

The Ethnography of Disability and Segregating Institutionalization in Lebanon

“This girl is so beautiful but seems so pathetic in a wheelchair. What a pity!” “Oh God help this young man! He’s so smart! Too bad he ended up blind.” Such expressions are commonly used in Arab societies (Scalenghe 2014; Schumm and Stotlzfus 2016) and reflect the stigmatizing cultural context towards persons with disabilities. What has made these societies use such expressions and terms, and why do these terms persist?

Over the last few decades, there have been immense efforts in Arab countries to change stigmatizing attitudes against disability and disabled persons (UNESCWA 2018). National disability movements have encouraged local communities to adopt the model of human rights and disability inclusion and improve the living conditions of persons with disabilities. Nonetheless, these efforts will remain ineffective if people do not take into account different socioeconomic and cultural influences forming the experience of disability in Arab societies. Thus, this chapter will discuss the language used about disability of the experience of persons with disabilities in present-day Lebanon.

Using Lebanon as a case study, this chapter presents an ethnographic picture of a society in which there have been attempts to change these attitudes. This chapter discusses the history of different models of service-based disability approaches and how each model has played a role in forming approaches to serve people with disabilities in Lebanon. To understand modern Lebanese society’s perception of disability, it is helpful to consider the history of the socio-cultural elements over time. More particularly, this chapter will set the overall picture of the position of persons with disabilities within Lebanese society and how this position changed through the country’s different historical stages. Such a picture should help identify the essential

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elements for answering this dissertation’s major question i.e. how different service providers and advocacy organizations have influenced the life experiences of persons with disabilities, and to what extent they have helped increase their opportunities for inclusion.

The Ottoman Era (1500 - 1920)

What is today the country of Lebanon was never a well-defined entity during the eras of

the Ottoman occupation and the French mandate (before independence in 1943) (Hallaq 1988, 2008; (Risk Allah Effendi and Mack 2012); (Traboulsi 2007). The world did not know the country of Lebanon as an entity with political autonomy and somewhat clear borders until the 16th century, i.e. the beginning of the Ottoman Sultanate era. Before then, Lebanon was just a mountain located in the Levant region in Greater Syria or Bilad Al Sham (the country of Sham). The mountain was always ruled by different imperial states, which often conquered the region and brought their own systems of governance. These included the Roman Empire in the first century B.C. and the Arabian conquest and the rise of the Islamic Caliphate in the seventh century.

Mount Lebanon is well known as a rough and rocky territory. Although ruled by proxy by political appointees representing imperial states in principalities of surrounding cities such as Damascus or Beirut, Mount Lebanon was left to the control of a number of aristocratic families that

owned the majority of the farm land. This status was enforced particularly after the migration of the followers of the Maronite Church in fourth century A.D. Like the Maronites, many other religious minority groups sought refuge by migrating in Mount Lebanon from ruling states such as the Islamic Caliphate. Among these groups were Al Druze and Alaweites, two minority Muslim sects. In addition to these groups, small factions of Sunni and Shia Muslims also inhabited the mountain. Given this characteristic as a territory of minorities, the Mountain

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attained a distinguished position in the region particularly after the Ottomans conquered the city of Baghdad, where they overthrew the Abbasid Caliphate in 1535.

Following their predecessors, the Ottoman Sultanate divided the territories it invaded into local provincial governments called *wilayet*. Each wilayet was ruled by a governor called a Wali, who was granted the title of Pasha. These wilayets were divided into smaller districts called Sanjak. Each Sanjak was ruled by a governor, who was given the title of Sanjak bey. However, in special cases, Ottomans considered certain provinces as independent Sanjaks not affiliated to any wilayet.

Due to its unique geography and demographic structure, the Ottomans granted Mount Lebanon the special status of a Sanjak. They appointed families of their allies to govern different regions of Lebanon on their behalf. These families were assigned to administer each region's affairs, mainly collecting taxes in the name of the Sultanate. To insure the prevailing loyalty of these families, the Ottomans granted each of them with royal status and the title of Amir (prince).

Among these families is the Mani family, who migrated from Arabia, with the Muslim Arab Conquest of Syria and resided in the Southern part of Mount Lebanon. To reward them for their role in supporting the Sultanate in its war against the European Crusaders, the Ottomans gave the Manis the privilege of ruling the whole mountain. The Manis ruled the mountain through the 16th and 17th century. Prince Fakhreddin the second of the Mani family ruled Lebanon between the years 1590 and 1633. Prince Fakhreddin was eager to secure the full independence of Lebanon and separate it from the Ottoman Sultanate. He began to establish full diplomatic relations with countries in Europe, mainly France, Germany, Italy, and the UK. These diplomatic relations played a significant role at a later period of the history of Lebanon. The Ottoman authorities did not approve of Prince Fakhreddin's activity in international affairs.

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Thus, they launched a military campaign to overthrow him in the year 1633. As a result of this campaign and the overthrowing of Prince Fakhreddin, the Mani family's ruling of Mount Lebanon was weakened and ultimately terminated at the end of the 17th century.

After the Manis, the Ottomans continued to rule the mountain through the proxy of other, less powerful families. However, the weak rule of these families increased the animosity among the Ottomans' local allies, as each one of them had the desire to take power. Such animosity caused the mountain to experience a series of military conflicts among these families. To put an end to

this situation, the Ottomans sought to appoint another powerful family - the Shihabis. Among the Shihabis, one prince had the power to be appointed as governor - Prince Bashir the Second. During his tenure, between 1789 and 1840, Prince Bashir also showed clear interest in expanding his authority and attaining full independence of the Ottoman Sultanate. He also established relations with European countries, mainly France.

With the support of the British Empire, the Ottomans succeeded in overthrowing Prince Bashir in 1840. However, in return, the Ottomans had to agree - to grant Western countries, mainly Great Britain and France, broad privileges in their territories, mainly Mount Lebanon. Thus, Lebanon lost its status as a principality. The privileges that the Sultanate granted both France and Britain entailed the authority to protect their affiliated religious minorities. Given their affiliation with the Catholic Church, the Maronites were protected by France. The British Empire protected the Druze. These two groups were the predominant factions in the mountain at that time.

Having been granted political privileges, Britain and France began to shape the political status of Mount Lebanon. This continued until the overthrow of the Ottoman Sultanate in 1918, at the end of the First World War, when the Ottomans, allies of Germany, lost the World War I.

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During this period (1840-1918), Lebanon enjoyed semi-political autonomy through a system of governance called "the Mutasarrifate," installed as a result of the guardianship of foreign countries, mainly France and Great Britain. These countries were given the right to appoint the governor or the district administrator, who had to be Christian. This person was called the Mutasarrif of Mount Lebanon.

Ottoman Lebanon witnessed a critical political transformation in the 19th century, due to the termination of the country's autonomy and the increasing power of foreign, more particularly, European influence. This transformation occurred as the world was beginning a new era of industrialism. On the other hand, the Ottoman Sultanate and institutions began to deteriorate significantly and experience corruption. Ottoman territories, like Lebanon, also began to experience domestic conflicts, mainly between different religious groups. A major civil war broke out in Mount Lebanon around 1860 between the Druze, supported by the British, and the Maronites, supported by the French. This war resulted in thousands of casualties and disabled persons. This war motivated an immediate response by Christian missionaries to offer help and support to these people, including the disabled (St. John 2004).

Outside these factors, the failure to keep up with the socioeconomic progress in the West led local communities to become constrained in their efforts to provide essential services for disabled persons. They failed to create alternative models to those of segregating institutions that came with foreign missionaries, as I will highlight below.

The privileges granted by the Ottoman Sultanate to protected minority groups allowed France and Britain to expand the activity of their religious missionaries. These missionaries came to help Christian refugees who escaped and survived the massacres that took place as a result of the sectarian conflict between Al Druze and the Maronites between 1840 and 1860 (LES Loueizeh

n.d.; Risk Allah Effendi and Mack 2012; Traboulsi 2007). Benefitting from the special status granted by the Sultan to foreigners at that time, missionaries started to build churches, monasteries, and schools to promote education and preach their religions. The establishment of shelter institutions for disabled persons was one of the projects that these missionaries undertook in Lebanon around that time.

