, Maryknoll Aileu, TLMI will be trained. The training will be offered to staff of other organizations if a place is available and provided sufficient field mentoring can be provided.

The CBR Working Group will provide some recommendations to the relevant government departments for their considerations about the CBR programs in Timor-Leste.

## CBR Working Group Timor Leste visit Indonesia



*Photo 1: CBR working Group from Timor Leste has a meeting with Drs. Jonathan Matratmo from CBR Center Solo.*



*Photo 3: A physiotherapist explains the way doing exercise to disabled child to Joaquim and Gregorio from Klibur Domi and Agostinho from KATILOSA. According to the family this boy has been treated at CBR Center Solo for 6 months. The boy has been progress very well.*



*Photo 2: Agostino observing a physiotherapist doing exercise for a child in YPAC Solo.*



*Photo 4: Laurentino talk to a wheelchair boy who is polio victim. He attends a special school for four years at YPAC Solo.*

# Strategic Planning of CBR in Timor Leste, 2004

Proposal on Workshop on participatory need assessment and formulation of strategic planning of community based rehabilitation in Timor Leste

## I. RATIONALE AND SITUATION ANALYSIS

Traditionally rehabilitation service is viewed as a medical, educational, vocational and social service that is delivered directly to individuals with disabilities. As a service, rehabilitation is seen to be a sequence of preventive and curative treatment measures for individuals. Disability issues are viewed as individual issues or individual problems faced by individuals with disabilities. This view emphasizes on institutional based approach where professionals work with people with disability to treat a specific problem. Even if it is a holistic treatment, the role of people with disability as the recipient of services is still relatively passive. The professionals are subject and decision-maker but people with disabilities are often seen to be the locus of the rehabilitation problems and are, therefore, the sole target of rehabilitation.

This perspective does not suffice when considering the total problems faced by people with disabilities in their community. The quality of life of all community members, regardless of whether they are people with disabilities or not, is dependent on their social and physical environment. So, a traditional approach of rehabilitation is not enough without considering the social attitudes, beliefs, and behaviors barrier of the community. Since people with disability can develop in their community are most often affected by the social attitudes, beliefs, and behaviors of the community in which they reside.

Now, disability issues are not only viewed as individual problems faced by individuals with disabilities, but are more viewed as social problems faced by community. Therefore, the rehabilitation programs need to consider the change of community behavior as a whole, rather than the change of individual with disability only. That means rehabilitation service should be focused on integrated solution with more emphasis on the long-term and strategic needs rather than the short-term and practical needs.

As a new country Timor Leste has experienced an immense social system change. That was marked by a sudden growth of democratic system that gave wider opportunity for people to get freedom of speech and expressing thoughts. Beside the growing economic issues, the awareness of democracy and human right issues are also becoming more prominent in Timor Leste.

The immense social system change above has significantly affected the social welfare for people with disabilities. Increasing awareness of human right encourages many people with disabilities and local community members to establish disability organizations that concern to fulfill the rights of people with disabilities. It implicates that the role of people with disabilities, local community and NGOs (civil organizations) on the efforts of rehabilitation services becomes more important. It also indicates that there is a change of disability issues trend, from individual issues to social issues, from partial solution to integrated solution, from emphasis on sort-term needs to long-term and strategic needs. Therefore the need assessment of rehabilitation services for both people with disabilities and community is very crucial to be done.

## II. ABOUT THE KATILOSA-TIMOR LESTE AND CBR DEVELOPMENT AND TRAINING CENTER-INDONESIA

### A. KATILOSA

### B. THE CBR DEVELOPMENT AND TRAINING CENTER (CBR-DTC)

The Community Based Rehabilitation Development and Training Center (CBR-DTC) is a non-profit organization dealing with disability issues established in 1978. It started from the institutional-based programs to reach out to community members with disabilities who live in rural areas. Over the past 15 years the initial program has evolved from outreach to community development. It has also expanded its coverage from one village to over 80 throughout Central Java. In 1992 the World Health Organization (WHO) presented a Sasakawa Health Prize to CBR-DTC in recognition of their work in developing CBR as Community Development.

The CBR-DTC believes that problems faced by people with disabilities are not only the results of their individual impairment, but also due to the negative attitude and beliefs existing in the community. So, the CBR-DTC attempts to change community behavior (attitudes, knowledge and skills), including that of people with disabilities, to enable the community to engage and participate effectively in programs concerning disability issues, i.e. the prevention of disabilities and the improvement of the quality of life of people with disabilities. The programs and activities of CBR are directed towards fulfilling the mission statement, which is solving disability issues through community development.

Through the ongoing and continuing activities of CBR projects the CBR-DTC always obtains the new experiences in implementing community-based programs. This Center also has a longstanding good network with international, national and local rehabilitation and academic institutions. Furthermore, it also has a worldwide network with experienced experts from various field of rehabilitation and community development. In addition to implementing CBR projects, the main activities of CBR-DTC are also organizing international and national workshop/seminar/training, publishing training and educational materials, carrying out field research and CBR exchange programs.

## III. THE WORKSHOP

### A. GENERAL OBJECTIVE

The overall objective of the workshop is to formulate an effective strategic planning for rehabilitation which based on disability problems, its causes and the various needs of people with disabilities as well as community.

### B. SPECIFIC OBJECTIVES

After having dialogues and discussions with many resource persons, including experts, the expected specific objectives of the workshop will be:

1. Participants will get a clear picture about disability issues mapping in their areas. Participant will be able to identify disability problems in the context of their community.
2. Participants will get better understanding about factors, internal and external, influencing the successful of implementation of rehabilitation programs.
3. Participants will be able to identify the potency and available resources that can be utilized to develop rehabilitation programs for people with disabilities and community.
4. Participants will get more knowledge and skills of various rehabilitation approaches and strategy.
5. Participants will get better understanding how to develop human resource in solving disability issues.
6. Participants will be motivated and inspired to develop rehabilitation programs in their own regions.
7. The workshop will formulate strategic planning for the implementation of rehabilitation for people with disabilities and community.

### C. WORKSHOP DURATION

5 (Five) days

## D. VENUE

The workshop will be taken place at Dilli Timor Leste

## E. PARTICIPANTS

Participants will come from various organizations which related to disability issues, such as: representative of group of people with disabilities, parents, informal community leaders, government official, non-governmental organizations, CBR practitioners, etc.

## F. WORKSHOP DESIGN

The core of workshop answers the question: "How do we get where we want to go with what we have or can get?" Simple stated, the process of developing a participatory training asks and answers four questions:

- Where are we?
- Where do we go? Where do we want to be?
- How do we go? How can we get there?
- What shall we do?

For that reason, the workshop would be designed with the five sequences of modules:

- **Module I: INTRODUCTION, ORIENTATION AND ORGANIZING WORKSHOP** -- This module focuses on group building and organizing the workshop together. Major activities will be: Opening fellowship, sharing of SELF (getting to know each other), sharing and synthesizing individual expectations, and developing workshop design.
- **Module II: WHO AND WHERE ARE WE? (SITUATION ANALYSIS)** -- This module is to know the current situation of people with disability and community. Mapping problems and needs of persons with disabilities and community will be carried out by using participatory ways. What their real problems and needs? That concentrates to find out the whole situation by analyzing community externally and internally, resources, activities, and society deeply. This will be a base for the next modules.

- **Module III: WHERE DO WE GO? WHERE DO WE WANT TO BE? (VISION, MISSION AND GOALS)** -- This module aims to get a better understanding of vision, mission and goal of rehabilitation programs. It tackles these issues through sharing their different views and aspects, and tries to develop a better understanding of vision, mission and goal. The workshop program will provide opportunity for each participant to present and compare varying types of vision, mission and goal in different situation contexts and the developmental implications of different social paradigms.
- **Module IV: HOW DO WE GO? HOW CAN WE GET THERE?** -- What approach, strategies, skills, resources and techniques are needed to achieve vision and mission and goal? In this module focuses on practical strategies, techniques and skills needed to achieve the vision, mission and goals.
- **Module V: WHAT SHALL WE DO? (DEVELOPING STRATEGIC PLAN)** -- In this module, all participants will develop a strategic planning which will be their guideline and manual for their own program.

## G. DOCUMENTATION

All of the activities of the workshop will be documented. The Katilosa will utilize appropriate tools for documentation, such as: photos, report, paper, slide, etc. The documentation of the workshop is assessed on the basis of the experience and will be prepared for sharing with others.

## H. WORKSHOP MANAGEMENT

The workshop will be managed by the Katilosa's professionals cooperation with some experts of the Community Based Rehabilitation Development and Training Center Indonesia. The numbers of personnel who will involve in workshop are as follows:

- 1 Workshop Coordinator
- 4 Facilitators
- 3 Local resource persons
- 3 CBR-DTC Experts as resource persons



- 1 Financial Staff
- 1 Staff of Administration

## I. REPORTING

In general, 2 kinds of reports will be provided namely The Process of Workshop and Workshop Result. The reports will cover Financial Report. The Katilosa will make the reports and submit them to the Sponsor/Funding Agency.

Report on Workshop on Participatory Need Assessment and Formulation of Strategic Planning of CBR in Timor Leste, KATILOSA, January 2004

## INTRODUCTION

Traditionally rehabilitation service is viewed as a medical, educational, vocational and social service that is delivered directly to individuals with disabilities. As a service, rehabilitation is seen to be a sequence of preventive and curative treatment measures for individuals. Disability issues are viewed as individual issues or individual problems faced by individuals with disabilities. This view emphasizes an institutionally based approach where professionals work with people with disability to treat a specific problem. Even if it is a holistic treatment, the role of people with disability (PWD) as the recipient of services is still relatively passive. The professionals are subject and decision-maker but people with disabilities are often seen to be the locus of the rehabilitation problems and are, therefore, the sole target of rehabilitation.

This perspective does not suffice when considering the total problems faced by people with disabilities in their community. The quality of life of all community members, regardless of whether they are people with disabilities or not, is dependent on their social and physical environment. So, a traditional approach of rehabilitation is not enough without considering the social attitudes, beliefs, and behavioral barrier of the community. Since people with disability can develop in their community they are most often affected by the social attitudes, beliefs, and behaviors of the community in which they reside.

Now disability issues are not only viewed as individual problems faced by individuals with disabilities, but are more viewed as social problems faced by community. Therefore, the rehabilitation programs need to consider the change of community behavior as a whole, rather than the change of individual with disability only. That means rehabilitation service should be focused on integrated solution with more emphasis on the long-term and strategic needs rather than the short-term and practical needs.

