Inclusion as a Human Right:
International Discourse on Disability and National Education Policy
in Tanzania, India and Germany

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ABSTRACT

Disability is a global human phenomenon and has been since before recorded history. This paper briefly explains the history of international discourse on disability definition and educational policy pre-1945, and sets it within the United Nations framework post-1945 to the present. The main focus is on the 2006 United Nations Convention on the Rights for Persons with Disabilities. Within the Convention, among other things, are educational rights and a mandate for Inclusive Education, which is the focus of this paper. Theoretically, a World Society approach is used to examine how and why the Convention is being understood by the diversity of countries that have ratified it - including both ‘peripheral’ and ‘core’ nations. This paper uses documentary research and literature review to establish similarities and gaps between international policy and national policy. Specifically, this paper focuses on Tanzania, India and Germany. By conducting research in a Vertical Case Study approach, the gaps between international norms and national policy can be examined and generalized. In the case of all three countries analyzed, no country is fulfilling its obligations to the Convention. This can be explained by a plethora of factors, including the lack of resources and the lack of political will. Policy recommendations for the expansion of Inclusive Education under United Nations guidelines are presented at the end of the paper.
Introduction

According to the United Nations (2007), there are an estimated 650 million people in the world whose lives are directly impacted by a disability. Taking into account family members, friends, and professionals - disability impacts an estimated 2 billion people on a daily basis. An estimated 80% of people with a disability are among the poorest in the world (UN 2007). For children with disabilities, being included in education has been a struggle. In developing countries, 90 to 98% of children with disabilities do not attend school (UN 2007). Even in developed countries, children with disabilities may be attending school but often are separated from their peers by being placed in different classrooms or different school buildings entirely.

The implications for international actions on the education of persons with disabilities are substantive. Disability is not simply one kind of person or people, but a way of life that cuts across gender, ethnicity, religion, and race. In an era of increasing globalization, no longer can a situation affecting a group of people be isolated from affecting the wider world. UN discourse on the rights of persons with disabilities began with the 1948 *Universal Declaration of Human Rights*, but only in 2006 with the *Convention for the Rights of Persons with Disabilities* [CRPD] did an international document lay out a specific and progressive framework for the human rights of persons with disabilities. When he became the 143rd national leader to sign the CRPD in 2009, US President Barack Obama remarked, “Disability rights aren’t just civil rights to be enforced here at home; they’re universal rights to be recognized and promoted around the world” (Obama 2009).

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1 Because the wording in UN and other national documents uses the term ‘disability’, I have decided to use it as well. However, there is considerable disagreement within the community and those in critical disability studies whether or not ‘disability’ is an appropriate term because of its etymological origins in establishing ability norms and deviations (i.e. ‘dis/ability’). I also recognize the cultural differences in the use of the term in both practice and policy. In this paper, ‘disability’ is defined as the following: “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” (UN 2006, Art. 1).
Hunt (2004) makes the argument that human rights conventions targeting specific populations are important, citing similar conventions on migrants, refugees, women, and children. Such conventions make clear the legal and inherent rights of specific communities and increase the likelihood that these rights will be fully understood and implemented. Rioux & Valentine (2006) suggest that the internationalization of disability rights in documents like the CRPD provides greater theoretical and conceptual clarity of disability as a matter of rights rather than of charity, medicine, or rehabilitation. The CRPD has brought new hope to persons with disabilities seeking to build justice and belonging within their own community (Waddington 2007). This paper will look specifically at the framework of inclusive education for children with disabilities within the CRPD.

The theoretical understandings of international involvement in human rights treaties are important in conducting policy analysis. There has been increasing participation in international human rights treaties, international non-governmental organizations [INGOs], and international governmental organizations [IGOs] from a diversity of countries (Boli & Thomas 1997). This international human rights participation matters in what Goodman & Jinks (2005) call the acculturation process. However, countries participating in international affairs often make symbolic change to appear similar to others while lacking the resources or the motivation to make profound human rights changes to their culture or laws.

This paper will differentiate and discuss the inter-connected issues of disability through its shared global history and divergent local culture. The international progression and awareness of disability will be discussed, as well as how the UN has dealt with the issue through the CRPD. Specifically, this paper will focus on 3 countries that have signed the CRPD and signed the
Optional Protocol that further binds countries to accountability standards. These countries are Tanzania, India and Germany.

These three countries are quite different in almost every respect, and yet they have signed and ratified the CRPD. The selection of remarkably different countries was purposeful. My research question that guides this paper is an investigation into how diverse countries become involved in international human rights agreements such as the CRPD and how a cultural issue such as disability changes and adapts when it encounters international norms.

Disability policy, in this case, is best viewed at the national level unit of analysis. The reason for this is three-fold. First, each country that approaches international treaties brings to the table a constructed national history and culture already established (Anderson 1983/2006). Second, international disability data is difficult to use for comparison purposes because of its strongly embedded cultural construction (Mont 2007). Widespread cross-national comparison becomes problematic because each country measures disability in their own culturally specific way. Third, it is important to understand the gaps between policy and practice in individual cases in order to provide more generalized explanations as to how international treaties affect national policy (Vavrus & Bartlett 2009). This will have policy implications for future courses of action in reconciling existing national education policies with the pledges and promises made by signing the CRPD.

Theorizing International Participation in Human Rights Treaties

World society theorists view the development of mass schooling and the right to education as a corollary of normative practices from increasing linkages amongst nation-states to international organizations, especially post-World War II (Meyer et al. 1997; Meyer, Ramirez &
According to neo-institutional theory, organizations begin to appear similar over time through the interaction of three processes: coercive, mimetic and normative (DiMaggio & Powell 1983). Often, this process is one of ‘peripheral’ nations - those in the developing world with aspirations to increase international political and human capital - trying to look legitimized in the eyes of the ‘core’ members - those with strong international monetary, political, and sometimes military influence. Peripheral nations may adopt international norms, even if they have little to gain and no internal resources for implementation (Wotipka & Tsutsui 2008; Geisinger & Stein 2007; Finnemore 1996). Issues such as implementation cost and previous human rights records do not seem to accurately predict human rights treaty participation (Hafner-Burton, Tsutsui & Meyer 2008). In many cases, the symbolic adoption of human rights treaties does not directly influence its political and cultural implementation, in what world society theorists call decoupling (Meyer et al. 1997). In some extreme cases, human rights abuses actually increase as the symbolic signing of a treaty can deflect international attention (Hathaway 2002; Haftner-Burton & Tsutsui 2005). Conversely, dominant core nations often have more discretion in deciding which international norms to adopt and implement because of their relatively comfortable position on the world stage (Ramirez & Boli 1987).
This is not to say that international human rights treaty participation produces empty change. Goodman & Jinks (2005) identify that there are processes in which nation-states successfully integrate human rights from international human rights treaties. They label this process *acculturation* and break it down into three steps. First, there is the symbolic gesture of signing of a human rights treaty. This may empower the target groups of the treaty within the country to engage in the national political process. Second, treaty enactment forces political actors to be accountable for their human rights promises or face a public backlash if it is viewed as hypocrisy. Third, ratifying a human rights treaty produces international social and political capital that may erode over time if the promise of change is not kept. This forces States to implement legislation to meet treaty obligations in order to sustain the previous level of social and political capital.