French missionaries began their activity in the 16th and 17th centuries during the ruling of Prince Fakhreddin the second. Benefitting from the predominant presence of the Maronite Church, Catholic missionaries, mainly French, came to Lebanon and established a number of monastic communities. They also established schools in Mount Lebanon and Beirut, as well as a printing house. Additionally, they established a hospital for people with mental illness in 1898 in a village called El-Asfoureyeh in Mount Lebanon. This hospital functioned until the early 1980s, a few years after the beginning of the Lebanese civil war.

On the other hand, British missionaries did not start activity until the 19th century. They established the first school for the blind in Beirut in 1968, the Lebanese Evangelical School for the Blind, which is still running today (Coleridge 1993; St. John 2004).

Disability During the Ottoman Era

Islamic disability service institutions were almost completely absent in the Ottoman period. Sunni Muslims did establish service institutions, using support from the Sultanate. These institutions did not begin to appear until the second half of the 1800s. These institutions started in major coastal cities, such as Beirut and Sidon, and some of them even continued to exist after the fall of the Sultanate, even today. Among the most prominent of these institutions was the Al Makassed Islamic Charity Organization, formed by notable Beirut families, including the Qabbani, Salam, Bayham, and Daouk, in 1876. These families dedicated this organization to

providing educational services for the residents of Beirut. Other prominent Sunni Muslim families in Beirut founded the Islamic Orphanage House in 1917. The role of this House was to take care of orphans of the First World War (Habbal 1981; Hallaq 1988, 2008; Hourri 1980). These two institutions did not offer services dedicated to persons with disabilities, despite the fact that disability was one of the most common effects of the war.

Disability services were restricted to certain resources or facilities affiliated to Muslim endowments (Awqaf), as well as Christian churches and monasteries or mosques and Sufi corners of Muslim communities. Like Muslim communities, Christian Churches also enjoyed significant access to endowment resources in Lebanon. While state authorities representing the Sultanate had administrative control over the endowments of Muslim communities, Christian Churches had direct control over their endowments. Nonetheless, Muslim affiliated Awqaf programs enjoyed greater financial support and there were more of them, thanks to the direct sponsorship and support by the political authority of the Ottoman Sultanate, a Sunni Muslim state (Hallaq 2008, 1988).

Endowment resources represented different forms. For example, an endowment could be a property with no owner. In such a case, based on the last known owner's religious affiliation, a mosque or church would claim it as an endowment property. In the case of Muslim owners, the state authority would claim it as an endowment property. Usually, the direct supervision of an endowment's daily business would be assigned to the local mosque or church of the community where the property was located.

These properties could be used for different needs, such as education, housing, or hospitalization. These properties could include farm lands, water, or even reservoirs to be used by the public. The money generated through the investment of any endowment would be used by

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the authorities to support the community's needy families. Judiciary courts of each religious community kept records of these endowments. Thus, no transaction of properties classified as endowments was allowed without the authorization of these courts.

There are no records of any endowments dedicated to supporting persons with disabilities in either Christian or Muslim communities. To get access to such information would require accessing religious courts' records. This process is almost impossible as it requires special permission by relevant religious authorities.

Nevertheless, Dr. Hassan Hallaq, who has done comprehensive work on the Islamic endowment system of that era told me that there were no endowments dedicated to supporting the needs of persons with disabilities, in particular. The only exception he mentioned was an endowment based in Damascus dedicated to blind people and their educational needs. That endowment was called the blind people's endowment. This endowment for blind people confirms what I have mentioned earlier about the special status that this group of persons with disabilities during that era.

At the same time, the lack of specialized endowments for persons with disabilities could be for the following reasons: 1) the absence of unique social identification of persons with disabilities as one group; 2) the overall categorization of persons with disabilities as among the general population of poor and needy. Considering persons with disabilities among the needy may reflect a sign of tolerance, but it also helped stereotype them.

Resources from the Arab region which address disability during Medieval and Ottoman eras are scarce. Some researchers (Scalenghe 2014; Schumm and Stotzfus 2016) believe that disability was considered an unimportant aspect of identity. At least, it was not recognized as a general marker of social status or identity, as it is today. During this time i.e. before the national

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state era and the formation of disability movements, Arab societies adopted a complicated social classification system based on factors that included geographical origin, ethnicity, and religion. Arab societies referred to individuals "impairment" and referred to individuals as "impaired," but this term included persons with leprosy or who had blue eyes (Scalenghe 2014; Schumm and

Stotzfus 2016, 351). Seemingly, society during that era perceived disability on the basis of impairment, i.e. a reflection of unusual physiological difference.

Like Europe, Arab societies were also predominately in pre-industrial modes of economy during the medieval and Ottoman eras. As I argued in the previous chapter, this pre-industrial mode of economy witnessed family and community support for persons with disabilities. The maintenance of this practice of mainstream social support enhanced opportunities of inclusion.

The most well-known source addressing the concept of impairment in Arab society is *The Leper, The Lame, The Blind and The Cockeyed* written by the medieval Arab scholar Al-Jahiz, born in Basra (Iraq) in 776 CE (Scalenghe 2014). A contemporary of Al-Jahiz, historian Al Haytham Ben Uday (Scalenghe 2014) had published a book entitled *I am a Jerk to My Colleagues*, which commented on anatomical differences, disabilities, and other peculiarities of his contemporaries. His work included expressions such as “Ha this man is blind,” and he referred to another colleague as the “craziest mofo I have ever met.” Whether this book was published to insult and demean his contemporaries or was a matter of novelty, jest, and amusement, Al Jahiz took note and penned a response. In his book *The Lame, The Blind, and the Cockeyed*, he described his disagreements with the attitudes reflected by Ben Uday. He illustrated and provided justification for what he believed was a more appropriate manner of discussing matters of impairment or disability. He provided recommendations for preferred language. Most notably, he asserted that physical, sensory, or mental conditions did not cause an

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individual to be disabled, but that the problem was way that society dealt with the individual’s condition.

As a counter-argument to the insulting approach taken by Ben Uday towards his colleagues, Al Jahiz listed names and details of well-known persons with various disabilities. He noted that some of these individuals were intellectually superior to those without disabilities and noted that - some blind public figures were more perceptive than others who were sighted. For example, deaf persons had the right to inheritance, marriage, divorce, and trade, and they served as assistants to the Sultan in the royal Ottoman court and used sign language (known as Ottoman sign language) (Scalenghe 2014). During the Ottoman era (Scalenghe 2014), all Fatwas (legal opinions) issued by the clergy in the Ottoman Sultanate recognized the rights of blind persons, but they were not permitted to appear in court as witnesses. Blind persons occupied prominent positions in mosques. These positions included prominent Mouazins, those who called for prayers and were also reciters and teachers of the Quran. They were especially sought to perform these roles during social events such as weddings and funerals as they could perform their duties and not see the women in attendance.

One example of a notable blind clergyman was Mohammed bin Sultan who served as the Mufti of Damascus (Scalenghe 2014), a prominent position responsible for issuing verdicts regarding the application of religious practices by Muslims. Some blind people received endowments for their education, most notably, from the “Endowment for the Blind.” There was also a department for the blind at Al-Azhar University in Cairo. Other blind people were either beggars or dependent on the money they received from others and other charity resources.

Persons with disabilities in some Arab societies also received some services. These included lessons in crafts for persons with physical or sensory disabilities, or in-kind support

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such as food or assistants for people with difficult disabilities, mainly the mentally or intellectually disabled. These services enabled persons with disabilities to have the opportunity to maintain interaction with their surrounding environment, which helped their social integration to a certain extent (Scalenghe 2014).