As a new country Timor Leste has been experiencing immense economic and social change, marked by the sudden growth of a democratic system that gave wider opportunity for people to use freedom of speech and express their thoughts. Beside the growing economic issues, the awareness of democracy and human right issues are also becoming more prominent.



The immense social system change above has significantly affected the social welfare for people with disabilities. Increasing awareness of human right encourages many people with disabilities and local community members to establish disability organizations concerned to fulfill the rights of people with disabilities. It implies that the role of people with disabilities, local community and NGOs (civil organizations) on the efforts of rehabilitation services becomes more important. It also indicates that there is a change of disability issues trend, from individual issues to social issues, from partial solution to integrated solution, from emphasis on short-term needs to long-term and strategic needs. Therefore the need assessment of rehabilitation services for both people with disabilities and community is very crucial.

## WORKSHOP OBJECTIVES

The goal of the workshop was to formulate an effective strategic planning for CBR based on disability problems, its causes and the various needs of people with disabilities as well as community. This included the following objectives:

- to identify disability problems in the context of their community;
- to get better understanding about factors, internal and external, influencing the successful of implementation of CBR programs;
- to identify the potency and available resources that can be utilized to develop CBR programs;
- to get more knowledge and skills of various CBR approaches and strategies;
- to get motivation and inspiration to develop CBR programs in their own regions.

## WORKSHOP VENUE AND DURATION

The workshop was held in Liceu, East Timor National University from 19 – 22 January 2004.

## PROFILE OF PARTICIPANTS

A total of 40 participants attended the workshop representing 6 of the 13 districts (provinces) throughout Timor Leste (Maliana 2, Suai 2 Same 2, Manatuto 2, Liquica 2 and Baucau 1).

The government participants represented the Minister of Health, the Secretary of State for Labor and Solidarity, the Minister of Foreign Affairs. Seven local NGOs representing disabled persons participated.

The participants fell in to the following categories:

1. People with disabilities (half of all participants )
2. NGO's staff working with people with disability (ten)
3. The government representatives (five)

Despite most participants working in disability organizations they have not known Community Base Rehabilitation (CBR) before. For them, CBR was relatively a new concept and approach for rehabilitation.

## WORKSHOP FORMAT

The process of a participatory workshop training asked and answered four questions:

- Where are we? (Situation Analysis)
- Where do we go? (Formulation of CBR vision, mission and goals)
- How do we go? (Identification of approaches and strategies needed to achieve the goals)
- What shall we do? (Formulation of Strategic and Action Plan)

For that reason, the workshop was formatted with the five sequences of modules:

- **Module I: INTRODUCTION, ORIENTATION AND ORGANIZING WORKSHOP** -- This module focused on group building and organizing the workshop together. Major activities were: opening fellowship, sharing of SELF (getting to know each other), sharing and synthesizing individual expectations, and developing workshop design.
- **Module II: WHERE ARE WE? (SITUATION ANALYSIS)** -- This module was to know the current situation of people with disability and community. Mapping problems and needs of persons with disabilities and community will be carried out by using participatory ways. What their real problems and needs? That concentrates to find out the whole situation by analyzing community externally and internally, resources, activities, and society deeply.
- **Module III: WHERE DO WE GO? (VISION, MISSION AND GOALS OF CBR)** -- This module was to get a better understanding of vision, mission and goal of CBR programs. The workshop program provided opportunity for each participant to present and compare varying types of vision, mission and goal in different organizations and different situation contexts.
- **Module IV: HOW DO WE GO? (APPROACHES AND STRATEGIES OF CBR)** -- What approaches and strategies were needed to achieve vision and mission and goal of CBR? This module focused on the identification of approaches and strategies of CBR.
- **Module V: WHAT SHALL WE DO? (DEVELOPING STRATEGIC AND ACTION PLAN)** -- In this module, all participants developed a strategic planning which would be their guideline for formulation of action of their own CBR programs.

## WORKSHOP PROCESS

### Opening Session

The workshop was officially opened by the Secretary of State for Labour and Solidarity; there were opening remarks by Ms. Kay Nagata of UNESCAP and Mr. Joseph Kwok of Rehabilitation International (RI). In her absence, the speech of Ms. Thelma Kay Chief of the Division of Emerging for Asia and the Pacific (UNESCAP) was read by Ms. Kay Nagata.

The proclamation of the decade of the disabled persons was signed by the Secretary of State for Labour and Solidarity. East Timor became the 44th signatory country to the proclamation on the Full Participation and Equality of People with disability.

### Module I: INTRODUCTION, ORIENTATION AND ORGANIZING WORKSHOP

Session 1:

Sharing of SELF, getting to know each other: each person introduces them self and gave a summary of their situation in the community. As a result of sharing and synthesizing individual expectations each individual articulated his expectation of the workshop.

Developing workshop design: The participants adopted the design of workshop which was facilitated by Jonathan Maratmo from CBR Center Solo – Indonesia.

## WORKSHOP OUT-PUT

### Situation Analysis by SWOT method

1. Strength
  - a. Human resources are available to work with persons with disability
  - b. Strong relationship between disabled NGO's and Government.
  - c. The Right of disabled persons are specify in the Constitution

- d. People working with disabled persons are highly motivated

## 2. Weakness

- a. Lack of financial resources to develop and operate program
- b. Lack of management experience to develop disabled program
- c. Disabled persons lack of access to services
- d. People are working with disabled persons lack of skills and experience
- e. Negative public image of PWD's

## CBR Vision, Mission and Goals Statement

### Vision:

CBR Vision is to improve the quality of life of persons with disability through CBR program and based on national development to improve the rights of persons with disability with the participation of community and with the support of the government of Timor Leste.

### Mission :

1. To increase community awareness through the public information such as radio, television, news paper etc.
2. To Introduce CBR program in the community
3. To improve the quality of life for persons with disability
4. To cooperate with government , church and community to support CBR program

### Goals :

1. decrease the incidence of disability
2. To increase the quality of life of persons with disability

3. To decrease poverty and illiteracy of persons with disability.

4. Improve the integration of persons with disability into the community.

## Approaches and Strategies of CBR

The workshop identified several points for strategic planning for CBR:

- a. Education for persons with disability; the participants also suggest to the government to pay attention for PWD's to access to education.
- b. Income generating; disabled persons will be train in areas which are likely to generating income.
- c. Early detection and prevention; the government through the department of Health and NGO's are working together to prevent disabilities happening and minimize the affect disabilities.
- d. Physiotherapy ; making more available training staff and upgrading skills.
- e. Independent living; to provide additional training so that PWD's will living more independent life.
- f. Networking; increasing the networking and improving the quality of the networking.

The workshop also identified 7 (seven) priority areas such as :

- Inclusive Education
- Public information
- Advocacy
- Early detection
- Physiotherapy
- Income generating
- Training the trainer

## WORKSHOP EVALUATION

The CBR workshop evaluation used a participatory model. All participants discussed what kind of aspects should be evaluated. Through the discussion all participants agreed that there were 6 aspects should be evaluated, namely:

- Resource persons
- Facilitators
- Participants
- Workshop facilities
- Workshop materials/contents
- Methods

In the last session each participant should provide his/her opinions freely relating with 6 aspects of workshop. There were 22 letters of opinion of 30 participants. The following is analysis result of evaluation.

No.	Aspects	Strong Points	Criticisms
1	Resource Persons	<p>Almost all of the participants felt satisfied with the resource persons (21 of 22 opinions or 94,5%). The participants felt convenience to the resource persons because of some reasons, i.e. :</p> <ul style="list-style-type: none"> <li>• Used simple/familiar/easy words (language).</li> <li>• Used informative/ communicative/ participatory method.</li> <li>• Patiently, motivationally, friendly, honestly, and adaptively in performance.</li> </ul>	<p>One opinion of 22 or 5,5% said that the resource persons didn't comprehend the strengths and weaknesses of the participants of the workshop yet.</p>
2	Facilitators	<p>There were 18 of 22 opinions or 81% expressing that the facilitators had worked hard, tried to serve the best in kindly and cooperatively way.</p>	<p>The facilitators have not worked professionally. Many tools were not ready or broke when the resource persons wanted to use them. It was expressed in 10 opinions of 22 (45 %).</p>

No.	Aspects	Strong Points	Criticisms
3	Participants	11 of 22 opinions or 50% noted that the participants had high motivation and tried to be active, enthusiastic, and communicative. They also could receive each other and behave mutually especially during the discussion process.	Most of the participants commented that they could not be discipline especially related to the time (20 of 22 opinions or 90%). There were also 19 opinions of 22 (85,5%) expressed that the substitution of the representative of some institutions/ organizations often caused the discussion process was not effective.
4	Workshop Facilities	Regarding the condition in Timor Leste, the facilities the facilitators provided were good enough. The location of the workshop was easy to be reached from anywhere. The room where the workshop going on was clean, bright, and windy. The dinning room was large and windy. Meals served during the workshop were nice and nutritious enough. The judging above were expressed by the 50% respondent (11 of 22 opinions).	The half of opinions (11 of 22 opinions or 50%) judged that the facilities the facilitators provided were not met to the previous planning and not suitable to the workshop. The rooms should be air-conditioned rooms. The important tools were not provided and not ready to be used; e.g. slide/projector, LCD, sound system. The toilets were dirty and smelt. The location of the workshop was so crowded by the students and it sometimes could break the concentration of the participants.
5	Workshop Material (Contents)	The participants in general (19 of 22 opinions or 85,5%) were satisfied to the material (contents). The strong points of the material were as follow: <ul style="list-style-type: none"> <li>• Important to improve the condition of people with disabilities in Timor Leste.</li> <li>• Brief but informative</li> <li>• Match the condition in Timor Leste</li> <li>• Meet the previous planning/ schedule</li> <li>• Meet the real needs of disability issues in Timor Leste.</li> </ul>	Some criticisms to the material (contents) of the workshop were as follow: <ul style="list-style-type: none"> <li>• Some materials were too brief and need to be explained more fully.</li> <li>• There were some strange words/ idioms the meaning of which were difficult to catch</li> <li>• Too limited times to breakdown the varied materials.</li> </ul> Six of 22 opinions (27%) gave the criticisms above.

No.	Aspects	Strong Points	Criticisms
6	Method	From the 22 opinions, 19 were stated that the method the resource persons used were participatory, informative, simple, and educative.	Sometimes the resource person explaining a topic in a session was too fast and varied. It was stated by 22,5% of the opinions (5 of 22 opinions).

Approved by Board

Signed by Dr. Minguel Maya, National University of Timor Leste.