The functionality of local political structures, history and culture must also be considered when conducting an analysis of the variance of international and national policies (Alur & Bach 2010; Singal 2006; Boyle, Songora & Foss 2001). Because of the likelihood that adoption of the CRPD was influenced by other factors besides a deep and sincere recognition of disability rights, national case studies are important to separate the issue of disability policy and definition locally from international politics. The following sections on cultural disability construction and global policy are an attempt to separate the issue from the larger arena of international political jockeying.

**Constructing Disability**

While there has been a more recent flurry of international activity around the inherent human rights of persons with disabilities, more generally the issue of disability is one that has
been with us since before human memory and contained within every culture and society. One of
the most important things to understand about disability is how it is socially and culturally
constructed over time. The city of Geel, Belgium offers an interesting and appropriate parable of
how historical legacies can influence communities (Siebers 2009; Foucault 2006). In this
example, and in this section as a whole, disability can be seen as defined by political and
economic structures as much as it is defined by culture.

Geel, Belgium has historically been thought of as the home to the patron saint of mental
illness - Saint Dymphna. Since the 600s CE, the town was a haven for persons with disabilities
from all over the world. As Catholic church facilities became increasingly over-burdened, Geel
residents began to take people with disabilities into their homes. Over hundreds of years, the
presence of persons with disabilities became a regular experience for the Geel residents and it
was entirely normal for persons with disabilities to receive an education, work in the community
to support themselves, and be involved in civic life in the same way as anyone else. It was not
until the early to mid-twentieth century that the numbers of persons with disabilities in Geel
began to drop as the medicalization and professionalization of care took hold in State policy.
Siebers (2009) notes that the people with disabilities in Geel came from Europe, North and South
America, and Asia and at least 45 languages were spoken - representing a truly international and
inclusive disability community for well over a thousand years.

In the pre-industrial age there was a great deal of religiosity that shaped irrational
approaches to disability but, for the most part, an agrarian or nomadic society proved to be a very
inclusive one (Clapton & Fitzgerald 2000). Acquired physical disabilities were a way of life in
societies constantly in a state of violent warfare and strenuous physical labor and persons with
these disabilities were valued equally to all others, or even lauded as heroes (Braddock & Parish 2001). However, mental health and congenital disabilities were widely misunderstood and feared. The concepts of acceptance, relative capable involvement in society, charity, and religious fear of congenital disabilities - except in the case of Islam where the birth state is considered Allah’s will and, thus, sacred - are found in both Western and Eastern examples (Miles 1995).

As in the case of Geel, increasing State bureaucratic and capitalistic structures began to change how persons with disabilities were viewed and treated in the West. Beginning in roughly the 19th century, the Medical Model became the predominant way in which societies viewed persons with disabilities. This model embraced the idea of able-bodiedness and able-mindedness, explained any deviation from this model as dysfunctional and treated the person with a disability as either someone to be “cured” or someone that can “cope” with the condition to live as normal a life as possible (Hayes & Hannold 2007). Evidence of the Medical Model in international documents can be seen, for example, as late as in this 1981 World Health Organization definition of disability: “ ... any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being” (DESI 1981, p. 5, emphases added). The Medical Model shows up in the history of Geel, as medical and psychological professionals increasingly categorized disability. The Medical Model can also be linked to the diminution of the family on issues like disability and relinquishment to the domain of the bureaucratic state during the 19th and 20th centuries (Snyder & Mitchell 2006). The lingering effects of this dominant view of disability still inform how disability is researched and prevalence rates counted. Disability is a multidimensional phenomenon that
should be approached as a continuous variable of restriction and participation, but is most often approached as a dichotomous variable - either ‘disabled’ or ‘non-disabled’ (Eide & Loeb 2005). This “all or nothing” approach either suffered from too few categories or far too many. For example, the first Diagnostic Service Manual (DSM) used by psychiatrists in the US in the late nineteenth century contained a single category - “idiocy/insanity.” The DSM-IV, revised in the 1990s, contained nearly 300 psychological disorders and was almost 900 pages (Greenberg, Shuman & Meyer 2004).

With strong roots in the 1980s reforms in the UK and the Americans with Disabilities Act in the US in 1990, the dominating international lens in which to view disability today is the Social Model (Braddock & Parish 2001), which places the deficit not on the individual, but on social structures’ relationship with the individual. Tregaskis (2004) explains that the Social Model calls on legislators, policy makers and educators to examine the social and cultural barriers that have been constructed before persons with disabilities and have an obligation to change them. Malhotra (2008) suggests that this model can go farther to look at a composite of wants and needs to measure an individual's contribution to society and acknowledge that resource allocation equity is not necessarily one of equality.

The definition of disability in the CRPD is the following: “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” (UN 2006, Art. 1). Thus, disability becomes the interaction between an individual and their society. This norm has arisen through cultural construction over time - as in the Geel example - but can also be consciously implemented worldwide in the future through the CRPD framework.
Disability Policy on the International Stage

The international breakdown of the traditional apprenticeship model of education eroded into increased State educational authority and management in the 17th century. This also saw rise to ideas of comprehensive democratic education and weakening community welfare (Richardson 1999). As free-market capitalism began to take hold of the world economy, people with disabilities were increasingly being left out of a system that valued productive ability. Revolutionary movements in the American Colonies and France championed the idea of inherent human rights in the West, but the opportunity to enjoy these rights was limited.

Fear of congenital disabilities and mental illness has long produced policies of infanticide - such as in Spartan Greece - and policies of social exclusion (Braddock & Parrish 2001). By the time of the Industrial Era, rationalization promoted the forced institutionalization of persons with disabilities in the hope to cure them, rehabilitate them, or at least hide them out of ‘fear of the other’ (Foucault 2006). In the early 20th century, the US and Europe took separate paths in disability education policy. While Europe maintained separate educational facilities, the US began to introduce ‘ungraded classrooms’ in regular schools for children with disabilities (Snyder & Mitchell 2006). This change can certainly be attributed to the democratic common school initiatives of Horace Mann and Samuel Gridley Howe in the late 19th century (Richardson 1999). However, ‘ungraded classrooms’ are not to be analogous to the kind of integrated approach seen in today’s schools and mostly were an attempt to save money as tax structures were not yet fully in place to fund public schools. The amount of education in ‘ungraded classrooms’ was negligible.
Grim and deplorable policies also emerged during the age of rationalization. Forced sterilization and marriage interdiction for persons with disabilities was a wide-spread international phenomenon (Siebers 2009). The Eugenics Movement in the early 20th century, as Synder & Mitchell (2006) note, was truly a catalyst for international collaboration. The Second International Congress of Eugenics in 1921 gave host to over 300 international representatives (Snyder & Mitchell). While the systematic and state-sponsored murder of persons with disabilities was widespread, Nazi Germany is perhaps the most notorious example. The infamous gas chambers used in Nazi concentration camps were first developed by trans-Atlantic Eugenicists to ‘euthanize’ persons with disabilities and over 240,000 people with disabilities were murdered during World War II alone (Snyder & Mitchell). It was Western atrocities like this that gave rise to the creation of the United Nations and a new way of thinking about global human rights.