In addition, some basic religious education was commonly offered to persons with disabilities, mainly blind persons. It has been common that blind persons would be encouraged and supported to receive religious education. This common practice has benefitted from the ongoing stereotype that blind persons have the unusual ability to memorize sacred scripts faster than others. Moreover, society has often looked at blind persons as blessed, and assumed that they are pious or righteous. Perhaps, people have derived this attitude from the Islamic tradition, as there is a Hadith by prophet Mohammed, "Whoever God has taken his two loved ones (eyes) granted him paradise." In the previous chapter, I also referred to chapter 80 of the Quran, in which God urges the Prophet to teach a blind man the new religion. In reference to this particular chapter, people developed the idea of encouraging those who are blind to receive religious education. During that era, in the Arab world, social values and principles were mainly affected by the dominant role of religion and religious clergy (Scalenghe 2014). Clergymen controlled the norms of social interaction with disabled persons and thus influenced the understanding of the concept of disability as well as related philanthropic work.

A major exception to this inclusivity were the services for persons with mental illnesses or intellectual disabilities. These people had to live in special places segregated from the rest of society. However, according to scholars who studied these places, the quality of services varied in different circumstances (Scalenghe 2014; Schumm and Stotlzfus 2016). While mental health institutions in Europe offered services through a system of imprisonment and misery

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(Shakespeare 2018; Stiker 1999), equivalent institutions in most Arab societies placed persons with mental health and intellectual disabilities in centers offering quality services. According to these scholars, mental health centers were clean, and they were surrounded by gardens and water, to ensure an environment of tranquility for residents (Scalenghe 2014; Schumm and Stotlzfus 2016).

Indeed, Medieval Arab societies seem to have recognized disability as a social phenomenon and persons with disabilities as a diverse social group. These societies represent an example of pre-industrial societies that showed more tolerance (Stiker 1999; Shakespeare 2018; Scalenghe 2014), despite a perception of disability as a form of difference or physiological impairment. However, these societies also did show many behaviors that reflected stigmatization against persons with disabilities (Scalenghe 2014; Schumm and Stotlzfus 2016). As I have mentioned in the literature review chapter of this dissertation, these stigmatizing behaviors took the contradictory forms of pity or admiration. Those who pitied persons with disabilities developed this attitude as

they considered disability a curse from God. Others who admired persons with disabilities built their attitude on the idea that disability is a form of blessing from God.

Perceiving disability as a sign of curse, punishment, or possession reflects the deviant position that a disabled person had to endure. Despite the privileges that persons with disabilities were granted, society continued to look at them as abnormal. Families maintained liminal attitudes when one of their members happened to become disabled. With this liminal attitude, many of them strove to seek treatment for the disabled, which kept disability as a sign of illness that needed to be healed.

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On another level, persons with disabilities remained confined to the category of needy, and the cases of street beggars is a clear example of such a position. Having privileges through an important position at a Sultan's court or as part of the religious clergy, does not mean that blind and deaf people always received positive recognition. On the contrary, Scalenghe (2014) observes that blind and deaf people were not as privileged from the point of view of Islamic jurisprudence. While they were given the right to marriage and property ownership, blind and deaf were not accepted as witnesses at court. Some jurists also issued Fatwas that consider disability as a sufficient reason for granting a divorce.

These examples reflected a condescending approach towards disability and the disabled in these Muslim societies. With such attitudes, persons with disabilities remained in a liminal position within society, as they seemed to be accepted in some situations, while not in others.

These attitudes do not seem to be very different from those that existed in Europe during the pre-industrial era (Shakespeare 2018; Stiker 1999). Like Europe, Arab societies found in religion a source to explain disability. However, the examples I referred to above suggest one major difference. Most, if not all, of these services, did not take place through a framework of segregating institutionalization like the ones that existed in Europe. Despite the othering attitude that Arab societies had towards persons with disabilities, these services took place in a mainstream environment. To receive these services, most persons with disabilities were able to remain living in their communities (Scalenghe 2014; Schumm and Stotlzfus 2016). They continued to have familial support. They did not encounter circumstances that would force them to leave their families just because of their disabilities.

For example, deaf people were seen in local mainstream markets and workshops learning simple manufacturing and vocational skills or assigned to work as shop keepers or clerks.

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Persons with physical disabilities as well as those with minor mental or intellectual disabilities participated in family businesses, like those in agricultural communities. Blind people received education at local madrasas along with their sighted peers. Dedicating a special corner for blind students at Al-Azhar did not prevent them from attending study circles with sighted students.

Christian Missionaries introduced institutionalization as well as the medical model that had begun in Europe (Shakespeare 2014; Stiker 1999). The work of these missionaries in Lebanon

helped to change community attitudes towards persons with disabilities and spread the idea of disability services (Coleridge 1993; St. John 2004).

These missionaries introduced a different pattern of providing services through shelter and segregating institutions. To promote this service model, they used the combination of evangelizing work and raising the awareness of local communities about the significance of these shelters as well as the services they provided. The success of the segregating model of sheltered disability services also benefitted from the increasing poverty and the economic challenges that started to hit the mountain and the surrounding territories as a result of the Sultanate's ongoing wars with other countries. The missionaries were aware of the economic challenges and increasing poverty among people in Mount Lebanon. Thus, they began to establish new factories to help impoverished people. With these factories, missionaries helped import the new European industrial modes of production as well as the capitalist model of the economy. With this new mode of production, people had to adapt to new labor requirements. Consequently, they had to endure pressures to those that resulted from the expansion of industrialism and capitalism in Europe. They had to give up local modes of production, which affected family dynamics. Families of persons with disabilities were no longer able to take care of their disabled children. Local and traditional sources of support, such as Christian and Muslim

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endowments, failed to keep up with the demands created by the socio-economic changes. Thus, the only solution was to seek the help of missionary affiliated shelters and segregating institutions.

Missionary run segregating shelters gradually became the only source of services, but disabled persons had to move to these shelters in order to receive them. These services offered included communal housing, some religious education, and learning handicraft work. Disabled persons became confined to the walls of these shelters and were often far from their families, as the shelter institutions were centralized in large cities, mainly Beirut.

Furthermore, these institutions worked to keep close relationships between their beneficiaries and the corresponding religious group. These institutions had to rely mainly on donations, gathered during religious seasons and weekly prayer assemblies. To maintain their operations, shelter institutions needed to constantly undertake fundraising. One part of such activities was to expose persons with disabilities to their benefactors. This exposition took different forms, such as participating in religious ceremonies, choir singing, and the recitation of sacred texts. Also, shelter institutions relied on sales of handicrafts produced by persons with disabilities.

Missionaries promoted the idea that overcoming disability could be done by faith and dependency upon the church. Therefore, shelter institutions suggested that they could save disabled people, through faith and commitment to the religious community.

The role of missionaries and their affiliated shelter institutions had a major impact on the overall concept of disability. Their methods ultimately affected the larger population's conceptualization of disability. In addition, ideas about social support for persons with disabilities were also transformed. A new social perception came as a result of rigid institutional

provisions inspired by the Missionaries' interpretation of the Bible. Shelter institutions ended up portraying persons with disabilities through the stereotype of embodied pity. Moreover, they enhanced the image of persons with disabilities as people in need of spiritual healing; the source of this healing was Jesus Christ.

Traditional local sources of socio-economic support, mainly Christian and Muslim endowments (Hallaq 1988, 2008) spread the Missionaries' perspective on disability and their approach to disability services. More critically, local resources seemed extremely weak before this new system of missionary-run segregating shelter institutions, given the socio-economic transformations taking place as a result of the spread of modernism. Existing institutions had no option but to adapt to this system, to the extent that they created their own shelter institutions following the same segregating system introduced by European missionaries.

Disabled persons were no longer recognized and included within their local environment; instead, they ended up trapped behind walls of shelters in the name of faith. Instead of interacting with their communities, they became stigmatized as a result of confinement at segregating shelter institutions. Disabled members of the community became a symbol for the attitude of pity, given the deviance of their physical, sensory, or mental disabilities.