## Joseph Kwok: Collaboration with KAMPI, Philippines

### KAMPI's Report 2008

- Unit 701 currently serves as the Project Management Office (PMO) of the Breaking Barriers for Children and Young Adults with Disabilities (BBCY). BBCY is the project of Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI). The project aims is to provide comprehensive rehabilitation to poor children (CWDs) and young adults with disabilities in the Philippines.
- KAMPI's project focuses on the sector of persons with disabilities (PWD).
- The PMO accommodates the offices of the project management team and of the National Project Director of the BBCY project. It serves as the seat of the project's administration and management.
- With the advent of the entry into force of the Convention on the Rights of Persons with Disabilities, the PMO serves a resource center for PWDs and in tangent with thrust of convention.
- KAMPI being the national federation of PWD organization in the Philippines and PMO as the resource center for PWDs, Unit 701 fully serves its purpose as an information center of organizations and agencies of the like.

### The Breaking Barriers for Children (BBC 3) Project (2003 to 2007)

#### OUTPUT

- Established Stimulation & Therapeutic Center (STAC): 10
- Established Satellite Centers: 43
- Children with Disabilities served: 5,934
- Teachers and Daycare Workers trained: 1,932
- Capacity building for KAMPI Board and Chapter: 215
- Capacity Building for Parents: 1,016
- Parents Training Programs: 731
- Health Workers Trained: 2,195

#### SERVICES

- Physical Therapy: 41,889
- Occupational Therapist: 22,157
- SPED Session: 13,479
- Referral for Various Assistance: 3,727
- Home Visits: 9,585
- Counseling: 13,411
- Supplemental Feeding: 2,195

### **The Breaking Barriers for Children and Young Adults with Disabilities (BBCY) Project 2007 to Present**

#### OUTPUT

- Established Stimulation & Therapeutic Center (STAC): 4
- Established Satellite Centers: 6
- Children with Disabilities served: 590
- Established Training & Development Center (TDC): 4
- Young Adults with Disabilities served: 125
- Teachers and Daycare Workers trained: 57
- Capacity building for KAMPI Board and Chapter: 60
- Parents Training on Basic Rehabilitation Management: 51
- Health Workers Trained: 92

#### SERVICES

- Physical Therapy: 955
- Occupational Therapist: 979
- SPED Session: 1,122
- Psychologist Activities: 71
- Referral for Various Assistance: 220
- Home Visits: 415
- Counseling: 254
- Supplemental Feeding: 10

### **KAMPI's Report 2009**

TO: MR. JOSEPH KWOK

FROM: MR. BRICCIO AGUILAR, President, KAMPI

DATE: June 4, 2009

RE: Report on Unit 701 as PMO/Secretariat of KAMPI

As per agreement, written below is the report regarding the Information Office of KAMPI.

- Unit 701 currently served as the Information Office of Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI): from July-October 2008 as the Project Management Office (PMO) of the Breaking Barriers for Children and Young Adults with Disabilities (BBCY); and from November 2008 to recent, as KAMPI Secretariat office.

- The BBCY project aims is to provide comprehensive rehabilitation to poor children (CWDs) and young adults with disabilities (YAWD) in the Philippines.
- The PMO serves as the seat of the project's administration and management of the BBCY project.
- After the transfer of PMO to another building the KAMPI Secretariat used the unit as information office that focused on the coordination to sector of persons with disabilities (PWD).
- With the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in the Philippines, the Secretariat serves a resource center for PWDs and in tangent with thrust of convention.
- KAMPI being the national federation of PWD organization in the Philippines and KAMPI Secretariat as the resource center for PWDs, Unit 701 fully serves its purpose as an information center of organizations and agencies of the like.

### **The Breaking Barriers for Children (BBC 3) Project (October 2007 to December 2008)**

#### OUTPUT

- Established Stimulation & Therapeutic Center (STAC): 4
- Established Satellite Centers: 14
- Children with Disabilities served: 1,419
- Teachers and Daycare Workers trained: 400
- Capacity building for KAMPI Board and Chapter: 112
- Capacity Building for Parents: 1,016
- Health Workers Trained: 500

#### SERVICES

- Physical Therapy: 4,379
- Occupational Therapist: 2,830
- SPED Session: 440
- Referral for Various Assistance: 3,727
- Home Visits: 559
- Counseling: 355
- Supplemental Feeding: 1,768

## The Breaking Barriers for Young Adults with Disabilities (BBCY) Project

### OUTPUT

- Established Stimulation & Therapeutic Center (STAC): 4
- Young Adults with Disabilities served: 291

### SERVICES

- Physical Therapy: 737
- Occupational Therapist: 578
- SPED Session: 1,989
- Psychologist Activities: 297
- Referral for Various Assistance: 433
- Home Visits: 457
- Workplace Visits: 103
- School visits: 197
- Counseling (SW): 253

## KAMPI Secretariat

- A. Monitoring the Individual Human Rights Experiences in the Philippines:** The project was in partnership with Disability Rights Promotion International (DRPI). It involved 23 cross-disability members of KAMPI who served as monitors, site coordinators and project coordinators of the project. The researchers interviewed 100 different types of disabilities in four sites; National Capital Region, Luzon, Visayas and Mindanao which aimed to monitor the level of human rights violations and freedom of each interviewees.
- B. Monitoring the National Laws and Policy:** This is another partnership with DRPI. The research aimed to monitor the existing laws of the country so that there will be a guidance in the monitoring of the laws and policies that protect the rights of persons with disabilities as well as to determine how the concerned agencies implement its policy/laws.
- C. National Disability Prevention and Rehabilitation Week:** This is annual celebration from July 17-23 which involves fora, symposium, motorcades, tree planting, family day, concert and other activities to create awareness of the disability rights issues.

- D. UN Convention on Rights of Persons with Disability:** With the ratification of UN CRPD in the Philippines, KAMPI has been the active advocate and watch dog in the implementation, advocacy and monitoring of the convention.

## KAMPI's Appreciation Letter to BOARD OF TRUSTEES Rehabilitation International-Hongkong, 2009

### BOARD OF TRUSTEES

Rehabilitation International-Hongkong

TRU: DR. JOSEPH KWOK, RI National Secretary for HONGKONG

Dear Board Members of RI Hongkong:

Greetings from KAMPI!

As you know, (KAMPI) also known as the National Federation of Organizations of Persons with Disabilities in the Philippines, is a network of cross-disability self-help grassroots organizations of PWDs in the Philippines. KAMPI was organized to serve as the network which would give PWDs a voice in pushing for the implementation of relevant programs and policies beneficial to the sector of disabled persons.

Relative to the pursuance of its work, KAMPI has used your condominium unit in Manila free of charge for the past 12 years. This greatly contributed to the success of many of KAMPI's initiatives including serving the needs of children and youth with disabilities. Since October 2008, the same space has been likewise used as a base for KAMPI's other project in partnership with Disability Rights Promotion International, which enabled us to carry on a research aimed at monitoring the extent by which persons with disabilities have access to their individual human rights. This project documented individual experiences of persons with disabilities in the Philippines using the tools and methodologies developed by DRPI globally over the years. The other unique feature of this activity is that it utilized disabled persons themselves as project monitors which is a new practice in the field of disability rights implementation and monitoring.

I am writing you in behalf of all KAMPI members, to convey our collective gratitude for your having allowed us to use the Manila Information Office free of charge. Without your generosity, we would not have been as successful in pursuing KAMPI's work. Although our contract of use for your space ends on September 30 of this year, I hope the partnership between our organizations developed over the years, will continue and further flourish.

Again, our heartfelt thanks!

Respectfully yours,

**Briccio Aguilar (signed)**

President

Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI)



## Joseph Kwok: Regional Information Office, Manila, A Support for Asian and Pacific Decade of Disabled Persons

During the beginning year of the Asian and Pacific Decade of Persons, 1993-2002, the Regional NGO Network for the Promotion of the A/P Decade (RNN) tried to locate an office to house a secretariat so as to promote information sharing and capacity building among RNN members. The second RNN campaign was held in 1994 in Manila, Philippines, and hosted by the National Council on the Welfare of Disabled Persons. In the same year the late Professor Ichiro Maruyama, Secretary General of RNN, Joseph Kwok, and Mrs Nennette Medina identified a vacant office premises in a new building in Quezon City, Philippines. Professor Sir Harry and Mr. M. B. Lee bought the premises with a Trust Grant, and Professor Ichiro Maruyama also raised a grant to support the fitting and decoration of the premises. RNN used this complimentary office premises and set up a Regional Information Office. As the A/P Decade moved on, the role of the Regional Information Office in RNN had not been as significant as planned. About the same time, KAMPI (the national federation of people with disabilities) has become an active stakeholder in disability movements in both Philippines and in the Region. KAMPI was granted complimentary use of the premises for over 12 years, supporting both its organizing work, as well as its project for children with disabilities which received major grants from a development agency in Europe. From 2000, the premise has granted another NGO, which is the National Federation of Cooperatives of Persons with Disabilities.

From 2011, there have been discussions in the Asian Pacific Disability Forum (APDF), which succeeded RNN in promoting the A/P Decade, to establish a legal identity in a developing world, so that it will give APDF a better position to raise funds for its members. The Regional Information Office

has been considered a suitable choice to house the APDF Secretariat. The subject may be further pursued after 2012, when the "Make the Rights Real" A/P Decade for Persons with Disabilities will be pronounced by ESACP in the High-Level Inter-governmental Meeting to be held in Incheon, South Korea in November 2012.

The documents below give a historical account of the setting up of the Regional Information Office.

### Regional Information Office and Directory of Resource Persons

TO: Mr. R. Matsui, Chairman, Editorial Committee  
Mr. I. Maruyama, Chairman, Working Committee, Regional  
NGO Network  
Mrs. Etsuko Ueno, Secretary General, RANAP  
Mrs. Patria Medina, Hon. Director, Information Office,  
Regional NGO Network  
C.C.: Mr. Peter Chan

FROM: Joseph Kwok, Chairman, RANAP & Hon. Secretary,  
RI Regional Committee for Asia and the Pacific

DATE: 31 March 1994

No. of pages (including this one): 1

Dear Matusi-san, Nennette, and Maruyama-san,



At the UNESCAP Task Force meeting held from 29-30 March 1994, the Information Office sponsored by the Network and RI was warmly noted and well received by all members present. They all expected significant output from the Information Office for the promotion of A/P.

The meeting requested the information office to be a primary focus in information processing and dissemination. And they all wish to know about each other's work concerning the Decade for mutual sharing, support and coordination.