United Nations involvement in the disability rights movement began with its landmark 1948 *Universal Declaration of Human Rights* [UDHR]. However, the UDHR, 1971 UN *Declaration of the Rights of Mentally Retarded Persons* and the 1975 UN *Declaration on the Rights of Disabled Persons* were “rights circumscribed by disability” (Rioux & Valentine 2006, p. 59). In 1976, then-UN Secretary General Kurt Waldheim announced 1981 to be the *International Year of Disabled Persons* (IYDP). The IYDP was an important step in focusing attention on issues of full participation and equality in society for persons with disabilities (UN Enable 2010). Malhotra (2006), for example, identifies the IYDP has having a major impact in the formation of the Canadian Charter of Rights and Freedoms in 1982.
In 1990, at the United Nations Jomtien World Conference on Education for All [EFA], the Declaration and Framework for Action to Meet Basic Learning Needs re-emphasized education as a fundamental right for everyone, regardless of physical, social, economic, and psychological conditions. Specifically, it stated that the learning needs of children with disabilities require special attention and that steps should be taken to provide equal access to education (UN Inter-Agency Commission 1990). However, the EFA goals were not specifically mandated just for persons with disabilities. This became clear in 2000 when the EFA goals were reassessed at the Dakar World Education Forum and only included vague allusions to the rights of persons of disabilities to an education. For example, Article 7.3 states, “[We hereby commit ourselves to] ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes” (UNESCO 2000).

The UNESCO Salamanca Conference in 1994 was the first statement and framework that specifically focused on the education of persons with disabilities. The conference used the EFA initiatives as the outline and was a major proponent of including children with disabilities within the regular education system (UNESCO 1994). This was a new development in international discourse on the education of persons with disabilities and introduced the term ‘inclusion’ that was to become part of the modern international nomenclature for disability policy.

After the United Nations’ Millennium Development Goals (MDG) were declared in 2000 and failed to mention persons with disabilities specifically beyond the language of “equal access to all levels of education” (UN 2000, Art. 19), it was clear that a more comprehensive international framework was needed to address the rights of persons with disabilities. The CRPD will be discussed in greater detail below, but its influence on previous education initiatives can
be seen in the October 2009 resolution in the UN General Assembly to include disability rights and education in the MDGs (UN 2009).

**Convention for the Rights of Persons with Disabilities**

In 2001, an Ad Hoc Committee was initiated by Mexican delegates to draft the CRPD. This committee included members from such countries as Ecuador, the Philippines, South Africa, and Sweden, and also included numerous INGOs. The draft was finalized and adopted by the UN General Assembly in December 2006 (UN Enable 2010). The CRPD was opened for signature on 30 March 2007 and became the most initially supported convention in the history of the UN (UN Enable). The first day of signature produced 82 signatories to the CRPD, 44 signatories to the Optional Protocol, and 1 ratification. At the date of this writing 146 countries have signed the CRPD, 88 have ratified the CRPD, 89 have signed the Optional Protocol and 54 have ratified the Optional Protocol (UN Enable). A complete listing of country participation can be found in Appendix A.

A key issue that the CRPD addresses is inclusive education for persons with disabilities. In Article 24.1, the CRPD states, “State Parties shall ensure an inclusive education system at all levels and lifelong learning” (UN 2006). The article continues to state the right to inclusive education two more times and prohibit the exclusion from the general education system an additional two more times. The CRPD does leave open the possibility for groups such as the deaf, blind, and deaf-blind communities to access separate schooling in Article 24.3.C, “The education of persons, and in particular children, who are blind, deaf or deaf-blind, 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” (UN 2006).
As defined by the United Nations in support documents for the CRPD, an inclusive education system should embrace the following: providing suitable equipment and teaching materials for persons with disabilities; adopting teaching methods and curricula that embrace the needs of all children and students, including those with disabilities; promoting acceptance of diversity; training all teachers to teach in an inclusive classroom; providing a range of support that meets the diverse needs of all students; and facilitating the learning of Braille and sign language (UN 2007).

While the inclusion model is an attempt to correct for the previous near-complete exclusion of persons with disabilities from significantly contributing to society, there is criticism of the overall equity for persons with disabilities in this approach. The debate in the US among parents of students with disabilities, for example, has been the false dichotomy in choosing between segregated settings with more adequate services and integrated settings with less adequate services (Norwich 2008). This is particularly relevant to the deaf and blind communities, where separate learning systems (e.g., sign language, Braille) have become a source of identifiable culture. To some, integration can mean ‘sameness’ and involve a tacit compliance to dominant knowledge and values (Smehaugen 2001).

Arguments in support of inclusion often point to the greater danger of exclusion that trumps any benefit to specialized services. Psychologists and child development experts identify integration and acceptance as key factors to emotional and academic development (see Erikson 1980). The response to criticism of inclusion often points to successful differentiation within the classroom and an approach to education that acknowledges that education is individualized for
all learners. The issue of resources, teacher training, and structural changes will be addressed in ensuing sections.

While this paper focuses specifically on the education component of the CRPD, it is appropriate to note that the document sets forth rights for persons with disabilities to access all aspects of society; from employment, health care, and privacy to justice, liberty, and freedom (UN 2006). Besides these obligations to human rights of persons with disabilities, States ratifying the CRPD are obligated to “collect appropriate information, including statistical and research data” (UN 2006, Art. 31.1), facilitate international support and capacity-building (Art. 32), implement the tenets of the CRPD in national government policy and activate civil society (Art. 33), and submit a report to the Committee on the Rights of Persons with Disabilities on disability rights implementation progress (Art. 35). The Optional Protocol to the CRPD (UN 2006) further asserts the authority of the UN over matters of disability rights within countries and strengthens the authority of the Committee on the Rights of Persons with Disabilities.