The introduction of the institutional system of disability services by missionaries enhanced local societies' mixed attitudes towards the disabled. Persons with disabilities became symbols of needy beings on one hand and admiration for supernatural and exotic skills on the other. This new system succeeded in pushing persons with disabilities into a liminal position.

As beneficiaries or residents of institutions, persons with disabilities became recognized as one social group. Gradually, persons with disabilities began to slowly disappear from society and became invisible behind these institutions' walls. As an invisible and segregated group,

society became unfamiliar with persons with disabilities' real capacities and needs. The low quality of services that segregating institutions offered these people added another barrier for persons with disabilities. The combination of the gradual disappearance and the liminal position in society made persons with disabilities an easy subject for stigmatizing and discriminatory behaviors.

The establishment of segregating disability institutions may have been necessary for a country like Lebanon in the 19th century, given the socioeconomic and political factors mentioned earlier. However, the combination of the new status of segregation and the overall stigmatizing image portrayed by missionary affiliated institutions introduced a new perception of persons with disabilities into Ottoman Lebanon. This new perception enhanced the liminal and stereotypical view towards persons with disabilities, their position in society, and their capacities. Society began to consider those shelter institutions the right place for these people. The kind of activities and skills they learned at these institutions and shown during their public activities came to be seen as the limit of their abilities and competencies. The enhanced stereotypical image of persons

with disabilities resulting from this new social position was the beginning of systematic and institutional discrimination against these marginalized people in Lebanon, as I will further explain below.

Post Ottoman Era: The French Mandate (1920-1943)

The Ottoman Empire lost the war in 1918 and fell apart. The allies who won the war,

mainly France and Britain, divided between them the territories under the rule of the Ottomans. While Britain took over Palestine, East Jordan, and Iraq, Syria and Lebanon were transferred to the French under League of Nations mandate. According to this mandate, France would rule

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Lebanon until it had the capacity to be independent. In the meantime, the mandate authority would have the right to adopt laws and regulations to build the country's political institutions.

The country witnessed major legislative development during the French mandate. Inspired by the Third French Republic, mandate authorities in Lebanon transformed state administrative bodies into a secular system. In 1926, the French declared Lebanon a parliamentary republic. Adopting the country's first constitution, the-mandate established the institutions of president, ministerial cabinet, and Parliament. Given the country's diverse population, the French mandate established these constitutional institutions taking into account the element of sectarian representation. Thus, it assigned the country's presidency to the Maronites, the ministerial cabinet to the Sunnis, and the Parliament to the Shias. This distribution of authority continued even after the country's independence and remains today.

In 1932, the mandate authority released a series of laws, many of which are still in effect. One of these concerns the establishment of a secular judiciary system according to civil law. In addition, the mandate organized the state administrative bodies, including different governmental entities and district administrations.

Christian missionaries continued and developed under the French mandate until the independence of Lebanon in 1943. Disability service institutions affiliated to and run by missionaries benefitted from the presence of the mandate. The country's political transformation enabled these institutions to enhance their presence and strengthen their organizational structures. For example, an order of Franciscan nuns established Dir Al Salib for persons with mental disabilities in Mount Lebanon in 1926 with the assistance of a Lebanese Maronite Monk.

Muslim groups and their affiliated service institutions had a different experience with this social and political transformation (Habbal 1981; Hallaq 1988, 2008; Hourri 1980). The fall of the

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Ottoman Sultanate and the launching of the new French Mandate transferred the Islamic endowment system to state guardianship. The French authorities established directorates of endowments in predominantly Muslim cities, such as Beirut, Sidon, and Tripoli. Under the Mandate au-

thority, the endowment system declined in terms of the provision of services. The role of endowment directorates was limited to supervising the work of religious scholars, mosque activities, and distributing financial or in-kind services resulting from the collection of mandatory Islamic charity funds (*zakat*).

The shrinking of the endowment system has demolished one source of support for persons with disabilities. Thus, welfare shelter institutions became almost the only source to replace what the endowments used to offer. This replacement resulted in increasing the need for these institutions. Therefore, more institutions were opened to take care of the disabled.

The French mandate era did not witness any dramatic change regarding the model of disability service in Lebanon. Already established shelter institutions as well as the newly established ones continued to follow the same approach of segregation brought by foreign missionaries in the previous century. The continuation of institutionalization further stabilized the already growing attitude of stigmatization towards persons with disabilities. The inclusivity that persons with disabilities enjoyed previously disappeared further during the French mandate. The ideas about deviance and liminality that missionary affiliated shelter institutions propagated about disability and the disabled became further entrenched with the French mandate.

Post French Mandate: The Independent State of Lebanon: 1943-1975

In 1943, Lebanon attained its independence (Central Intelligence Agency 2019). In post-colonial Lebanon, the new state maintained of the legacy of French colonialism. It adopted the political institutions of a parliamentarian state that the mandate had earlier established.

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The country kept the perception of disability that had been brought by foreign governments Post-colonial governments maintained the segregating welfare system towards disability and provided a legal basis for disability institutions (LSBD n.d.) These governments continued to support the segregation of persons with disabilities, maintaining the discourse of pity and stigma. This discourse helped to perpetuate the practice of control and power by existing disability shelter institutions.

Independence in the 1940s was accompanied by a trend towards the building of institutions and their development through the formation of legal and regulatory frameworks (Risk Allah Effendi and Mack 2012; Traboulsi 2007). For instance, Lebanon implemented plans and adopted legislation for developing social and economic sectors. Thus, public institutions and ministries were formed to address the needs of citizens in health and education, while providing employment opportunities and facilitating economic projects locally and nationally. The Lebanese state also addressed disability issues within the Directorate of Social Revival under the Ministry of Labor and Social Affairs. The Lebanese government launched this directorate in 1959 during the term of President Fouad Shahab. Nevertheless, the overall situation of disability services remained as it was during the Ottoman era and the French mandate. In particular, the medical approach of welfare disability institutions prevailed after independence in 1943.

Education for persons with disabilities was eventually recognized by national state institutions, especially the Ministry of Education, and the Ministry of Labor and Social Affairs. Some disability institutions began to provide educational services for persons with disabilities. While these institutions continued to provide shelter services, they also provided education according to the curricular standards of the Ministry of Education. This represented a small shift in which persons with disabilities were included in the right to receive education.

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The Lebanese School for the Blind and Deaf in Baabda was one of the most prominent disability institutions in the area according to their website (LSBD n.d.). It was founded and sponsored by the First Lady, Mrs. Zalfa Camille Chamoun, in 1957. Although it was not affiliated to any Church, this school remained under the control of a predominately Christian administration, since it was founded by the country's first lady, who was Christian. The Evangelical School for the Blind was founded in the second half of the nineteenth century in Beirut under the patronage and support of the British Evangelical Missionary. The Kortbawi Foundation was a private institution of the Maronite Church, which provided rehabilitation services to persons with physical disabilities, as well as educational programs following the official curriculum. All these institutions today remain affiliated to Christian Churches or controlled by predominantly Christian administrations.

The Civil War: 1975 – 1990

In the mid-1970s, the Lebanese civil war broke out (Risk Allah Effendi and Mack 2012;

Traboulsi 2007). This war had a significant impact on the country and on persons with disabilities and their service institutions. The war resulted in more people becoming disabled. Many of these people had passed school age. So, the primary need for disabled persons revolved around employment and rehabilitation, while before the war, the focus was on shelter, education, and vocational training. There was a need to find new service institutions. For example, Al-Hoda Institute for the Blind was founded by the Islamic Orphanage House in Beirut, in response to an increase in the number of disabled children among orphans.