I have given it some thought last night. I think a directory of projects concerning the Decade will be extremely useful. The directory will compile all projects, from local, national, subregional to regional levels for the Decade, and have significance for regional exchange and networking. The following ideas are for consideration:

1. The directory will be computerised, e.g. using Dbase IV or V.
2. Projects to include publication (print or non-print forms), direct service, campaign activities, etc. There will be no limit to begin with.
3. All members of the Task Force, and the network members, will be asked to fill in a form for the projects they wish to be included. Those who have completed submitted completed forms will be included in the complimentary circulation list.
4. Circulation by diskette, complimentary or at a nominal cost.
5. Directory to be updated twice a year, to include new additions, and to be inform Task Force meeting.
6. Directory to included projects completed, in progress, or in the planning stage.
7. Data capture form and computer system to be designed by a Research Team, with members from Japan and Hong Kong.
8. Only key information will be captured. Readers will be referred to the primary source for details of Project entries.
9. Data input and compilation to be carried out by the

Information Office.

10. The directory will become substantial over years, and will become an important historical document to appraise the Decade.

These are just ideas for your comment.

With warmest regards.

## Purchase of a premises for the Regional Information Office

TO:Mr. Ichiro Maruyama, Chairman, NGO Network for A/P;  
&  
Mr. R. Matsui, Chairman, Editorial Committee  
Mrs. E. Ueno, JSRD  
1-22-1, Toyama, Shinjuku-ku, Tokyo, 162 Japan  
c.c.:Professor Harry S. Y. Fang, CBE, JP  
Mr. M. B. Lee, MBE, JP  
Mr. Peter Chan, MBE

From:Joseph Kwok, Ph. D.

Date:9 May 1994

Re:#701, Merchant Square Condominium, Metro Manila:  
Regional Information Office

Dear Maruyama-san and Matsui-san,

I am pleased to inform you the purchase price of the captioned property has been fully paid, and the Nennette has been advised to liaise with the developer regarding taking delivery of the Unit. She is also advised to liaise with you regarding the budget for decoration, furnishing and equipment, as well as personnel and operating expenses.

The amount of money you transmitted to Manila has been received by Nennette in the amount of P187,614.50 (or USD6,985). The original purpose of the transmittance is earmarked USD6,000 as rental deposit for the Trust Fund. Due to time constraints and that the amount has already been converted into Peso, the Trust Fund has not made use of the said money. I have therefore taken the liberty to consult with the Trustees and Mr Peter Chan, and they agree to waive the payment of rental deposit by the Regional NGO Network.



The amount you transmitted to RANAP account in Hong Kong is therefore used as rental for the first years of the Office.

Please therefore acknowledge receipt of this FAX and the Trust Fund has not collected any of the monies you transmitted to Manila for purpose of rental deposit payment, and has waived the NGO Network from payment of rental deposit. Subject to your acknowledgment, I shall advice Nennette according and ask her to seek your instruction as to your wish on how to handle the money.

I shall let you know in due course the exact date of delivery of the unit, which shall be deemed as the starting date of the rental agreement, and the Hong Kong account details for you to send future annual rental.

Let us all look forward to the formal opening of the Regional Information Office.

With best regards.

## **DRAFT TERMS OF THE LEASE OF THE INFORMATION OFFICE IN METRO MANILA**

Through the assistance of RI Hong Kong, a Hong Kong based Investment Fund has agreed to purchase a property in Metro Manila and lease the same property to the Regional NGO Network for the A/P Decade as the Information Office for the Region. As a contribution to the the A/P Decade, the Investment Fund has agreed to accept a much longer lease period and at a rental lower than the prevailing market conditions in Metro Manila.

The RI Hong Kong will represent the Hong Kong based Investment Fund in the management of the lease with NGO Network. The Investment Fund would appreciate it if the NGO Network would acknowledge the assistance offered by RI Hong Kong. For this purpose, a commemorative plaque to acknowledge the contribution of the RI Hong Kong to be displayed in a prominent location in the premise will be appreciated.

The following terms of the lease are suggested for discussion between the Chairman of the Working Committee of the NGO Regional Network (or the tenant), and the owner of the target premise (landlord):

1. Target premise, and budget for purchase and structural adaptation for habitation and accessibility purpose:
  - 1.1 Any one of the following units of The Merchant Square Condominium, situated at the corner, first street after Balete Drive, in order of preference and availability: Unit 601, Unit 501, or Unit 401.
  - 1.2 The total budget is not more than USD80,000.
2. Rental of the lease: Annual rental is at 5% of USD80,000. The rental is payable on a yearly basis within the first month of each lease year.
3. Recurrent expenses of the premise: The tenant is responsible for all recurrent expenses associated with the premise, inclusive of all local and central government taxes, electricity, water, management fees, property and other insurances, etc.
4. Length of the lease: The lease is for a period of four years, from date of delivery of the unit by the landlord.
5. Break clause of the lease:
  - 5.1 The tenant may terminate the lease at the end of the second year of the lease by giving 6 calendar months' of notice.
  - 5.2 The landlord may terminate the lease at the end of the third year of the lease by giving 6 calendar months' notice plus a sum equal to twice the rental of the balance of the lease period payable to the tenant.
6. Renewal of the lease: The lease is renewable upon expiry at mutually agreeable terms. The tenant is required to notify the landlord in writing if he intends to renew the lease six months before lease expires.

**Maruyama, Ichiro**

## Hiroshi Ueno: In memory of Mr. Ichiro Maruyama, Great Father of JICA Friends

March is one of the most expected months for all Japanese people because Sakura (cherry tree) starts to bloom by the end of the month. People go out to enjoy beautiful scenery, have small parties eating, drinking and singing under the cherry blossoms. Missing this favorite time, Mr. Ichiro Maruyama completed his life journey of 65 years in the evening of 2nd of March.

The funeral service of Mr. Maruyama was held in Tokyo on 6th of March. Hundreds of people from all over Japan and overseas attended and said their last goodbyes. Everyone was touched and moved by the spirit of the service.

It was April 2007 when Ichiro was diagnosed with cancer in his pancreas, and chemotherapy started immediately. It had been a tough and painful treatment process for him and his family. Ichiro had never stopped his strong will to fight against the disease until the last moment.

Mr. Maruyama devoted his whole life for people with disabilities in assisting them to realize their potential, in making effective governmental policies and in inspiring the creation of disability networks not only in Japan but in the region and in the world.

He started his long career for people with disabilities when he was a university student from participating in the formation of the Japan Red Cross Language Volunteers. The Paralympics Games held in Tokyo in 1964 motivated him in devoting his life long career for people with disabilities.

After working in Japan Sun Industries and Tokyo Colony, both of which are leading workshops of people with disabilities in Japan, he was called to work in the Ministry of Health, Labour and Welfare as an expert officer on disability in 1980. During his 10 years of service in the government, he had a number of achievements in uplifting disability issues. He introduced to Japan the International Year of Disabled Persons, then United Nation's Decade of Disabled Persons 1983-1992.

His next highlight was to promote the Asian and Pacific Decade of Persons with Disabilities 1993-2002. He founded the Regional NGO Network (RNN) and as its Secretary General, he devoted great efforts in organizing the campaign conferences to promote the Decade in the countries of the region every year throughout the Decade in collaboration with United Nations Economic and Social Commission for Asia and the Pacific. His contributions are so obvious and significant that many countries in the region have given rise to concrete national programs in implementing the Decade.

During the last few months of his life, he focused his concerns on the tardy proceeding of governmental initiatives in employment of people with disabilities. While fighting against the illness and pain, he was still working on his hospital bed on a formal submission to the International Labour Organization challenging that Japanese Government was unfairly treating the employment rights of people with severe challenges.

Among his innumerable contributions, one of the most outstanding was to start the training courses on rehabilitation of persons with disabilities which were implemented by Japan International Cooperation Agency when he was in the Ministry of Health, Labour and Welfare in 1985. From then on he had devoted strong passion and energy to the development of training courses in 23 years. Last year in June even though his illness was serious, he attended and gave opening lecture to the participants as course leader of the Work and Employment course.

He loved all participants of training courses and had given to them his abundant knowledge and experience. That is why he has been called a great father of all Jicafriends. Many of those who have been inspired and encouraged by him are now following his shoes as true leaders in raising disability development in many places of the world.

He was a man of action and at the same time he was a genius to make people happy with jokes and songs. He always liked to be together with many people and liked to let them laugh. I deeply share that that nobody can substitute for him.

His passing is definitely a huge loss to all people in disability sector in the world. He left us a lot of legacy in moving forward the challenges of persons with disabilities.

All JICA friends, let us march forward together to follow his vision seeking the realization of a society where all people including persons with disabilities live equally in terms of rights and opportunities, which Mr. Maruyama had dreamed.

Even though his physical body is no more with us, his soul stays in the special place of our minds forever.

Author: **Hiroshi Ueno**

Chairperson of planning committee,

Leadership development of persons with disabilities course

## Acceptance Speech at the 8th Yamato Welfare Foundation's Award Presentation

On December 5th, 2007, Ichiro Maruyama received the Special Masao Ogura Award from the Yamato Welfare Foundation. This is the English translation of his acceptance speech at the Award Ceremony.

I would like to express my sincere appreciation for your presence today. I have been under treatment since last April when a malignant tumor was discovered. As you can see, nutrients are being injected intravenously. I am not entirely sure, and therefore I feel a bit shy, when I wonder if my work is worthy of receiving the award in the name of the late Mr. Masao Ogura. However, I decided to accept it with a tremendous sense of gratitude for the kindness of so many people. I am particularly happy to do so also because I can share this honor with my wife, and the entire family, who have been going through a very difficult time for all these years. I thank you from the bottom of my heart.

With your permission, I would like to have my son read my speech as I easily get tired and am unable to sustain my voice.

It was in 1964, 43 years ago when I was still a college student and participated in the Tokyo Paralympics as a volunteer interpreter under the auspices of the Japanese Red Cross. Japanese athletes were all sent either from the hospitals or shelters and institutions where they were treated as patients. None of them had jobs. No one even thought they could be employable.

Contrary to this, the athletes from the West were all ordinary working people in their respective society. We learnt that even those with severe disabilities were full members of society

working in various kinds of jobs. Compared to where they came from, they told us, the Japanese environment for the people with disabilities (PWDs) was at least 30 to 50 years behind.

At the Japanese team wrap party, the athletes were happy and proud that they could participate in the wonderful world that celebrated humanity. At the same time, however, they were all in tears with the thought of having to go back to their lives of no hope.

The difference between Japanese society and that of the West's was staggering. I was aghast at the misery of Japanese conditions.