Case Selection and Methodology

Links between international education policy, human rights norms and nation-state adoption of these norms has become stronger over time. Nation-state characteristics have been used to understand linkages between international and national human rights and educational initiatives (Boli & Thomas 1997; Koo & Ramirez 2009; Suarez 2007; Sugawara & Wotipka 2009; Wotipka & Tsutsui 2008). These independent variables include INGO membership and other quantifiable indicators. While these variables are important in establishing horizontal international comparisons, it does not speak to the ‘ecological validity’ (Crossley & Vuilliamy 1984) of contextual understanding. This idea highlights the importance of cultural, economic,
historical, and political forces in shaping how social actors understand and respond to educational phenomena. Vavrus & Bartlett (2009) suggest that an appropriate means to study policy implementation and understanding is a vertical model, examining relationships across local (micro), national (meso), and international (macro) levels. For the purposes of this paper, vertical studies will serve as the exemplary methodology, and will be defined as the following: “a multisited, qualitative study that traces the linkages among local, national, and international forces and institutions that together shape and are shaped by education in a particular locale” (Vavrus & Bartlett 2009, p. 11).

My methodology for policy analysis focuses on the concepts of décalage and bricolage, used effectively by Max (2009) to analyze policy implementation of higher education reform in Senegal. Décalage, literally meaning “gap” in French, refers to the difference between policy and practice. In this case, décalage as a unit of analysis will be the gap between international inclusion policy and nation-state policy aims. Bricolage refers to the seemingly improvisational and haphazard ways in which educational policies are constructed and contextually understood. In this paper, the concept of bricolage will be used to analyze the complexity and dilemma when international policies are interpreted by nation-states with already embedded history and culture.

Tanzania, India and Germany were selected because they are from different continental regions, vary in population levels, occupy different positions on the Human Development Index and the Gini Index (UNDP 2008), have dissimilar levels of cultural hetro/homogeneity, contrasting literacy rates, and differ in percentage of educational spending in relation to their GDP. The exact statistics and figures from each country can be found in Appendix B. What these countries do have in common, however, is that they have all signed and ratified the CRPD and
signed the Optional Protocol. The focus of this paper is trying to theoretically understand how and why very different countries approach, promise, and implement international human rights treaties.

Since this paper is focused on policy, a historical and documentary approach to data collection will be employed. Cohen, Manion & Morrison (2007) suggest that historical and documentary research is an act of reconstruction and critical inquiry. Both primary sources and secondary sources will be used in data collection and the accessibility of English language documents was a major consideration in the selection of the three countries. By primary sources, I mean the direct governmental policy itself and other documents that are governmentally produced and disseminated. By secondary sources, I mean previously conducted research papers and projects on the three countries and their policies. A complete listing of documents used can be found in Appendix C. Given the concerns about validity, every attempt is made to use primary sources as the points of analysis.

The analysis of the primary and secondary documents uses the international disability education policy norms as defined by the CRPD and supplementary United Nations materials such as handbooks and curricular materials (UN 2006; 2007; UN Enable 2009; UNESCO 1994). First, I looked for the presence of compulsory education laws and/or educational rights for children. This is an important legal step in making the case for the inclusion of children with disabilities. Compulsory education laws have been seen to make significant increases in school participation for students with disabilities, such as the case in China where children with disabilities have increased their enrollment from 5% to nearly 70% in the last twenty years (Deng & Pei 2009). Second, I looked for how disability is defined, measured, and culturally
understood at the national policy level and compared this with international standards. Last, I looked for educational policy for children with disabilities and how it is being implemented at the national policy level. Historical and cultural context is also interspersed in the analysis where appropriate. The next section will report strictly on the research findings and then will be subsequently analyzed and compared to international standards in the Discussion section.

**Research Findings by Country**

**Tanzania**

Tanzania had a history of free and compulsory education beginning with the British, and also with the post-colonial introduction of *ujamaa* (“unity”) socialism. President Nyere’s 1967 book *Education and Self-Reliance* led to one of earliest adoptions of universal primary education (UPE) in Sub-Saharan Africa (Tomasevski 2005). However, the 1980s and 1990s brought a period of structural adjustment of cost-sharing, cost-recovery and user-chargers in education that lead to the decline in gross enrollment rates in UPE from a peak of 98% in 1980 to a low of 77% in 2000 (Mungai 2002). Beginning in 2001, Tanzania began exploring the reduction of user fees for education and attained gross enrollment rates back up to 98% in 2006 (UNESCO 2010).

Within the Tanzanian legal framework, the Constitution guarantees the right to access education and pursue education to the highest level of merit and ability (LRCT 2010; Art. 11, cl. 2), that all people are born free and entitled to respect and dignity (Art. 12, cl. 1-2), all persons are equal before the law (Art. 13, cl. 1) and every person in Tanzania has the right to enjoy fundamental human rights (Art. 29, cl. 1). Under these auspices, a legal argument for the right to education of children with disabilities can be made by its citizens.
In defining ‘disability,’ the Ministry of Education and Vocational Training (2010) defines disability in categorical terms: blind/visually impaired, deaf/hearing impaired, physically handicapped, deaf-blind, and autistic. However, the 2007 National Education Statistics (MoEVT 2010) also includes the categories of “albino” and “dumb.” In collecting statistics, Tanzania approaches disability as a dichotomous variable.

According to the Tanzanian Disability Survey in 2008 (URTG 2009; Ruyobya & Schneider 2009), only 4 out of 10 children with a disability attend school during primary education. In secondary education the number drops to 5% and in tertiary education it drops further to less than 1%. There are 16 special schools in Tanzania, and 159 special units integrated into regular schools. Two-percent of children with disabilities are said to attend these schools. Currently there is only one Special Teacher Training College in Arusha, which trains teachers for children with disabilities (Schnell & Melander 2010).

Kisanji (1995), in a study of Tanzanian proverbs, found cultural attitudes to be generally favorable toward persons with disabilities. Proverbs included respect for individual differences, support for participation, responsibility of parent to raise any and all children, and community support. However, disability as related to curses from God or the sins of ancestors was still quite prevalent. Behavioral disabilities were considered non-conformist behavior in a very communitarian culture. In many communities, disability is a normal way of life. The Maasai tribe, in particular, is known for having a very inclusive society (Talle 1990). Parents in Tanzanian communities have cultural obligations to take care of their children with disabilities, which may explain the reluctance of some parents to send their children to schools away from their communities (Kisanji 1993).
The Tanzanian Basic Education Master Plan [BEMP] (MEC 2001) speaks of broadening the access and equity to schooling for children with disabilities. The mandate from the BEMP is to identify children with disabilities, establish disability categories, procure facilities, and revise curricula (MEC 2001). There is no substantiated mention of children with disabilities in the Secondary Education Master Plan (MEC 2000). The Education Sector Development Programme (MEC 2004) speaks of improving the facilities in school with disabled children. A closer reading of this policy identifies the promotion of separate facilities to specialize in the education of children with disabilities. This is further evidenced by the separation of school categories into “normal” and “disabled” (MEC 2004).