Furthermore, the political and sectarian split in the country contributed tremendously to the movement of disability institutions with the beginning of the civil war. Each political or sectarian party established centers to provide rehabilitation and services for disabled persons of

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their constituencies, mainly fighters of their military wings. These sectarian institutions included: Beit Chabab institution for physical disability established by the Lebanese Forces Party (Christian), Jabal Amel Institute established by the Amal movement (Shiite), Al-Imam Al-Hadi Institute for audiovisual disabilities belonging to one of the Shiite Religious authorities, and Al Jarha foundation belonging to the Hezbollah Shiite party. On the other hand, some disabled persons refused to adhere to any sect or political party. Instead, they decided to form or affiliate with non-sectarian associations. Among these associations was the Lebanese Physical Handicapped Union (LPHU), founded in 1981.

The war in Lebanon coincided with a marked increase of union and student movements (Risk Allah Effendi and Mack 2012; Traboulsi 2007). These two movements had an influential role in promoting a new discourse on the rights of the disabled to education, health care, employment, and social security. These two movements also played a notable role in advocating the cessation of war and mitigating its consequences. Among the participants in this movement were disabled persons, especially those who became disabled because of the war. In particular, this included those who joined national and nonsectarian associations such as the LPHU.

This era also witnessed the establishment of partnerships between disability activists and organizations of persons with disabilities and mainstream human right organizations and advocacy movements. This movement worked on advocating that the government adopt adequate programs and policies for ensuring the access of persons with disabilities to social security and health care.

While most of the disability institutions at that time were still using the - discourse of the medical model and the institutional approach that prevailed before the outbreak of the war, the organizations of persons with disabilities worked towards social inclusion and focused less on

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providing services. While disability service institutions focused on providing rehabilitation services, organizations of persons with disabilities engaged in the mainstream advocacy movements of Lebanese civil society.

These organizations actively participated in public events and mainstream advocacy campaigns, such as marching for peace between 1983 and 1987; here, LPHU was one of the leading entities. While disability institutions enjoyed major financial support from political parties and sectarian group leaders, disabled persons' organizations had only minimal resources. To carry out their work, these organizations held their meetings and activities in public places, on sidewalks, or at partner centers. In spite of these minimal means, the Lebanese disability movement witnessed significant progress, represented in the launching of an extensive advocacy movement. This kind of operation reflected the beginning of adherence to the social model on disability. With the adoption of this social model, organizations of persons with disabilities became a competing force offering an alternative agenda to the previously prevailing medical approach. This progress took place in parallel with the increasing role of national and international civil society organizations towards promoting principles of human rights and social inclusion. This new discourse played a major role in supporting the movement of disabled person organizations in Lebanon.

Post-Civil War: 1990 – 2000

The Lebanese civil war lasted for fifteen years. There was a ceasefire in 1990 when the

conflicting parties came into agreement after negotiations hosted by the Kingdom of Saudi Arabia. Parliament members and representatives of the parties signed this agreement, entitled, the Tayef National Agreement for Constitutional Reform. This agreement was named after the city of Tayef in Saudi Arabia, where the negotiations took place. The adoption of the Tayef

Agreement resulted in the resolution of one of the major issues that caused the civil: the domination of Christian Maronites over the country's constitutional and political institutions. This resolution led to the redistribution of constitutional authority and enhanced the power of the other two sectarian groups i.e. the Sunnis and Shias. This accord extended the authority of the Prime Minister and the speaker of Parliament. Furthermore, it dedicated the occupation of these positions to the other two sectarian groups i.e. Sunnis for the Prime Minister and Shias for the Parliament speaker.

After the civil war ended, the country witnessed a new era of civil society-based initiatives and partnerships. International organizations started to arrive, bringing a new source of funding and new ideas and strategies for advocacy. The explicit and main goal of the agendas of these organizations was to help in the reconstruction process of Lebanon. Furthermore, they also introduced new concepts that civil society could adopt in their post-war reconstruction and transformation efforts. At that time, funding initiatives promoting concepts such as development, human rights, and gender balance became popular in Lebanese civil society. In addition, training programs around practices such as advocacy, capacity building, awareness raising, and strategic planning started to become the central focus of grassroots organizations.

Organizations for people with disabilities benefited from these programs and initiatives to help develop strategies to meet the goal of promoting disability inclusion. Furthermore, the increasing interest in adopting the newly introduced concepts and practices represented an opportunity for these organizations to establish new partnerships with civil society and international organizations.

Inspired by these concepts and strategies, LPHU launched a nationwide campaign for the adoption of a disability rights law in the 1990s. Through its participation in public activities as

well as other groups' campaigns and initiatives, LPHU was able to mobilize support for its campaign.

LPHU, in partnership with other organizations of persons with disabilities, such as the Youth Association of the Blind (YAB) and the Lebanese Down Syndrome Association (LDSA), organized a national conference on disability rights in 1999. Experts and representatives of civil society and international organizations presented papers and shared experiences on the intersection between their issues and LPHU's disability inclusion agenda. Today, many of these experts and representatives consider the LPHU's 1990s national campaign on disability rights a key factor behind the adoption of the law 220/2000.

This law marked a new phase in the history of the Lebanese disability movement and the lives of Lebanese with disabilities. For disabled person organizations, the endorsement of the law led to a new phase of their advocacy efforts. With this law, disabled person organizations continued to lobby the government for ensuring the implementation of this law's articles. Despite this law and the new language on social inclusion for persons with disabilities, disabled person organizations

and their social model continue to face major challenges. One of these challenges is that the prevailing welfare and rehabilitation institutions for disability service are protected by the new disability rights law as well. Both welfare institutions and disabled person organizations continue to compete about achieving their agendas. Before introducing each side's position towards the disability rights law (220/2000), it is helpful to present the overall legal framework of disability rights in Lebanon.

The Structural and Legal Framework of Disability Rights in Lebanon

Since the country's independence, disability services have been channeled and controlled through the Ministry of Social Affairs (MOSA). Until the 1990s, specialized institutions received

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a major share of the Ministry's support. The endorsement of the disability rights law in the year 2000 challenged this position, as later sections will elaborate. Nonetheless, the relationship between these institutions and the state continues to be strong.

On the structural-level, MOSA gives specialized institutions priority. Particular welfare institutions are prioritized if they have connections to major political figures or parties. This political connection has granted the system of specialized institutions stability and wider influence in society. Historically, Lebanese people have shown strong loyalty to their politicians, community leaders, and parliamentary representatives. This strong connection has significantly affected people's choices in terms of seeking resources. Quite often individuals and families sought services from institutions affiliated with their favorite politician or political party. This dynamic relationship between people, politicians, and political parties has had a significant influence on the service system pursued by the state. Practically speaking, when MOSA was assigned to a certain politician, this politician would give priority to their constituents and institutions. In other words, a minister would give priority to constituents by facilitating priority access to the ministry's services. Regarding affiliated institutions, the minister would give priority to facilitating their access to MOSA's funds. For example, the current Parliament's Speaker, President Nabih Berri, is the head of the AML party. Mr. Berri's wife, Mrs. Randa Berri, runs an organization for disability services called the Lebanese Organization for Disability Welfare. This organization runs a disability welfare institution in South Lebanon, which offers rehabilitation, education, and vocational training services for persons with disabilities. For several terms, Ministers for Social Affairs were members of Mr. Berri's party, which enabled Mrs. Berri's institution to receive priority support from the Ministry. Consequently, the AML

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party members were granted priority in obtaining services they needed from the Ministry as well. This example repeats itself with other politicians.

In my interview with the LPHU president, Ms. Lakkis, I asked about the role of the Ministry of Social Affairs in supporting the disability welfare institutions. She said, "Each minister brings his consultants with him to the ministry. The ministry's staff has to comply

with the minister's decisions, given the political power he has. They cannot contradict the Minister's approach. Unfortunately, due to our corrupt political system, public sector officers have become submissive and passive towards whoever heads the ministry where they work."