I chose "Disability and Productivity" as the theme of my graduation thesis. While organizing volunteer groups to assist Paralympics athletes toward their employment, I researched the working conditions and situations of the PWDs who were not employed in a true sense. I visited the workshop in Hakone (\*the remote mountainous area of Kanagawa) for disabled veterans. There were only a few workshops in Tokyo and Kanagawa area. At these facilities, people were engaged in menial work and they all had gloomy and sad expressions on their faces. At the Tokyo Colony, they lived in partitioned passenger cars no longer used by the Japan Railway. Their meals were left over foods from the hospitals. How moved I was at the sight of recovering tuberculosis patients such as Mr. Kazuoki Shirabe who were trying to create places of employment on their own. The patients hovered over mimeograph machines on their beds.

Furthermore, I had an opportunity to visit the athletes in the United States and Europe who participated in the Tokyo Paralympics at the places of their employment. Through this trip, I came to understand such fundamental approaches towards disability as distinctions between rehabilitation and employment programs and creations of an inclusive social environment where everyone, PWDs included, could live together harmoniously. I witnessed many people with severe disabilities, for whom open employment was hard to obtain, enjoying their work at the Goodwill Industries and Abilities in the United States. I was encouraged by watching many European athletes working in the program under the special assistance employment policy such as Remploy in the UK.

Japan's situation, so far behind the West, seemed absolutely hopeless. At the same time, however, I thought: if the West could achieve this much, Japan should be able to do so too. A report of my study tour in the West was presented to Mr. Yutaka Nakamura, Head of the Japanese team at the Paralympics. My proposal was to build a modern factory, not tiny shops for menial jobs. Thus, I joined the fund raising activities to build what was later to become "Japan Sun Industries." In its original Japanese, Mr. Tsutomu Mizukami (author/novelist) named it as "Taiyo no Ie" (meaning "the House of Sun"). While he decided to use the word "Ie" (meaning "house" or "home") with special thoughts in his heart for persons with disabilities, the word "Industries" was chosen for translation for its English version of the name.

After graduating from the university, I wasted no time in joining the Japan Sun Industries located in Beppu, Kyushu. I wanted to put what I learnt at the university like plant design, quality control and motion study into practical use. In retrospect, I was totally engrossed and inspired. The first production was bamboo crafts. Three years later, when we became a part supplier for the Sharp Corporation, we were ecstatic. Unlike anywhere else, the Japan Sun Industries continues its operations to date by employing more than 1,100 PWDs who manufacture products for the affiliated major companies like Omron, Sony, Honda, Mitsubishi Corporation and Fujitsu. Behind this progress lies tremendous efforts by able administrators like Mr. Yoshihiro Ikata and PWDs who came to work from all over Japan.

Forty-three years has passed since the Tokyo Paralympics. I was fortunate to have been guided by wonderful leaders and mentors like Messrs. Kazuoki Shirabe, Hajime Ogawa and Kenji Itayama. I was also lucky to have had capable friends and colleagues in and out of Japan. Together with them, I had

opportunities to work in all kinds of disability related issues; to name a few, vocational rehabilitation, promotion of employment and work, welfare factory management, development of diversified forms of work, environment improvement movements, promotion of measures to help PWDs, and development of human resources as well as employment in Asia. I am delighted to be in the company of Mr. Akiyoshi Yamada today as a fellow recipient of the award. He and I go back a long ways, from the days when we worked together to widen the PWDs' living environment.

If I may humbly say, I made a small contribution as a liaison to coordinate activities among many disability organizations that exist in Japan to promote international cooperation. It was a great pleasure for me that all these disability related activities and experiences enabled me to act as a public relations person during the United Nation's International Year of Disabled Persons and to make various program proposals as a welfare officer during my years in the Japanese government.

Much progress has been made in the intervening years. We provided information to enhance public awareness and to call the political attentions towards disability issues. We made coordinated efforts among different organizations and movements. All these efforts are attributed to the introduction of the Basic Pension Program -- Special Allowance for PWDs. We were very happy that the income security for PWDs was improved and their lives were drastically changed for the better. We were proud of the big step forward Japan made. The entire nation accepted the responsibility of bearing the necessary costs to create a harmonious Japanese society. We also saw it as Japan's concrete contribution by being an exemplary model for the rest of Asia.

By furthering the progress made thus far, we had high expectations that additional steps forward would lead to the solutions of many remaining problems. To move from "Full participation and Equality" to "Society for All" was a goal set by the United Nations to eradicate disability problems. With regards to development, Japan was behind the West by 50 years. But efforts and resulting improvement helped minimize the gap.

However, this hopeful development was arrested. Making an entire society harmonious is the fundamental key in addressing disability issues. Our perseverance stopped making further inroads in the shadow of the weakening social security resulting from the countries' fiscal crisis. Now, I would even say it has regressed. People who live in the most difficult



conditions are excluded in the debate on social security as a whole. The debate circumvents the notion of what the fundamental idea of a harmonious society is or should be.

Set the goal whereby persons with severe disabilities can lead a normal social life. It will bring the benefits to everyone in our society. I wish to reactivate our efforts once again to have all the sectors of society to have a greater understanding of this. How I wish to bring back our energy that gave birth to the Disability Basic Pension!

On the employment front, persons with disabilities - and therefore with low productivity - are dealt with under the welfare programs. They continue to be excluded from the measures under the employment policy. The International Labor Organization's recommendation made more than 50 years ago was that PWDs be included in the employment policy. The representation we submitted to the ILO recently sends a message to the government, and entire society, which includes businesses, labor unions, and social welfare operators. We cannot and should not acquiesce any longer.

My days are numbered, but I urge that a coalition be formed so that they can carry on what has been started and work toward solving problems. I feel Mr. Ogura, with this award, is going after me not to give up our struggle till the end.

Thank you again, ladies and gentlemen. I am much honored

Ichiro Maruyama

**Monsbakken, Jan A.**

# Journey with RI

## INTRODUCTION

I learned to know about Rehabilitation International (RI) when I became secretary general of the Norwegian Psoriasis Association in 1995. Through this position I became a member of the International Committee of the Norwegian Federation of Disability Organizations in 1996. This organization was very active in RI Norway and played an important role when RI Norway applied for the RI World Congress for 2000 in New Zealand in 1996. From 1999 to 2001 I was President of the Norwegian Federation of Disability Organizations and we were very active when RI Norway won the bid for the World Congress in 2004 during the Rio Meeting in 2000.

From 2000 – 2004 I was active in the planning process of the RI World Congress in Oslo in June 2004, as a member of the committee preparing for the invitation and funding of PwDs from developing countries, to attend the congress in Oslo called “ Rethinking Rehabilitation”. In 2005 I was elected to the Board of RI Norway and during the years 2005-2008 I was very instrumental in establishing RI Nordic (a network for RI organizations in the Nordic Countries). In 2008 I was elected President for RI Norway, a position I held until 2012.

My first global meeting of RI took place in Quebec City in Canada in August 2008. The main goal for the Nordic members in the GA was to secure a majority vote to keep the name Rehabilitation International. The proposal by the RI Board was to change it to Rights and Inclusion. Together with Japan and Germany and other NMOs we won this important battle. During the GA I was elected as Deputy Vice President of RI Europe. I was also appointed as leader of the Task Force

developing the first Strategic Plan for RI. This Strategic Plan was approved by the GA in 2009 combined with the specific Action Plan for 2010 and 2011.

## DEPUTY VICE PRESIDENT AND EC MEMBER 2008 - 2010 + CHAIR OF RI NORWAY

My term as Deputy Vice President of Europe and EC member started in August 2008. Joachim Breuer from Germany was elected Vice President of Europe in Quebec. We worked closely together in the first two years to revitalize RI Europe, mainly through increasing membership and to plan for a RI Europe Conference on Rehabilitation in Copenhagen in November 2010. The Conference was developed in close relation with RI Denmark. RI Denmark took care of most of the practical issues related to the Conference. Friedrich Mehrhoff and I were the members of the program committee representing RI Europe. The 9. European Conference on Rehabilitation's title was:” The UNCRPD – AND REHABILITATION IN EUROPE – Effects on individuals and Rehabilitation Management”. The Conference gathered 350 participants from all over the world. During the RI GA in Copenhagen there was also election of President Elect. There were three candidates for this position and I was one of them nominated by RI Europe. The result of the election was that I was elected in the first round.

My position as chair of RI Norway during this two years took much time. We were very active in political lobbying and arranging very successful national conferences on rehabilitation. The number of members of RI Norway was growing. Arne Heimdal, the former chair of RI Norway, did a very good job as secretary of RI Norway during several years.

## **PRESIDENT ELECT + CHAIR OF RI NORWAY 2010-12**

Through strong political lobbying and a visibility in the Norwegian society RI Norway was able to secure funding for my position as President Elect and President of RI from 2012 – 2018 through the Norwegian Government. From 2012 I was able to allocate 50% of my normal working hours in the Norwegian Public Association of Women's Health to my positions in RI through this funding. I continued in my position as Deputy Vice President of Europe until Siobhan Barron from Ireland replaced me at the following RI Europe meeting.

The position as President Elect from November 2010 was a challenging period for RI Global and its leadership. The establishment of RIF had not been a financial success. This body should raise money for RI Global, but the realities showed that this was a difficult task. Thus the financial situation became the main focus for the President Anne Hawker and me as President Elect.

As President Elect I got several invitations to speak on conferences in different countries. I was invited to speak at the Japanese Rehabilitation Conference in Tokyo in 2011. During my visit to Japan I also had meetings with several ministries organized by Rio Matsui.

In 2011 we had a very important EC meeting in Incheon Korea. The main purpose of meeting in Incheon was to have a closer look into the organizing of the RI World Congress which should take place in October/November 2012. The venue was perfect and the organizing committee had full control of the Event.

In 2011 I also represented RI Global in Geneva on the launch of the World Disability Report by WHO and the WB. RI had played an active role in the production of this Report. During this event I also met with old friends from CDPF that I had been working in close cooperation with from 1997 – 2001. They invited me to a big disability event in Beijing in June

2012. The aim of the Conference in Beijing was to publish a document called "Beijing Declaration on Disability-inclusive Development."

During the EC meeting in 2011 in Sao Paulo this financial situation was heavily debated. I had used much time considering several ideas to solve RI's economic situation, but I realized that the only realistic conclusion was to use the only assets we had, the RI office in NY. During the discussion I proposed that we should start a process of trying to sell our office in New York, but my suggestion raised very strong opposition among the EC members. I got support from only one other EC member.

RI Norway celebrated in 2012 its 50 years anniversary in Oslo in May 2012. During this celebration RI Norway organized an International Rehabilitation Conference and a RI Europe meeting. We also included a celebration of the Norwegian National Day on 17 of May with special seating outside the Royal Palace for the RI members.

RI Norway decided in 2011 to publish a book about RI Norway's history from 1962 to 2012. Former chair of RI Norway, Arne Heimdal did the major research in different archives and together we wrote this book that was published in 2012.