The reduction of educational fees and the re-introduction of education as a human right for all have put strains on the Tanzanian system and may lead to uneven implementation of educational policies - especially for children with disabilities. Educational resource allocation has adopted a needs-based formula, but equity gaps seem to be increasing. The pupil/teacher ratio in the poor rural areas is 70:1 while it is 44:1 in the rich urban areas (UNESCO 2010). Limited resources and unequal distribution often make the efficacy and implementation of human rights mandates such as the CRPD difficult.

India

The Indian Constitution was very recently amended to include a provision on education as a guaranteed right. Previously, education in the Constitution of India was presented as a directive principle rather than a fundamental right (Singal 2006). Ratified in 2002 and officially put into legal action in 2009, Article 21A states the right to free and compulsory education from age six to fourteen (MLJ 2010). Article 29, cl. 2 provides that education shall not be denied on
the grounds of religion, race, caste, or language (MLJ). Act 41 of the Constitution of India and
the 1995 Persons with Disabilities Act puts responsibility on the State to make effective
provisions for securing the right to work, receive education and public welfare for persons with
disabilities. This is a reflection of India’s international commitments after the signing of the
Salamanca Agreement in 1994 and the Proclamation on the Full Participation and Equality of

According to UNESCO (2010), India has one of the highest dropout rates and children
out of school populations in the world. Of this group, significant predictors for not being enrolled
in school include gender (girls), poverty, and disability. The 2001 Indian Census (MHA 2010)
indicates that over 6.5 million children of school-age (5-19) had a disability. Out of a total of 353
million school-aged children, this represents a disability prevalence of only 1.8%. This is
comparatively low in relation to other global measures of disability prevalence and brings into
question how disability is defined and measured. Singal (2006) has identified two different
statistical figures within the government of India, one that states that less than 1% of children
with a disability attend school and another that states that 67.5% of children with disabilities
attend school. This huge disparity makes an estimate as to actual attendance of children with
disabilities difficult, but it is safe to say that many children with disabilities are not going to
school in India.

Disability is defined in the Persons with Disabilities Act (MLJ 1995) as meaning
“blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental
retardation and mental illness.” Rather than viewing disability in terms of societal participation,
disability is defined in medical terminology - each term above comes with a precise medical
description of the disability. For example, hearing impairment means a loss of 60 db or more (MLJ). Disability definition in India is categorical, dichotomous and highly medicalized.

Cultural attitudes on disability in India continue to be centered around the caste system. The dalit caste, or “untouchables,” has traditionally been universally excluded from educational participation and is made up disproportionately of persons with disabilities (Nambissan 1996). Even though the caste system has been banned by the Indian Constitution, the cultural and social imprints still remain. In a study on the attitudes of Mumbai teachers towards students with disabilities, Parasuram (2006) found that younger, inexperienced teachers had a more favorable attitude toward disability than older teachers and that higher teaching credentials (Master’s) were correlated with a more favorable attitude as well. Parasuram suggests that this new generation is more attuned to changing global norms of disability awareness, but also did not find significant support for the inclusive education model.

India continues to promote a dual system of education, advocating for increased inclusion of children with disabilities in regular schools while also expanding its “special schools.” In the 1995 Persons with Disabilities Act (MLJ 1995), every child with a disability is ensured access to free and appropriate education until the age of eighteen. However, in Article 26, clauses b and c, it reads “[The Government shall] (b) endeavour to promote the integration of students with disabilities in normal schools; (c) promote setting up of special schools in Government and private sector for those in need of special education.” Singal (2006) notes that today there are over 2,500 special schools and growing. Approximately 450 of these schools receive government grants, while the majority is privately and autonomously operated. This dual system does not appear to be on its way to fading out. The National Policy for Persons with
Disabilities (MSJE 2005) and the Sarva Shiksha Abhiyan (MHRD 2004) primary education plan both call for the maintaining of special schools to meet the needs of children with disabilities. This is not to say that there are not plans for increased inclusion. The District Primary Education Programme (DPEP 2000) and the National Action Plan for Inclusion in Education of Children and Youth with Disabilities (MHRD 2005) both advocate for increased enrollment of children with disabilities in regular classroom settings; collaboration with international aid organizations brings with it the mantra of inclusion (Mani 1994).

Germany

The Basic Law for the Federal Republic of Germany (Bundestag 2008) firmly places the responsibility and rights of education in the hands of the States [Länder]. All German states have compulsory education laws, which vary from nine to ten years (Lohmar & Eckhardt, Eds. 2009). Hinz (2009) notes that States with Social Democrat majority leadership are much more receptive to inclusive education policies and progressive education. Federal compulsory laws include all children, and many of the state laws explicitly address the compulsory attendance of children with disabilities. These laws can be traced back to the early twentieth century (Lohmar & Eckhardt). The Basic Law also maintains that “No person shall be disfavoured because of disability” (art. III, cl. 3).

Disability definition was centrally realized with the Recommendations on Special Needs Education in the Schools of the Federal Republic of Germany in 1994 (Lohmar & Eckhardt 2009). Disability categories in Germany include bodily and motor development, chronic illness, emotional and social development, hearing, learning, mental development, multiple/unclassified, seeing, and speech (KMK 2008). Prevalence rates have been increasing since the end of World
War II from 2% to 6% of the population. However, disability is measured not as a continuous variable, but as a dichotomous one.

Germany has also been slow to integrate its children with disabilities population. Hilfsschulen were institutions prior to World War I where children with disabilities were placed. During World War II, Adolf Hitler exacerbated the previously mentioned trans-Atlantic eugenics movement and societal supports for persons with disabilities disappeared. In the 1960s and 1970s, the Sonderschulen emerged as a special schools model to accommodate all students with disabilities and solidified under the Hamburg Agreement in 1971 (Lohmar & Eckhardt 2009). Under that agreement, there are ten different types of Sonderschulen: schools for the blind, deaf, visually impaired, hearing impaired, mentally handicapped, physically disabled, sick, learning disabled, children with speech defects and children with behavioral problems. Thus, each Sonderschule specializes in a disability category as defined by the 1994 Recommendations on Special Needs Education in the Schools of the Federal Republic of Germany and by the individual states.

In 2006, of the total population of students with disabilities in Germany, 83% are served through a separate facility and 17% are served through their community school (Powell 2009). Hinz (2009) found that students with a migrant background are very over-represented in the Sonderschulen. While the parents of a child with a disability can advocate for their child to attend a regular community school, it is up to the discretion of the school supervisory authority to decide whether or not that child’s individual needs can be served in regular education. Parents are given the legal right to challenge this decision, but at their own expense. The German regular school system does not maintain Special Educators or special classrooms within the regular
school, although some states are beginning to turn *Sonderschulen* into resource centers (Powell 2009). The state of Hamburg has made an effort to eliminate disability labels in primary school and is fostering the development of integrated classrooms in the younger graders (Hinz 2009).