During one of the training workshops that LPHU offered for public sector vocational education instructors that I observed, the trainer had a discussion with one of the trainees. She asked him about the role of instructors in the design of the vocational education programs. He answered, "What role could we have! You know! We cannot do anything. You know the country's situation. Nothing can be changed. Everything is corrupt, and we cannot do anything about it. We have to follow the ministry's decision, and you know who controls the ministry." This pursuit of the same approach has created a common interest among these institutions, which is to maintain the ministry's support for their services and existence. Thus, if a minister is a member of a political group that happens to patronize one of these disability welfare institutions, he will definitely make sure to maintain the Ministry's support of this institution. In this case, other similar institutions in the country would benefit from this given by the ministry to their programs. This political factor has caused institutions of different political backgrounds, even contradicting or conflicting ones, to create alliances with each other to ensure ministry support.

According to this welfare system, disability welfare institutions received direct financial support from the Ministry of Social Affairs. The Ministry provides this support through a system

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called the joint contract program. The funds allocated for this program sometimes reaches 65 billion Lebanese pounds (US\$ 42 million) as part of the Ministry's annual budget.

Toward the end of my fieldwork, disability welfare institutions launched a campaign against MOSA's decision to reduce the budget allocated to support their services and programs. This decision came after many reports received by the Ministry about some of these specialized institutions. These reports claimed that many of these institutions present false data about their beneficiaries to receive funds from the Ministry. Also, many of these institutions do not really exist, and others offer very low-quality services. Thus, the Minister made the decision to undertake quality checks to examine these institutions' and their services.

The Lebanese legal system relies on three main sources: 1) international conventions, treaties, and agreements; 2) the Lebanese Constitution; and 3) the laws adopted by the Lebanese Parliament or the Council of Ministers. Lebanon remains among the very few countries that have not yet ratified the CRPD. I asked several disability experts and leaders of the disability movement about the reasons behind this delay in ratification. Mr. Amer Makarem, the CEO of the Youth Association of the Blind (YAB) explained:

You know, disability institutions are very strong in the country. Almost all of these institutions are afraid that the parliament would ratify the CRPD because the convention aims at diminishing their role as specialized and segregating institutions. In addition, many politicians and parliamentarians in the country belong to political parties that support disability institutions. Thus, both the government and parliament have no interest in ratifying the convention.

Ms. Lakkis agreed with this explanation and added, “The country has been going through ongoing political and security turmoil. Therefore, politicians and parliamentarians do not see the ratification of the CRPD as a priority.” Moreover, it appears that the disability movement in Lebanon has not extensively pressured the government and the parliament to ratify the convention. Data suggest that this effort has been minimal or absent. The only exception is one

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short-term campaign organized by YAB in partnership with LPHU and some other disability organizations.

In Lebanon, without the CRPD, the commitment to disability rights relies on two sources. The first source is the Lebanese constitution. During its workshop on the development of the national action plan on human rights in the year 2011 (Republic of Lebanon, House of Representatives n.d.) The Lebanese parliament identified the references of the Lebanese constitution that support the rights of persons with disabilities. The third paragraph of the constitution’s introduction recognizes equal rights and duties of the Lebanese people. Paragraph 7 of the constitution states that all Lebanese people are equal before the law. Paragraph 12 states that all people have the rights to employment in the public sector based on their knowledge capacity and skills only, regardless of their physical abilities (Republic of Lebanon, House of Representatives n.d.).

The second source is the law for the rights of persons with disabilities (220/2000). The Lebanese parliament adopted the law 220/2000 on June 6th, 2000. The law consists of two main sections. The first section determines the formation of the National Council for Persons with Disabilities. The second section states the rights that the Lebanese government is obligated to recognize and enforce. These rights include education (Sections 17 - 26); employment (Sections 27 - 35); and health care and physical rehabilitation (sections 1 - 6). The law does not have any annexed document determining the procedure that the government should follow to fulfill this enforcement. This has provoked the frustration of organizations of persons with disabilities in the country.

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The National Council for Persons with Disabilities

The council has the mission of drafting policies and designing action plans that the government can use to implement the law. To fulfill this mission, the government should, according to the law, form ministerial committees relevant to each section of the law. Each ministerial committee should have at least one member representing the Council.

This council consists of representatives of the following entities: organizations of persons with disabilities (four representatives), disability welfare institutions (four representatives), and relevant ministries, mainly the Ministry of Social Affairs (MOSA). In addition, the law gives individuals with disabilities the right to elect their own representatives at the council (four representatives). These individual representatives are in addition to and distinct from the four elected members representing organizations of persons with disabilities. Also, the law gives the Minister of Social Affairs, who chairs the council, the right to appoint representatives of the Ministry. In addition, the minister appoints four independent experts in the field of disabilities as council

members, who can offer any necessary technical consultation.

The Rights 'Section

The first two paragraphs of this section determine the law's definition of disability. This definition recognizes four general categories of disabilities: I) physical disability that includes disability resulted from polio, quadriplegia and tetraplegia, spinal cord injury, amputation, cerebral palsy, and muscular diseases; II) visual impairment i.e. total blindness or low vision; III) hearing disabilities, i.e. deaf, or hard of hearing; IV) intellectual disability, including Down syndrome, autism, developmental disabilities, and mental illnesses. The categorization of disability into four groups reflects the number of representatives on the national council of persons with disabilities. Note that the Law 220/2000 does not consider mental illness or

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disability as an independent category. Nor does it make any reference to people with learning disabilities, such as dyslexia. Also, this law fluctuates between intellectual disabilities, autism, and mental illnesses. For many disability experts and activists, this mixing of these categories represents significant neglect of the needs of people with certain disabilities, mainly autism, mental illnesses, and learning disabilities.

To verify the type of disability, each person with a disability should receive a special ID card, called the Disability Identification Card (Republic of Lebanon, Ministry of Social Affairs n.d.). Persons with disabilities who want to obtain this card should apply to the Ministry of Social Affairs. Applicants go through an interview process with specialists, according to their disability. These specialists are medical doctors, such as ophthalmologists for the blind, orthopedic doctors for persons with physical disabilities, psychiatric doctors for persons with intellectual or mental disabilities, and ENT doctors for deaf persons. These doctors determine whether the applicant is eligible to receive the disability ID card. The doctor determines this eligibility based on testing the applicant's physical, sensory, mental, or intellectual skills. The ministry does not accept a diagnosis of disability not done by these specialists. In other words, a person cannot be verified as disabled based on diagnosis done by their own doctor.

After the doctor approves eligibility, the applicant should complete an application form with the Ministry of Social Affairs. This application includes information about the applicant's socioeconomic status in addition to personal information. Both the doctor's interview and the completion of this application take place at one of the Ministry's centers around the country. These centers are independent locations or at the disability welfare institutions.

According to the law, the Disability Identification Card facilitates accessibility of the Ministry's disability services for its holders. In addition, it is meant to grant its holders discounts

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for certain services, including physical therapy, hospitalization, and assistive living aids, such as wheelchairs, crutches, walkers, hearing aids, white canes, and public transportation. However, this ID card is only valid at centers that have signed a special contract with MOSA for this purpose. Thus, persons with disabilities cannot benefit from this card at centers that choose not to

sign. Those who cannot afford the cost of services and do not have this ID card can benefit from the support of other resources, for example, the Ministry of Public health hospitalization sponsorship program for people who do not have access to private medical insurance programs.

The Ministry of Social Affairs uses the Disability ID Card to determine the number of persons with disabilities in the country. According to the Ministry's records, there are about 110,000 persons with disabilities in Lebanon, based on the issued ID cards (Republic of Lebanon, Ministry of Social Affairs n.d.). Many organizations of persons with disabilities, such as LPHU, disagree with this number, given that not all persons with disabilities hold these cards. These organizations estimate the number of persons with disabilities using the data given by the World Bank and the World Health Organization (World Health Organization n.d.), which claim that people with disabilities make up 10-20 percent of the overall world population. According to this estimate, persons with disabilities exceed the number given by the Ministry of Social Affairs. Organizations of persons with disabilities refer to the low number of the Disability ID Card holders as a sign of the untrustworthiness of this ID system or due to the inaccessibility of its application process for many persons with disabilities.