## **RI PRESIDENT, 2012 – 2016**

Before I became President of RI on October 29 I stepped down as chair of RI Norway to avoid any conflict of interest.

During the EC Meeting in Incheon Korea upfront of the RI World Congress it was very clear that the economic situation was critical. I once again suggested to start a process to sell the property in 21. Street in New York. But did not get support from the EC members.

In Incheon RI also had a fantastic celebration of RI's 90 year's anniversary. UN secretary general Ban Ki Moon and the first lady of S. Korea greeted the organization on the opening of the World Congress. The Congress title was "Changing the World through ICT Partnership". The Congress was very successful with 2000 participants and a very high profile list of international speakers. In my closing speech I stated that this was the best RI World Congress ever.

Financial challenges had to be my main focus from day one as President. Together with the elected Treasurer and the secretary general we started to dig deeper into the financial status. The result was very disappointing. We were in November 2012, 30,000 US dollars minus and were not able to pay our bills. We asked the members in Japan and Germany to pay the dues for 2013 as soon as possible to secure a positive financial balance. RI had also been allowed to use the 18 World Congress Fund to secure RIs running financial commitments, but this money were also gone. Joachim Breuer and Dguv donated persons to work in the RI office. All together this donation lasted for 2 years. I will use this opportunity to once again thank Dguv for this very important donation to RI Global.

Based on this critical financial situation I wrote a paper on this issue for the first EC meeting in 2013. This meeting took place in Oslo in May. During this EC meeting I secured an unanimous decision on selling the property in NY if this was accepted by Hong Kong Society of Rehabilitation and Mr. M.B. Lee. Thus I made a visit to HK in July and met with Mr. M.B. Lee and other representatives from HK. This meeting was very fruitful and they gave me full support in carrying out the EC decision from May. I left Hong Kong with a very good feeling. Immediately after this we started the process of selling the property in 21. Street. The Board decision from Oslo also included that we should buy a smaller and less expensive property on Manhattan. We tried to sell and buy in the same process and at a certain time we thought that we would be able to do this at the same time. But due to legal matters we did not succeed in buying a new property in December 2013. The selling process went very well and we managed to get 3.3 Million USD for our property in 21. Street. Since we had to move out from there we needed to rent an office space on Union Square until we were able to buy a new property. We managed to buy a property on UN Plaza 866, very close to the UN in 2015. Selling an buying property gave RI Global a positive financial income of more than 2 mill USD- Most of this money is invested in Funds run by RIF.

Parallel to working on RIs financial situation it was also very important to continue to work on RIs membership and visibility. The treasurer and I prepared a paper on "Revitalization of RI" which was adopted by the GA in New York in September 2013. The aim of this paper was to secure that some of the money gained from selling the property should be invested in a strategic way to strengthen RIs membership and visibility. Among the decisions I will mention that we should invest in membership in Africa and in South America.

In my period as President I worked hard together with the Secretary General to increase our visibility within the UN system. We managed to arrange different Side Events during COSP and CSW and Venus was active in running the day to day contacts with UN in NYC. I had a strong focus on strengthen the relationship with WHO in Geneva. In 2012 we sent a letter to the General Director of WHO asking for a new Resolution on Disability. This was followed up by Ecuador and on the World Health Assembly (WHA) in 2013 such a Resolution was adopted which lead to an "Action Plan 2014- 21: Better Health for all people with Disabilities" adopted by the WHA in May 2014. It was made a whole lot of lobbying on this issues on WHO – EC meetings and WHAs.

Parallel to this I started to work with the Norwegian Government and Nippon Foundation to seek funding for two conferences on Disability Inclusive Disaster Risk Reduction. The plan was to have a conference in Japan in 2014 and a conference in the Arab region in 2015 co-financed by the Norwegian Government and the Arab Region. I had meetings with Nippon Foundation in Tokyo in July 2013 and they committed themselves to sponsor a conference in Sendai in Japan in April 2014 and we decided to also include UNESCAP in this project. I visited Bangkok and had meetings with Nanda in UNESCAP and they agreed to be a partner. We employed Hiroshi Kawamura to be the project manager for the Sendai Conference. The cooperation with Nippon Foundation and UNESCAP was a success and the conference produced an outcome Declaration which was very instrumental upfront of the DRR meeting in Sendai in 2015. After the Sendai Conference in April 2014 we had meetings with several Japanese authorities on DRR and we also met with the Minister. Japanese television also made an interview with me after this meeting. In May 2014 I also had a meeting with Margareta Wahlstrom, the head of UN Office of DRR in Geneva. The RI Task Force on DRR was well represented on the UN meeting on DRR in Sendai in 2015. The Norwegian Government decided to be a 50% donor of a Disability Inclusive DRR Conference in The Arab Region in 2015. But in the end the Vice President of the Arab Region were not able to come up with the promised co-financing of the conference from the Arab Region. Thus we had to cancel this event and pay back the funding from the Norwegian Government. This was one of my strong disappointments during my presidency.

Another big challenge when I took office as President was the World Congress in 2016. Normally the decision on who should be the organizer of the RI WC was taken at least 4 years upfront of the Congress. But no one had showed any interest of taking this responsibility. I started to work on this from day one. I was in contact with several RI members during the first months of 2013, but I was not successful until I asked Shaw Trust informally in New York in September 2013. They started to work internally on this issue and after an intensive dialogue we were able to agree on a contract in March 2014 which was adopted by the EC in New Zealand in April 2014. During the coming months we worked in close relationship with Shaw Trust on this issue and decided to have the venue in Edinburgh in November 2016. Friedrich Mehrhoff and I visited Edinburgh in January 2015 and together with the leadership in Shaw Trust we decided that the Conference should take place in the Edinburgh Congress Center. The title of the Congress was “Creating a more inclusive World” The Congress in Edinburgh was very successful and both Princess Ann and the First Minister of Scotland gave opening addresses. On the Closing Ceremony I thanked the organizers and introduced the new RI President Mme Haidi Zhang from CDPF. I will take this opportunity to once again thank Roy O’Shaughnessy and Shaw Trust for taking the responsibility of organizing the RI WC. They did this on a very short notice and they did it with excellence. I am personally very thankful for this very important contribution to RI Global. Parallel to working on this Congress we also managed to have a decision on the WC in 2020. RI Denmark will host this event in September 2020 in Aarhus.

My slogan for my presidency was: Togetherness. I believe in working together, not in silos. During my presidency RI Global made an MoU with IDA on how to work together in the next years. I also made a MoU with the German Company Otto Bock on planning to work together with different projects in Asia. It was also made a MoU with International Society of Social Security Associations (Issa) and International Society of Physical and Rehabilitation Medicine. (ISPRM).

RI Global, together with WHO and other important stakeholders, arranged a Side Event during the High-level meeting of the General Assembly on Disability in September 2013. During this Side Event RI Global requested WHO to develop and coordinate a Global Cooperation on Assistive Technology and host a Global Summit on this issue. The first key stakeholder meeting was organized in Geneva 3-4 of July 2014. I was one of the moderators during this sessions. The next meeting took place in Beijing in 2015 and was organized

by RI Global and CDPF. This has been a very successful project and has been followed up by many important initiatives and conferences.

Women with Disabilities was one of my main priorities as RI President. As a follow up on this, RI Global was very active during the annual CSW in UN from 2013 and we have arranged several Side Events during CSW the last years. The last one was in 2018 and the title of the Side Event was “Rural girls with disabilities - their access to education”.

I started to work with China Disabled Persons Federation (CDPF) in 1997 when I was active in the Norwegian Federation of Disability Associations. My good relations with CDPF was reestablished from 2011 when I was President Elect. From 2012 I had a close working relationship with CDPF on the WHO GATE-project, Beijing International Rehabilitation Conference, APEC meeting and other initiatives. This close cooperation with CDPF was strengthened after Mme Haidi Zhang became President Elect in Warsaw in October 2014.

My close relation with CDPF also gave me the opportunity to visit the Democratic People’s Republic of Korea (DPRK) in April 2015. Through CDPF I was invited to Pyongyang by Korean Disabled Persons Federation (KDPF). During my stay I visited a school/nursing home for PwD, a new rehabilitation center and had meetings with the leadership of KDPF. KDPF is now a member of RI Global

## 2016 – 2022 Immediate Past President

My position as Immediate Past President started on the closing of the RI World Congress in Edinburgh in October 2016. In July 2016 I was asked by WHO to be a part of a small, informal working group to plan the WHO meeting: Rehabilitation 2030 A call for action. This meeting took place in Geneva February 6-7. This event gathered more than 200 participants from all important stakeholders from all over the world. I was moderating one of the sessions. The participants committed to work towards ten areas of action. During the meeting the Civil Society Associations committed themselves to start the planning of a Global Rehabilitation Alliance. The follow up on this initiative started in June 2017 in close relationship with WHO. I was one of four persons planning a meeting in Berlin on June 6. The process of founding this global association was finished on a meeting in Geneva in May 2018. 14 global organizations joined the organization. RI EC decided not to be



a member on their meeting in China in April 2018. I was elected Treasurer of the Global Rehabilitation Association 2018-20.

Since October 2016 I have continued my active engagement in international advocacy for disability rights and improving access to good rehabilitation services by attending international meetings and giving key note addresses on several international congresses. I have been active during the CSW meetings in UN and been instrumental in organizing different Side Events during the COSP meetings in New York. In 2019 RI Norway/RI Education Commission had a Side Event on Assistive Technology as a tool for inclusive education.

From June 2018 I have also served as President of RI Norway and National Secretary. RI Norway has been an active member of RI Global since 1962 and we are working on disability rights and education.

On the RI Global GA in Berlin in November 2018 my term as Immediate Past President was extended with four more years, until 2022.

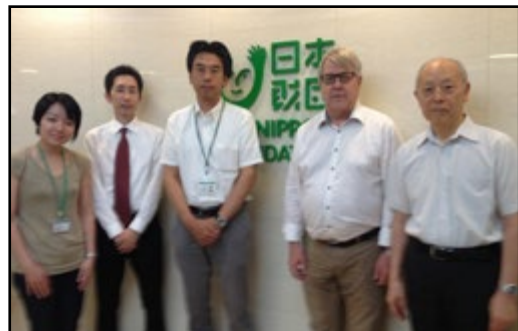
I will also take this opportunity to thank the Norwegian Government for financial support from 2012-18.