In terms of organization and curriculum content, the *Sonderschulen* reflect the same educational goals, lesson content, and performance requirements of the mainstream schools (Lohmar & Eckhardt 2009). The *Sonderschulen* also award equivalent qualifications and certifications as the mainstream schools and adequate resources are provided to meet the educational and curricular needs of the children with disabilities. For all intents and purposes, the *Sonderschulen* are segregating children with disability away from their social peers but providing a specialized educational service in return. In short the German maintenance and deep-entrenchment of segregated school systems poses a deep challenge to the inclusionary school model.

**Comparing National and International Policies**

In this paper, the concepts of *décalage* and *bricolage* were suggested as ways of looking at the similarities and differences between the CRPD and national policy. The previous section highlighted the national policies and characteristics contained in Tanzania, India and Germany in relation to the education of persons with disabilities. In this section an analytic comparison will examine the results of the three-country policy research and the tenets of the CRPD in which the three countries have ratified.

In the case of the three countries examined, none have met the inclusive education obligations as set forth in the CRPD. While I acknowledge that - in terms of United Nations agreements - the CRPD is still in its infancy, the *décalage* between international policy
agreement and national policy reality is quite substantial. In each case, the historical and cultural legacies play a direct role in creating the *bricolage* of the current educational policy on persons with disabilities.

The national policy *bricolage*, or hodge-podge collection of different ideas from different sources into one policy, includes one strong international norm: the legal possibility for educating persons with disabilities is now part of the structural framework for each country. The Tanzanian Constitution guarantees primary education to all, equal access before the law, and fundamental human rights to all (LRCT 2010). There has also been considerable movement to eliminate school fees. The Constitution of India now guarantees education as a fundamental right (MLJ 2010) and the Indian Persons with Disabilities Act puts into place guarantees for education for children with disabilities (MLJ 1995). In Germany, the Basic Law and the laws of every state guarantee free and compulsory education to all, specifically mentioning students with disabilities (Bundestag 2008; Lohmar & Eckhardt, eds. 2009). In each case, legal frameworks make a case for equal access to education for children with disabilities.

The definition of the term ‘disability’ in each country begins to highlight the *décalage* and *bricolage* between progressive international thinking and established national systems of thought. All three countries use categorical and/or dichotomous definitions that have origins in the medical model of disability definition. This analysis is less of a singling out of these three countries and more of a highlighting of a problem in all countries. Having categorical medical labels is still the most convenient and efficient way of educational service delivery in the eyes of most policy makers. The UN definition of disability, then, can be recognized as more of an aspirational model rather than the situational reality. This difference also highlights the
generative tension between scientific authority and individual empowerment through human rights. Because science carries considerable universality, nations may be slow to pull away from medical authority on disability issues in deference to an individual rights framework.

Within the countries in this study, a definition of disability can be constructed by the culturally specific context in which it is placed. The Tanzanian definition is most focused on visible, physical disabilities and exists somewhat outside the sphere of Western psychological thought. The inclusion of autism as a disability category can be seen a reflection of global awareness on this area, but using a category like “dumb” in the national disability statistics (MoEVT 2010) does not reflect a socially progressive international approach or even a more advanced medical model of defining intellectual, psychological or emotional disabilities. The use of “albino” as a disability category is culturally significant in the country of Tanzania and represents an attempt to recognize socially disadvantaged groups that were traditionally considered outside of society.

India’s definition of disability includes both physical and mental disabilities as well as a context-specified category of “leprosy-cured” (MLJ 1995). This is more closely aligned with international standards of disability categorization but, again, does not reflect the social-ability model as presented by the UN. India has a deeply entrenched tradition of social classification and stratification in the caste system, which suggests that the further categorization of people into a ‘disability’ category in the dichotomous sense could further isolate this group as extraneous or ‘special.’

Of the three countries, Germany’s definition of disability is perhaps the closest to the international standard. By having more ambiguous and broad labels and defining categories in
terms of ‘development’, a slightly more continuous variable is reached. However, ambiguity
does not directly translate to a view of disability as a spectrum across all members of society. As
will be discussed, Germany’s perpetuation of a segregated school system still maintains an
‘either-or’ scenario of disability.

All three countries contain a predominantly exclusionary school system for students with
disabilities. Tanzania is in a period of transition as it eliminates school user fees and faces the
challenges of the huge demand for primary education. However, some evidence from the
Education Sector Development Plan (MEC 2004) suggests that separate facilities be maintained
and expanded. This is in violation of the CRPD agreement. Similarly, India also is expanding its
special schools program (Singal 2006). While some education schemes call for increasing
inclusive education (MHRD 2007; MHRD 2005; DPEP 2000), these can be best viewed as
promotions from international aid organizations and not originating from India itself. Kalyanpur
(2009) suggests that self-advocacy for the right to be included is more difficult in Eastern
countries like India than in more individualistic cultures such as the United States.

Germany provides an interesting case of the segregative educational service delivery
model for children with disabilities. Of the three countries here, Germany has a much better
record of providing services for children with disabilities and near 100% attendance from that
group. However, over 80% of the students with disabilities attended separated Sonderschulen.
These schools offer a similar structure to mainstream community schools. Thus, Germany has
more students with disabilities attending public school than the other two countries, provides
them better specialized services, but also excludes children with disabilities from their school
peers. This is not in agreement with the UN CRPD model of inclusionary education, and
provides perhaps the most glaring example of décalage between international and national policy.

Under the world society theoretical concept, it is understood that ‘peripheral’ countries will look different than their ‘core’ colleagues and, while motivated to become more like the core, will also have further to go. Germany has long enjoyed being a developed nation with considerable influence. Given its status as a core nation in the isomorphic framework, Germany’s segregated school system stands out most of all. I am not arguing for a relative scale of international standards but, rather, that countries with advanced human rights and with strong financial resources should be more forthcoming in the realization of the human rights treaties in which they are a core constituent. In the next section, barriers to human rights implementation for persons with disabilities will be identified that can help explain the amount of décalage seen in the policy analysis.

**Barriers to Inclusive Education**

The wall blocking the path to full inclusive education is built of two different kinds of bricks. First, nations must have the *motivation* to commit to an inclusive education model. This encompasses a paradigm shift of cultural inclusion within the greater society and not just within schools. Political will in this area must contain a sense of moral justice to alleviate historical segregation. A certain degree of international accountability must also be present in order to influence this political will. The second brick that must be removed is that of the *resources* to follow-through. It is these two things - cultural/political will and national resources - that present the two greatest obstacles to the realization of inclusion. While they can be separated and
discussed, they are often intertwined to such a degree that it becomes hard to tell what problem came first.