Disability Rights

The subsequent paragraphs of the law address disability rights, including employment,

health care, and rehabilitation, accessible environment and building, housing, transportation, education, taxation, education, political participation, and access to information. The law

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dedicates a subsection for each one of these rights. Each subsection consists of two components: the recognition of the right and the definition of the detailed components of the right. In this section, I briefly highlight the main points.

Education

The law recognizes the rights of children with disabilities to education at mainstream public and private schools. At the same time, it preserves the role of disability welfare institutions in running special education programs. Furthermore, it grants these institutions continuous financial support from the government. In addition, the law emphasizes the right of children with disabilities to receive reasonable accommodation at mainstream schools and special education programs, such as assistive technology, braille books, accessible labs, and school facilities. Also, the law emphasizes the need for an educational curriculum that accommodates the needs of children with disabilities. The recognition of this right to education also entails the right to higher education and vocational training. Public and private universities and vocational training centers should comply with the same rules of accessibility and inclusion according to this law.

Many disability experts and activists see the recognition of the right to inclusive education for persons with disabilities as major progress. However, the law seems to contradict itself when it also recognizes the role of specialized institutions as major education providers. For those who are critical of this contradiction, such as LPHU, this law supports the traditional segregating approach to disability. On the other hand, those in favor of this legal recognition argue that the law

has taken into consideration the fact that it is impossible immediately to shut down specialized institutions. In an interview, Ms. Zaatari of the House said, "Let us assume the law would have terminated the education programs run by specialized institutions, what are we

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going to do about children with disabilities who would not find any mainstream school to receive them? You know, almost all mainstream schools are not yet accessible and ready to enroll children with disabilities."

Each side has a valid point. However, what is more important is that the recognition of the right of persons with disabilities to inclusive education on its own is not enough. Continuing the support for specialized institutions without serious efforts by the government to develop policies for enforcing inclusive education suggests that these institutions will continue to maintain their position and play a major role.

Employment

The law recognizes the right of persons with disabilities to have equal opportunities for employment in both the public and private sectors. Thus, it determines that a minimum of 3 percent of employment opportunities should be reserved for persons with disabilities in each sector. Furthermore, it urges the public and private sector to offer all support needed to enhance the employability of persons with disabilities through the support of vocational training and career development programs.

The law urges the public sector to facilitate the participation of persons with disabilities in entry examinations or employment vacancies. In addition, it urges the private sector to open its companies to persons with disabilities. The law also recognizes the need to ensure reasonable accommodation for persons with disabilities at the workplace. The law financially penalizes companies that refuse to employ persons with disabilities with a penalty equal to four times the minimum wage. The government will use the money collected from the payment of this penalty to offer financial compensation for unemployed persons with disabilities.

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According to LPHU, the government has not yet enforced this section of the law. Ms. Lakkis explained, "Unfortunately, the government has not yet enforced the 3 percent quota system, nor has it been enforcing the penalty against companies that do not abide by this quota. Thus, today we continue to have at least 83 percent of persons with disabilities unemployed, and they do not receive their unemployment compensation." Despite this reality, there are a few initiatives by private sector companies offering job opportunities to persons with disabilities. I asked Ms. Lakkis about these initiatives. She answered, "If we do not see the government implementing the law 220/2000, we definitely appreciate such efforts by the private sector. However, how could we guarantee the protection of persons with disabilities at the workplace? How could we guarantee that these companies will not change their minds and stop employing persons with disabilities? Furthermore, the issue is not only about employing persons with disabilities. It is also about protecting persons with disabilities at the workplace and supporting those who remain unemployed.

Lebanon pursues a liberal economy and free-market policy. The majority of businesses focus on tourism services, telecommunications, IT, and banking, in addition to a growing number of industries (Central Intelligence Agency 2019). Since the 1990s, the above-mentioned traditional vocations of persons with disabilities began to deteriorate given the decreasing demand (LPHU n.d.). Lebanon relies on a large number of foreign laborers, mostly from neighboring Arab countries such as Syria, Egypt, Iraq, and Palestine, in addition to South Asian and Far East Countries, mainly Sri Lanka and the Philippines.

Within this context, persons with disabilities have found themselves trapped with the traditional vocational training or the pursuit of a small number of academic majors. To find a job, persons with disabilities rely on their institutions, organizations, or family networks. Upon the

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adoption of the law 220/2000, the National Employment Institution, a public entity created by the government to provide job coaching services for any unemployed citizen, began to support persons with disabilities trying to find jobs. Employers use this institution to advertise their job openings, and whoever needs to find a job can apply to openings through this entity as well.

Health Care and Social Assistance

In Lebanon, there are four main governmental resources for social and health care insurance. Three of these resources are for all citizens, disabled and non-disabled. The previously discussed Disability Identification Card Program is the only source dedicated for persons with disabilities. Persons with disabilities, as well as their organizations and institutions, refer to this program as “the Disability Card.”

The first governmental healthcare resource is the Ministry of Public Health’s Health Card Program, open to all citizens. The Ministry offers this card to those who do not have alternative resources for health insurance or to those with a limited income. Any cardholder can benefit from full coverage by the Ministry of Public Health for services received at affiliated public hospitals. The Ministry also signs contracts with the private sector where it subsidizes hospital services for cardholders.

The government’s Employees Cooperative is the second resource. This public institution subsidizes health care services for government employees. The cooperative usually covers ninety percent of all costs, including doctor visits, hospitalization, medical examination, and physiotherapy. Persons with disabilities benefit from these services only if they or their parents have a government job.

The National Social Insurance Trust Fund is the third public resource for health care and social insurance. Even though this trust fund is affiliated to the Ministry of Labor, it is

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considered a public institution with an independent administration. This trust fund is dedicated to mainly serve private sector employees. The entity’s funds come from a predetermined percentage paid by subscribed private sector companies. These companies deduct this percentage from the salaries of their employees. Employers are obligated, according to Lebanese labor law, to comply

with this deduction. The funds of this entity serve to subsidize all health care and social services, such as hospitalization and maternal needs. Persons with disabilities or their parents benefit from this fund's services, if they work for private sector companies. Dependent benefits differ according to sex. Daughters of private sector employees are eligible to receive benefits as long as they are not married or employed, while boys remain eligible until the age of twenty-five. This conditionality applies to children with disabilities as well.

Private insurance companies continue to pursue an exclusionary policy against persons with disabilities. These companies consider any applicant with a disability at a higher risk for accidents and injuries, which causes them to reject applications from people with disabilities. Like the rights to education, employment, and health care, other rights recognized by the law 220/2000 remain unenforced. With regard to these rights, the law recognizes them as follows:

- Persons with disabilities should have the right to enjoy accessible public and private facilities and buildings, such as parks, safe streets, public transportation, government buildings, libraries, cultural and medical centers.
- Persons with disabilities should benefit from housing loans and accessible housing programs.
- Persons with disabilities are exempt from paying taxes on purchases such as assistive living aids and accessible cars.

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- Persons with disabilities should have the right to participate in the political system, through an accessible election process on all levels, mainly the parliament and local municipalities.

Disability and the Environmental Context

There is minimal information about the structure and activities of disability welfare institutions (Coleridge 1993; St. John 2004). Both structural aspects and activities of these institutions were not extensively documented until the mid-20th century. Information sources about that era consist of coverage of existing newspapers, the oral and documentary legacy of welfare institutions, and what persons with disabilities have communicated about these institutions' activities over the generations. Among the sources for memories of disabled persons are stories and novels. These novels and stories referred to some skills or crafts associated with persons with disabilities. These skills and professions reflected what was available, such as access to education for some disabled persons, particularly the blind, who were the most fortunate to obtain education services provided by these institutions.