*Photo 1: From our EC meeting in New Delhi in 2011 with Friedrich and Joseph.*



*Photo 2: Arab Regional Conference in Doha in 2012.*



*Photo 3: Meeting with Nippon Foundation in Tokyo with Ryo Matsui in July 2013.*



*Photo 4: Meeting with the President of the COSP 2014, Ambassador of Korea - New York in June 2014.*



*Photo 5: Meeting with UN Director of Disaster Risk Reduction Margareta Wahlstrom in Genève in May 2014.*



*Photo 6: RI Europe meeting in Rome 2014 - Friedrich, Joachim and Ann Hawker.*



*Photo 7: Visit to Kuwait for EC meeting, March 2015.*



*Photo 8: Meeting with President Kim Un Chol of KDPF in Pyongyang, April 2015.*



*Photo 9: Speaking at the ASEM meeting on Assistive Technology in Beijing, October 2015.*



*Photo 10: Welcoming Princess Ann to the Opening Session, 23rd World Congress in Edinburg in 2016.*



*Photo 13: Attending the Conference on the Status of Women in UN in 2015 - Birikit from Ethiopia and Grethe - Ellen Sofie from the Norwegian Women's Public Health Association.*



*Photo 11: Welcoming Minister of Scotland Nicola Sturgeon to the World Congress Opening, 23rd World Congress in Edinburg in 2016.*



*Photo 14: Field visit with Demelash Bekele in Ethiopia in 2016.*



*Photo 12: Closing Ceremony. Thanking Roy O'Shaughnessy and his crew for excellent work, 23rd World Congress in Edinburg in 2016.*





*Photo 15: Attending the Opening Ceremony of the Paralympics in Rio de Janeiro in 2016.*



*Photo 16: Meeting with Haidi and her people during the Paralympics in Rio de Janeiro in 2016.*



Author: **Jan A. Monsbakken** is Immediate Past President in Rehabilitation International (RI Global). He was President in RI Global from 2012- 2016. He is also President of RI Norway. He was Deputy Vice President of RI Europe from 2008 – 2011. He is an EC Member of RI Global. He has also been Chair of the RI Foundation from 2013-17. He is now a Board member.

He is Treasurer of the Global Rehabilitation Alliance since 2018 when this organization was formally established.

He was a Board member (Treasurer) of International Federation of Psoriasis Associations from 1999 – 2007. He also was leader of the Committee for World Psoriasis Day.

He was Chairman of the Norwegian Federation of Disability Organization from 1999 – 2001. He was a Board member of European Disability Forum from 1998 – 2005. He was also a member of the Finance Committee. He has also served as a President for the Nordic Disability Organization.

He has also worked with developing projects in China – Russia – in the Baltic States and in Africa.

He is a former director of Negotiations in the Norwegian Nurses Association. He is also a former sec. general for the Norwegian Psoriasis Association. He was working as special advisor in The Norwegian Women's Public Health Association from 2007-17.

He has also been working as a teacher in Nursing Education for several years.

He has been a member of a large number of different Boards and Project committees both on a National and International level.

**Parker, Susan**

## Susan Parker appointed as RI Secretary General



*Photo 1: RI International Commission on Technology and Accessibility Commission Chairman Bas Treffers of the Netherlands congratulates Susan Parker.*

Rehabilitation International President John Stott announced on October 26 the selection of Ms. Susan Parker, former Disability Commissioner of the U.S. Social Security Administration, as the organization's new Secretary General. The appointment, effective in January was made by the RI Executive Committee during the organization's meetings in Atlanta. The fifth Secretary General of RI since its founding in 1922, Parker succeeds Susan Hammerman in the post.

The selection was made following a rigorous review of candidates from all the world's regions by a search committee composed of members appointed by President Stott. Twenty candidates met the minimum qualifications set by the search committee. The search committee, chaired by Mr. Lex Frieden, RI Deputy Vice President for North America, interviewed the

four finalists at length in Atlanta. Search committee members were Past President Fenmore Seton, Vice President for North America Jean Caine, Vice President for Asia and the Pacific Peter Chan, Past President Otto Geiecker, and President Stott, ex-officio.

According to Frieden, the Committee's work was made difficult by the outstanding qualities of the candidates. "However," he said, "the Committee is very confident that the selection process produced a Secretary General who will be of great credit to the process and great service to the organization."

Susan Parker began her involvement in the disability field in the 1970's as a rural psychiatric social worker, specializing in deinstitutionalization and community-based treatment plans for individuals on her caseload. In 1980 she was named Director of the New Hampshire Developmental Disabilities Council and in 1987 as the Commissioner of Mental Health and Mental Retardation for the State of Maine. Following successful multi-state projects in innovative programming for developmentally disabled children and adults, Parker earned national recognition and was named by President Bush in 1989 as the Associate Commissioner for Disability of the Social Security Administration. In that capacity she was responsible for disability adjudication policy and the management oversight of nearly 12,000 employees throughout the country, with an annual budget of just over \$1 billion.



Since 1989 Ms. Parker has also worked as a volunteer to build up the program and membership of the U.S. Council for International Rehabilitation, which, together with the Canadian Rehabilitation Council, organized the first North American Regional Conference of RI in October 1993. She has been active in RI Assemblies, conferences and congresses, presenting keynotes on U.S. disability policy in Dublin in 1990, Berlin in 1991 and Nairobi in 1992.

As Secretary General, Parker hopes to work hand in hand with the elected officers and member organizations in forging a dynamic RI which collaborates with governments, advocacy and service organizations to improve the lives of people with disabilities worldwide.

Interviewed for this article, Secretary General Parker emphasized that her main professional interests are to strengthen within countries results-oriented programs benefitting disabled people and their families, achieved by joint action at the grassroots and policy levels. Overall, she envisions RI as working collaboratively at all levels to build opportunities for people with disabilities to fully participate in the cultural, economic, political, social and religious fabric of their countries.

Her education includes a Masters of Social Work in Planning from Boston College, a Bachelor of Sciences degree in English and French from the University of Vermont and certificates in executive leadership and strategic planning from Duke University Governor's Policy Center and Harvard's Kennedy School of Government.

**Soepari, Seogeng**

## Responding to the Keynote address of Mr. Adrianus Mooy, Executive Secretary General of ESCAP on the impact of the Economic Downturn on Healthcare

Our excellency

Honourable Mr. Tung Chi-Hwa, the chief executive of  
Hongkong S.A.R.

Honourable Mr. Adrianus Mooy, Executive Secretary General  
of ESCAP.

Dear Prof. Sir Harry Fang.

Distinguished Guest.

Dear participants.

Dear Friends and Colleagues.

The committee has granted me a great honour by giving me the task to respond on the keynote address of Mr. Adrianus Mooy, executive secretary general of ESCAP, on the impact of the Economic Downturn on healthcare. The occurrence of the Economic Downturn obviously has a very negative impact on healthcare. Healthcare needs for PwD can be described in two kinds of needs:

- General Healthcare Needs: The same as able bodied persons, PwD needs also general healthcare services.
- Special Healthcare Needs: Services for PwD which is medical rehabilitation due to the present Economic downturn in Indonesia poverty increases for people in general and even more for PwD.

This creates more serious problems for PwD to attain their needs for both health-services.

Related to this subject I would like very much to share our experience in Indonesia with you.

The Economic Downturn creates poverty which leads to a limited spending capacity. On the other hand, the monetary crisis which devaluate sharply the rupiah, becoming one fourth of the value before the crisis, causes a jump in the price of imported products.

Medicines which use imported raw material become more expensive, while availability of relative cheap medicine for the people through Primary Health System and government hospitals become more limited.

For PwD other additional problems arise as they need specific appliances which also become more expensive. Both situation causes a competition between spending on food-needs and spending on healthcare-needs.

Since food is considered more crucial than health, in most cases spending on healthcare-needs will become a secondary priority. This will lower the general health condition of the people.

The inability to fulfill both needs, for food as well as for health care due to poverty, will have a long-term negative impact - a danger for the future human quality, the next generation.

Dear participants.

The above matters are very relevant to the issues of welfare of children (specially the under fives), the women and the elderly. It can become a meaningful subject of interest for the roundtable discussions by the three mainstreams.

In response to the said conditions the government has tried to improve the situation by conducting a rescue program in the form of the Social Safety Net Program for the poor which include food subsidy and special subsidy to attain their healthcare services.

The Economic Downturn creates more extensive and prominent marginalized groups such as the unemployed, the school drop-outs, those with problems for attaining adequate food, etc. This compete with community attention for the needs of PwD who are the most vulnerable.

Maybe it is time that we should question ourselves in pursuing our mission of Rehabilitation International to continue in the same steps as it is now - or are we open to the challenge to achieve a better quality of life of PwD not only through rehabilitation, prevention and equalization of opportunity but also through eradication of poverty.

Thank you.

Seogeng Soepari (Mrs.)  
RI National Secretary for Indonesia  
RI Deputy Vice President 1992-1996

[http://www.biwa.ne.jp/~itogamf/english/past\\_recipients/english/31\\_su-pari\\_e.htm](http://www.biwa.ne.jp/~itogamf/english/past_recipients/english/31_su-pari_e.htm)



Author: Mrs. Soepari has devoted herself to the establishment, development and improvement of the Indonesia Society for the Care of Children with Disability (YPAC) over the period of 32 years, making an important contribution to the development and implementation of “Community Based Rehabilitation (CBR).” The aims of CBR are to facilitate rehabilitation in the local community, provide equal opportunities to all people with disabilities (P.W.D.), and promote a socially integrated life. Efforts are under way to secure human and financial resources at the Community Based Rehabilitation-Development and Training Center (CBR DTC). Mrs. Soepari is now called “Mother of rehabilitation for Indonesian persons with disabilities.”

She has also contributed to the advancement of the social welfare of women with disabilities, by establishing a national network called the Indonesian Association of Woman with Disability (HWPCI).

As the National Secretary of Indonesia for the Rehabilitation International (RI), Mrs. Soepari has been energetically involved in the tasks of collecting and providing information related to the social welfare of the disabled, to encourage cooperation from a variety of organizations and promote international cooperation.

She has served as a member of Tim UKS Penca (National Coordination Team on Social Welfare of P.W.D.) to provide input at meetings, to shape governmental policies and decision-making with regard to P.W.D. and to ensure implementation of the Law.

She has also been involved in the decision-making, planning, programming and implementation of such organizations as the Indonesia National Council on Social Welfare and the Foundation for the Vocational Development of P.W.D.

**Votava, Jiri**

# My life with Rehabilitation International: Events I Remember, People I Met

## Synopses

The author of this article, specialist in rehabilitation medicine, describes his collaboration with Rehabilitation International, lasting more than 30 years. It started with his participation on the 16th World Congress 1988, when RI was globally full of activity. In 1991 he became Czech RI national secretary and this position has been holding till the present time. He tried to support participation of countries of central and eastern Europe (CEE) in RI. He collaborated with ICTA and other RI commissions. In period 2000 – 2008 he was member of RI EC as deputy vice-president for Europe. He also supported idea of Abilympics both in Czech Republic and internationally and participated in organization of the 5th International Abilympics in Prague in 2000. He compares present situation in RI with other international networks in He tries to express his opinion on the development of RI in past, present and future.