The first item to note is that all three countries are not meeting their obligations to inclusive education as laid out in the CRPD. This brings up the ever-contentious issue of UN authority versus State sovereignty. Stacy (2009) argues that while direct intervention is not appropriate in this case, soft approaches such as INGO assistance, trade, and treaties can be used to convince a nation to change its view on a particular human right. As noted earlier, there must be a distinction between the promotion of general international rights by external groups and promoting specific religious or political agendas. Stacy also suggests that regional human rights courts be allowed to use a ‘margin of appreciation’ to use evidence from INGOs, trade accords, and human rights agreements to set legal human right benchmarks. This could be relevant for persons with disabilities to challenge their national justice systems to realize their inherent rights using international evidence such as the CRPD. This is similar to how disability education rights were established in the United States through legal precedent.

The issue of cultural relativity is also an important concept with which to wrestle. Obviously, the UN does not want to put itself in the position of cultural imposition, but it also wants to promote a directive principle of universal human rights that lies outside the jurisdiction of national sovereignty. Earlier in this paper, Goodman & Jinks (2005) provided a theoretical framework in which they saw the process of acculturation shift a nation’s thinking over time. Signing the CRPD is an important cultural first step in promoting rights for persons with disabilities in countries where they have none or very little. The process of acculturation is not an
overnight change, but progresses slowly. The faster way to address human rights within cultures is often the most pragmatic.

Poverty and disability are very strongly intertwined. Elwan (1999) found that the inter-correlation between the two was so high that they seemingly come hand in hand. Causation of these factors becomes extraordinarily complicated. Not only can disability lead one to poverty through marginalization, exclusion, lack of adequate health care, malnutrition, and so on; but these factors are also highly correlated with the risk of developing or being born with a disability in the first place. In short, it is a vicious cycle.

Those in poverty are already living on the periphery of society. This is especially the case in rural areas, which experiences a disproportionate prevalence of disabilities (Elwan 1999). In developing countries, many researchers have found that attitudes towards persons with disabilities take on three different tenets at the policy level. First, meeting the needs of persons with disabilities is considered too expensive. Second, it is argued that the needs of the majority are not being met and will have to be addressed before those with disabilities in the minority. Third, expenditure on services for persons with disabilities is considered to be a negative tax relationship and will not see a return on investment in the labor force (Abosi & Koay 2008; Eleweke & Rodda 2002; Mba 1995).

In India and especially in Tanzania, poverty continues to be a major barrier to both the will and the resources to implement wide-scale inclusive education. While both countries have stable democratic governments, in at least the Tanzanian case the efficacy and reach of the federal government to provide services to the rural areas and the poor remains low (Wedgwood
In Germany, as mentioned earlier, the issue is not a matter of resources but of political will to change.

The level of participation of INGOs and IGOs has an effect in creating norms across world society. This is important to note when talking about India and Tanzania, where INGO and IGO involvement is substantial. In Tanzania, over 40% of the governmental expenditure on education comes from external donors (Wedgwood 2005) and these billions of dollars are not without strings attached. India continues to receive billions of dollars from external donors - $1.5 billion for the DPEP program alone (MHRD 2007) - and there are currently over 4,000 NGOs involved in specialized education. However, only 500 of these organizations are specifically focused on inclusive education (MHRD). INGOs often inculcate the *bricolage* of policies by introducing external ideas into an already contextually complex policy origination.

The criticisms of the coercive relationship between donor and recipient often point to the hidden (or not so hidden) neo-liberal ideology behind these funds (McGinn 1997). Critical disability researchers are particularly skeptical that neo-liberal ideologies can support persons with disabilities. Neo-liberal policies have increased marginalization and impoverishment of persons with disabilities (Devlin & Pothier 2006), led to inconsistencies and uneven discretionary spending (Rioux & Valentine 2006), kept wages low through exclusion of disability in the mainstream labor market (Russell 2001) and devalued the participatory citizenship of persons with disabilities (Malhotra 2006). In the case of Tanzania, the introduction of user fees in education where previously it was free drastically reduced participation across all children, but especially children with disabilities (UNESCO 2010; Mungai 2002).
The UN (2007) makes a strong case that inclusive education is far cheaper in the long-run than segregated school systems. Maintaining multiple school sites instead of single school sites in a community means extra administrative costs, extra physical plant costs, and extra transportation costs. It is estimated that nearly 80% to 90% of children with specific learning disabilities - such as dyslexia and other speech-language challenges - can easily be integrated in regular classrooms with basic support (UN 2007).

Designing new schools and retrofitting old schools to be universally accessible is a good cost-benefit practice. Snider & Takeda (2008) found that making accessible facilities from the outset has an additional cost of only 1% and retrofitting existing buildings cost an additional 5% of the total cost. Other studies find the cost to be even less than that (WB 2005). Inaccessibility has significant cost implications. Restricting of prevention universal access to buildings limits the economic participation of all those who wish to take part (including the largest, and wealthiest group of persons with disabilities - the elderly) and represents a sustained loss of productivity. Countries that rely on the tourist industry, for example, stand to lose 15 to 20% of the global market share if their facilities are not universally accessible (Márquez et al. 2007).

Up until now, disability in this paper has been viewed in relation to human rights. I argue that this is the most important approach to disability policy, but there are compelling human capital arguments to be made for greater inclusion and investment in persons with disabilities. Metts (2004) estimates that the total global GDP lost due to disability to be around $31.9 trillion dollars. Taking into account the higher level of investment for a person with a disability and the variance in potential economic output, the GDP loss of not investing in education and employment of persons with disabilities is still in the trillions of dollars.
Initial investment into an inclusive education is not cheap, and developing countries are often frustrated by not being able to meet the barrier of entry into a cheaper, more sustainable system. As noted earlier, once motivation to implement inclusive education becomes a reality, there is still the issue of devoting resources and making structural changes through policy a reality. While not the most desirable for the critical or dependency theorist, INGOs and IGOs can play a significant role in inclusive education investment and promotion in developing countries. Positive examples of change, both pre and post-CRPD, can be seen in Finnish investment in Kosovo (Sommers & Buckland); INGO supported and local government-initiated policies in Laos and South Africa (UNESCO 2010); and the long-standing partnership between the University of Vermont and Honduras in establishing and promoting inclusive Escuela Nueva schools (Peters 2003). Successful inclusive systems in these examples are partnerships between external investors and local leaders. By empowering local action on disability rights issues and respectfully promoting local capacity-building, coercive elements of INGO/IGO involvement can be reduced or eliminated.

Given these very serious barriers to inclusive education, there is still hope that the policies as laid out in the CRPD can still be realized in every country, regardless of the resources available. In the next section, I will outline policy recommendations for inclusive education that can be applied to the three countries in this paper and generalized more broadly across all countries.