The stories, novels, and news always portrayed persons with disabilities as people who lived in special sheltered centers which were managed by missionaries. These sources (Coleridge 1993; St. John 2004) conceived of these centers as places where the disabled persons lived, got food,

and learned some skills, such as basket and rug weaving, knitting woolen clothes, or embroidery. They also received simple religious education, including memorizing religious texts, chants, and prayers. These centers were closed places where a disabled person connected with the wider world only during special events, mainly religious occasions celebrated by charitable people. In other words, the connection of influential people, people of power, or aristocrats with such welfare institutions was to also fulfill social or religious duty. Disability service institutions

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established buildings in neighborhoods and other residential areas. Since the residents of these institutions were persons with disabilities, the neighbors often labeled the school by the type of disability of its residents, so they were referred to as the “blind school” or the “center of the deaf or paralyzed.” Usually, no one referred to these institutions by their official names. The relationship of the neighborhood residents to the institution was limited to only brief and cursory interactions with its residents.

Informants I interviewed tell stories that reflect the situations and environments of these institutions. Many of these stories they also heard from older generation of persons with disabilities. Most institutions consisted of a large house with a courtyard (Coleridge 1993; St. John 2004). Disabled persons used to frequent this courtyard during free time, for example, during the morning breaks, after lunch, or in the afternoons and evenings after a day of work, or before bedtime. The institutional rooms included classrooms and workshops, bedrooms, and dining rooms in addition to the offices for staff, especially the manager or director. Classrooms had small tables and chairs for students, in addition to a bigger desk and a bookcase containing teaching and educational materials.

The vocational workshops included tables where the trainee students sat, each with a set of tools to be used for weaving straw baskets or wool and embroidery knitting hooks. Usually, the trainees of weaving the straw baskets were males, while females were mostly in knitting wool or embroidery. In addition, there was a trainer for each workshop called the master. New workshops or vocational training sections were sometimes added. The institution’s buildings included dedicated dining rooms. These rooms provided three daily meals: breakfast, lunch, and dinner. These meals were provided at specific times and attended by all students together. The absent student might lose a chance to eat if he or she decided not to attend the meal. Attendants

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prepared foods according to the list determined by the school management which was repeated at regular cycles. The dining rooms had rectangular wooden tables where the students sat according to the size of the table. What mostly signifies these halls, however, was the poor quality heavy non-delicious smell of food mixed with other odors such as cleaning detergents. The student was obliged to eat the food offered, whatever its quality or taste.

The bedrooms varied in size. Small ones might have two beds and bigger ones up to 40 beds. Sexes were separated. As I will present in later chapters, interviews showed that these disability

institutions lacked quality services. Many lacked appropriate expertise or did not create appropriate and quality programs. Nor did they always provide a healthy environment.

Also, according to my informants, most of the personnel of disability institutions were non-specialists, people who had not been able to find better jobs, or people who were willing to receive modest salary, often because they were of lower-class background or had an urgent need for money. Informants shared stories of incidents of violence and abuse against students, which were quite high in some cases. These incidents happened because of a lack of effective monitoring and protection systems. Most institutions, even those adopting the religious charity approach, recorded cases of violence and exploitation by some workers against students. Informants also talked about incidents of sexual harassment committed mainly against females with disabilities by workers, including those who claimed to be religious and moral.

These institutions continued to provide educational services for disabled people for a long time after their foundation, and after Lebanon's independence, during the period of prosperity in the sixties and the first half of the 1970s. These institutions graduated a large number of disabled persons who have obtained certificates in regular education of different levels. However, the

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majority of students graduating from these institutions received only vocational training in sheltered workshops.

Such an environment has marked disability institutions for decades. Many of these institutions continue to maintain this environment even today, benefiting from the continuous support of both government and society. The dominance of this environment has played a critical role in shaping the stigmatizing perceptions about persons with disabilities in general.

More importantly, the role of disability institutions has had a critical influence on lives of persons with disabilities. It has determined both resources and opportunities for these people. For decades, these institutions were the only source for the education of persons with disabilities. They have also determined their qualification and choices for employability. Last but not least, they have been the only providers for most disability-related physical rehabilitation services.

Local communities also showed shortcomings in their treatment of people with disabilities. The biggest problem was the narrow definition of disability (Hallaq 1988, 2008; Scalenghe 2014), which caused persons with disabilities to suffer significant limitations in their mobility and social interaction. These limitations reflected major linguistic gaps in addressing disability-related issues in Arab societies including Lebanon. Furthermore, these linguistic deficiencies are evident in the use of vocabulary such as, "Oh what a pity, God be with him, he is helpless!" This indicates the limits of the expressive and conceptual conceptions of the capacity of disabled persons in local communities. The image of disabled persons continues to adhere to traditional stereotypes in Lebanon (Coleridge 1993). The blind person is still a hostage to specific skills such as memorizing religious texts, singing, or playing music. Deaf persons are expected to perform only simple professions that usually do not give them the privilege of becoming well-established entrepreneurs; they remain menial workers. Persons with physical

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disabilities also remain trapped by physical restrictions of movement and full interaction within the local environment, due to the lack of societal consideration of issues of accessibility. Finally, persons with intellectual disabilities are the most challenged and stigmatized people in Lebanese society. A pejorative phrase such as “What’s the matter, are you handicapped?” is frequently used; when questioned it is not uncommon for the speaker to retort with a statement such as “Are you retarded?” Thus, disability remains synonymous with pity, ridicule, or even contempt.

Conclusion

In this chapter, I introduced the different phases of Lebanese history in terms of

sociocultural, political, and economic contexts of interaction with the phenomenon of disability. I highlighted some examples of experiences of persons with disabilities throughout different eras of Lebanese history. Through this introduction, I explained how these experiences reflect the overall contribution of the two major religions in the country, Islam and Christianity, in shaping the lives of persons with disabilities. Scholars have shown that Lebanon showed tolerance towards disability and the disabled under the medieval Islamic Caliphate. This tolerance continued to some extent with the Ottoman Sultanate, where Islam continue to be the official religion of the state. This tolerance, however, began to gradually change with the coming of foreign Christian missionaries from Europe. Given the privileges granted by the Sultanate, these missionaries were able to start a number of sociocultural activities. Among them was the establishment of special schools and institutions for persons with disabilities.

In essence, these missionaries introduced the model of segregating disability institutions into the country. The introduction of this new system benefitted from the dramatic changes in the socio-economic context of the country during the 19th century. Yet preindustrial, Lebanon could not keep up with these dramatic changes. The country was no longer able to maintain its social

In essence, these missionaries introduced the model of segregating disability institutions into the country. The introduction of this new system benefitted from the dramatic changes in the socio-economic context of the country during the 19th century. Yet preindustrial, Lebanon could not keep up with these dramatic changes. The country was no longer able to maintain its social

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tolerance towards disability and the needs of the disabled. Lebanese Muslims and Christians could no longer maintain their traditional community support and the endowment system, which enhanced inclusivity of persons with disabilities. At the same time, they were unable to identify alternative ways to continue older approaches to disability.

Thus, foreign missionaries filled the gap due to the absence of local initiatives. Segregating disability institutions became the solution to provide the needed support for persons with disabilities.

The failure of local communities to maintain tolerance towards people with disabilities has been a major factor in scaling up the role of segregating disability institutions. Furthermore, this failure allowed the approach of segregating institutionalization to become dominant during the French mandate and the independent Lebanese state.

Even though preindustrial Lebanon witnessed practices of stigmatization that kept persons with disabilities in a liminal position, Lebanese society remained rather tolerant, as in other preindustrial societies in Europe and around the world. Lebanon witnessed the combined effect of religion and industrial capitalism in changing the overall social perspective towards disability and the disabled. Represented by missionary institutions, religion showed how it could have a major impact on shifting the perspective from tolerance to further stigmatization and exclusion. This legacy has continued to play a significant role in shaping the overall socio-political context of disability in Lebanon even today.