## Foreword

I have been in touch with RI more than 30 years, it means more than half of my adult (and also professional) life. Since probably few people can remember the same period of time, I wish to give several recollections, surely rather subjective. It is sad to realize, how many countries, originally active RI members, do not collaborate with RI in this moment.

I was influenced by professor Jan Pfeiffer, my teacher and older colleague, who started Czechoslovak collaboration with RI in seventies. We both, as physicians, specialists in rehabilitation medicine, supported persons with disability

(PwD) and collaborated with their organizations first in our country Czechoslovakia (now Czech Republic). But we also wished to develop international contacts. It was not easy during communist regime, but it became easier step by step in eighties and especially after our “velvet revolution 1989” and after similar changes in other countries of Soviet block and in the whole world.

## My first experiences with RI

My first contact with RI was European RI Conference in Vienna, 1981 (International Year of PwD), where I first time met prof. Harry Fang from Hong Kong, who was RI president in that time. Prof. Pfeiffer participated later on RI World Congress in Portugal 1984. And so I decided to participate on the next congress 1988 in Tokyo. I received permission to go, but no financial support. Realization of this plan brought me unique experience, many personal contacts and it started my continuous collaboration with RI. I am sure, that this congress in Tokyo was the best one I remember.

To save money I travelled by train from Prague via Siberia. It lasted 6 days! Then I continued on Soviet ship “Konstantin Tschernenko” (named after deceased Soviet leader) to Yokohama. I came several days before congress, therefore I could participate on a meeting of ICTA (International Commission for Technology and Accessibility) in Tokorozawa rehabilitation center. ICTA chairman M. Millner from Canada finished his duty and as new chair was elected Bas Treffers (NL). Important member of ICTA was also Tomas Lagerwall (S), later RI secretary general. I continued active collaboration



with ICTA and with these colleagues for more than ten years. In that time ICTA-Europe was very active part of RI, it organized seminars every year, once in western, once in eastern Europe. Secretary of ICTA became later Ms Maggie Ellis, OT by profession, who was also president of World OT Congress in London 1994, where I also participated. The reason of it was, that we started OT study in Czech Republic and we were supported in our effort by west-European OTs. .

In Tokyo I also participated on RI GA meeting (as an observer). I was impressed, that there were 3 candidates for RI president – Fenmore Seaton (USA) was elected. There were also 3 candidates for the next RI congress 1992 – Nairobi was winner in competition with Vienna and Dublin.

Main organizer of Tokyo congress was prof. Satoshi Ueda, outstanding rehabilitation physician. He supported me by covering my accommodation expenses. Otto Geiecker from Austria, who was RI president before this congress, organized a meeting of participants from CEE (Central and Eastern Europe - that time communist countries), with aim to activate their participation in RI, including Soviets.

In Tokyo I took part also on the session of “Independent Living“, where I met and contacted its representatives, very active wheelchair users Judy Heumann, Ed Roberts (both US). Kalle Konkola (Finland), Adolf Razka (Sweden). I first heard the term “comprehensive rehabilitation“, which I later translated to Czech language. I also appreciated, that conference of occupational therapists was part of RI congress, because I understood, how important are OTs for rehabilitation of PwD.

I returned back (by plane from Khabarovsk) and I decided to continue my collaboration with RI. In 1989 I participated on RI conference in Tallinn, that was organized by my Estonian friend Tonu Karu. Both invited western RI specialists and interested persons from different parts of Soviet Union (later 15 independent countries) participated. I was one of few participants, who could communicate both in English and in Russian. All participants were willing to develop international collaboration generally and with RI especially. In several next years, Estonia became independent an Mr. Tonu Karu collaborated with RI for many years, mainly with ICTA.

## RI fellowship in USA

In 1991 I received the first RI fellowship for 6 weeks in Kessler Rehabilitation Institute, New Jersey, USA, which was offered by its director Mr Keith Aitchison. Prof. Kessler was one of founders of rehabilitation medicine and also one of RI past presidents. During my stay in the USA I not only studied organization of rehabilitation services in Kessler Institute, but I also visited RI office in New York and I met there Prof. H. Fang (former RI president), who gave information about future 3rd International Abilympics (IA), that he organized later that year in Hong Kong. Mr. Aitchison invited me also on the meeting of USCIR, in that time RI National Member Organization. Later I visited assembly of US organizations of Independent Living (NICL) in Washington. I met several other interesting persons and visited different facilities in USA (also in Toronto, Canada), using mainly Grayhound buses for travelling.

## International Abilympics

After returning to Prague I met there Joseph Kwok, who came to draft us for participation in International Abilympics (IA). We organized group of 12 people (both organizers and PwD) and we came to Hong Kong. We were deeply impressed by excellent organisation of the whole contest and enthusiasm among contestants. There we won two bronze medals and also we got experience with Abilympics.

Since 1992 we organized our Czech National Abilympics, which has been held every year until now. We also participated on the 4th IA in Perth, Australia. Finally we organized the 5th IA in 2000 in Prague, the first time in Europe, which was very successful. I was member of its organizing committee. For this occasion we invited Arthur O'Reilly, RI president, to Prague. Czechs also participated in the next IA in New Delhi and also in all following IAs. I find relation between RI and IAF very important. I am glad, that the next IA should be held in Moscow, Russia.

## My participation as RI national secretary and EC member

In 1991 I became Czech RI National Secretary, representing our NMO - National Council of Persons with Disability. I tried to participate on all general assemblies and other RI activities, mainly during next following ten years. The first GA was held in unified Berlin 1991. Three RI world congresses, all very successful, represented RI global position: 1992 Nairobi, 1996 Auckland, 2000 Rio de Janeiro. The congress always activated PwD organizations each region. I also visited several regional RI conferences, European (1994 Budapest, 1998 Jerusalem, 2002 Aachen), Asia-Pacific (1995 Jakarta, 1998 Hong Kong), North-American (1993 Atlanta). Bas Treffers and others organized conference Eurable 1993 in Maastricht (NL), where participated both RI members and representatives of different groups of PwD.

More physicians from CEE countries, my good friends, collaborated with RI in 90ies: Prof. L. Kullmann (who organized RI conference in Budapest), Prof. C. Marincek from Ljubljana, Dr. P. Janaszek from Poland. AUVA, Austrian national member organization represented by Ms Dominique Dressler, prepared repeatedly RI seminars for persons from central Europe. I personally tried to invite to RI more people from Baltic States and other countries of former USSR, with only partial success.

My interest to activate participation of former communist countries, it was also the main reason, why I became a candidate for position of deputy vice-president for Europe in RI EC. My candidacy, first proposed by Polish delegate Mr Hulek, was announced in 1992 and again in 1996: But there was Ms. Theresa Selli Serra from Italy, who was elected in 1992 and Mr. Bert Massie from UK in 1996. Finally I got this position in 2000 and again 2004 – without any competition. I accepted this function, but it was surely the sign, that interest to work in RI decreased.

I collaborated with vice president Ms. Heidi Lindberg from Finland and RI president Lex. Frieden (USA). In September 2001 I participated on RI conference of Arab region in Beirut, organized by Mr. Khaled El Mohtar. Many delegates from USA and other countries did not come, because of political situation after terrorist attack in the USA: Therefore Lex organized important meeting of EC in Houston afterward. In that time historian Nora Groce visited Prague and I was glad to give her certain information, which she later used in her RI history publication “From Charity to Disability Rights”.

In following years of my deputy vice-presidency I became less active, mainly because I retired in my job and had only limited support for traveling abroad. But I still hold the position of Czech RI national secretary and I follow situation in RI. Many new delegates came to RI and left again soon in that time. E.g. during conference and general assembly, which was held in 2007 on island Djerba, Tunisia, there was discussion about suggestion of U.S. delegates to change the name of Rehabilitation International to “Rights and Inclusion”. Fortunately it was not approved.

Later I participated on congresses in Incheon (Korea) 2012 and Edinburgh (Scotland) 2016, on European RI conference in Copenhagen (Denmark) 2010 and on several European RI meetings. Another European conference was scheduled for Warsaw, Poland in 2014, but it was finally cancelled and only RI general assembly was held instead. I participated last time on RI general assembly in Berlin 2018 and there I could follow, how many European countries, that were active participants of RI 30 or 20 years ago, have no representatives in RI in present time.

## Conclusion, future view

My international collaboration was not limited only on RI. Therefore I can compare situation in several international networks. In 2003- 2018 I served as a delegate in the Section of Physical and Rehabilitation Medicine (organization of European PRM physicians). Delegates from nearly all European countries meet twice a year, 16 of them are delegates from CEE countries, including e.g. Russia, Ukraine or all countries of former Yugoslavia. I also represented our university repeatedly on international congresses and conferences of occupational therapist, where nearly half of CEE countries took part. Through ICTA I obtained contact with AAATE (Association for Advancement of Assistive Technology in Europe) and I took part in their conferences with multi professional participation. These examples show, that persons willing collaborate in rehabilitation are in every country (at least in Europe) and RI could use above mentioned networks for receiving new contacts.

In the past, important part of RI activity was always held in its seven commissions. RI member organizations should nominate its representatives in these commissions. Medical commission represented originally only medical doctors, but under its present name “Commission of Health and Functioning” should include all members of rehabilitation team, surely also physiotherapists, occupational therapists and others.

My opinion is, that the idea of Rehabilitation International is excellent - collaboration of specialists with active persons with disability themselves. But realization of this idea depends on organizations and persons engaged in RI. RI should collaborate with other international networks, e. g. of rehabilitation physicians, occupational therapists and others, also with organizations representing persons with disability internationally. By this way activity of RI could increase. It is important to appreciate those, who work in RI for long time. Hopefully the activities, connected with RI centennial anniversary, could spread information about RI and increase interest for participation in it.



*Photo 1: Medals and mascots, 3rd International Abilympics, Hong Kong.*



*Photo 2: ICTA members: Dušan Šimšik (Slovakia), Magie Elis (UK), Tomas Lagerwall (Sweden).*



*Photo 3: 2012 Congress: Jiri Votava (Czech), Hashem Taqi (Kuwait), Venus Ilagan SG.*



*Photo 4: 2012 Congress ICTA meeting.*



*Photo 5: Prof. Crt Marincek, Ljubljana, Slovenia.*



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