**Policy Implications and Conclusion**

I identify five areas of policy change that can promote more inclusive education systems both specifically in the three countries of this study and in a generalized global sense:
1. Activate Parents

In countries such as Tanzania, parents keep children with disabilities from attending school because of the cultural belief of family obligation (Kisanji 1993). Empowering parents to believe in the societal rights of their children with disabilities, in the Goodman & Jinks (2005) model, can greatly influence policy makers to make the changes that are promised in the CRPD. Parents need to be educated as to what exactly these rights are and what is possible for their son or daughter. They also need to be highly involved in collaborating with the school as to the best education for their child. As Alur & Bach (2010) identify, this can be particularly effective in non-Western countries like India where joint and extended families are involved in raising children and can provide greater emotional and physical support. In Germany, Hinz (2009) suggests that parents are key to changing disability policy in a nation that is not desperate for educational resources.

2. Train and Support Teachers

Eleweke & Rodda (2002) show that lack of training and materials for teachers is a major obstacle in the implementation of effective inclusion in developing countries. Training teachers to not only embrace diverse classrooms, but developing and sustaining their capacity and skill to successfully deliver differentiated curriculum will get teacher buy-in to an inclusive system. Training teachers in creating ‘supportive classrooms’ (Williams et al. 2001) and using pedagogical techniques such as cooperative learning (Schwarz 2006) will benefit all students. As in the case of India, better trained and supported teachers have a better attitude and higher expectations towards students with disabilities (Parasuram 2006; Singal 2009; Alur & Bach 2010).
3. Improve Facilities and Build Neighborhood Schools

Schwarz (2006) suggests that attending a community school can offer opportunities, supports and benefits that extend beyond the walls of the school. Transportation and/or displacement costs of sending a child with a disability to a far-away specialized school can be prohibitive. This can be eliminated by creating neighborhood schools. Powell (2009) points out that Germany is starting to introduce resource rooms into mainstream schools and turn Sonderschulen into community resource centers. Schwarz would further suggest that resource rooms and centers can benefit all students, enhancing academics and reducing the stigmatization of seeking or needing extra resources.

4. Move Beyond Labels

All three countries in this study used a dichotomous measurement in constructing disability. This is a remnant of the previous Medical Model that creates segregation and alienation of the ‘other.’ Labels and categories dehumanize all of us and restrict our opportunity to realize our possibilities (Schwarz 2006). Schools can recognize that each student has individual needs on a continuum, and accommodate the wide spectrum of physical, emotional, and academic needs within all students. Crawford (2009) suggests that teachers and educational culture can support a de-emphasis on labels and instead focus on interests, strengths and needs related to learning, creativity and socialization with peers. This is not to say that differences between us are to be ignored, but rather celebrated as the new ‘normal’ human experience.

5. Make School Segregation and Exclusion Illegal

Eleweke & Rodda (2002) make the case that mandatory laws and policies for inclusive education are necessary in order to protect students’ rights, set specific frameworks, provide
consequences for non-compliance, open up room for litigation, creating evaluation and monitoring procedures, and secure financial backing. Judicial and legislative action on eliminating ‘separate, but equal’ policies have provided legal and practical support for inclusive systems in the US (Turnbull, Turnbull & Wehmeyer 2007), the United Kingdom (HSESC 2006), and other Western countries. Alur & Bach (2010, p. 51) suggest that NGOs can play a positive role in shaping both inclusion policy and integrated services in India, in what they call a “top down bottom up” approach.

As world society theory has demonstrated, countries sign on to international human rights treaties because of normative, mimetic, or coercive processes. The ability or intention to implement the actual policies within the treaty are often a secondary consideration. In the case of Tanzania, India, and Germany, a mixture of different reasons were offered as to the décalage between international policy and national policy. Often the bricolage of history and culture become entangled in external ideas and the process of acculturation and hybridization slowly sorts international initiatives out so that they make sense to the local population.

The promotion of universal global rights for people such as those with disabilities is important in the sense that disability is such a culturally constructed phenomenon. As in the example of the town of Geel, people are not considered disabled until they are told so. As Schwarz (2006, p. 86) astutely points out, “Disability is part of the normal human experience ... we will all have a disability someday if we are lucky enough: old age.”

It was also suggested in this paper that the exclusion of persons with disabilities in education leads to negative economic and social consequences. Inclusive education is an opportunity not only to support the full economic participation of persons with disabilities later
in their lives, but it also provides an opportunity for all students to learn about societal diversity from an early age. If education is to be considered as much about social learning as it is about academic learning, then the exclusion of ability diversity in the classroom is a disservice to all students when they face the reality of ability diversity in their adult lives.

Disability activist Neil Marcus once remarked, “Disability is not a brave struggle or ‘courage in the face of adversity.’ Disability is an art. It’s an ingenious way to live” (cited in Ehrlich 2006, p. 58). There is the potential for at least 650 million people to live an ingenious life, and through the CRPD a rights framework is now in place to support it. International support for the CRPD has been positive, awareness has been growing, and by looking at three specific cases I hope to add to the understanding of better implementing its policies in the future.
REFERENCES


APPENDIX A

National Action Regarding the CRPD
August 2010
Source: UN Enable 2010

Ratified Convention and Protocol

Argentina
Australia
Austria
Azerbaijan
Bangladesh
Belgium
Bolivia
Bosnia & Hrz.
Brazil
Burkina Faso
Chile
Cook Islands
Costa Rica
Croatia
Dominican R.
Ecuador
El Salvador
France
Germany
Guatemala
Guinea
Haiti
Hungary
Italy
Mali
Mexico
Mongolia
Montenegro
Morocco
Namibia
Nepal
Nicaragua
Niger
Panama
Peru
Portugal
Rwanda
San Marino
Saudi Arabia
Serbia
Slovakia
Slovenia
South Africa
Spain
Sudan
Sweden
Syria
Tanzania
Tunisia
Uganda
Ukraine
UK
Yemen

Ratified Convention

Algeria
Canada
China
Cuba
Czech Rep.
Denmark
Egypt
Ethiopia
Gabon
Honduras

Signed Convention & Protocol

Andorra
Antigua & B.
Armenia
Benin
Bulgaria
Burundi
Cambodia
Cameroon

Signed Convention

Albania
Bahrain
Barbados
Brunei
Cape Verde
Colombia
Comoros
Dominica
Estonia

No Action

Afghanistan
Angola
Bahamas
Belarus
Belize
Bhutan
Botswana
Chad

Percentage of Each National Action on the CRPD in Relation to the Entire UN General Assembly
# APPENDIX B

National Characteristics for Tanzania, India and Germany

<table>
<thead>
<tr>
<th>CRPD Action</th>
<th>Germany</th>
<th>India</th>
<th>Tanzania</th>
</tr>
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<tbody>
<tr>
<td>Continent</td>
<td>Europe</td>
<td>Asia</td>
<td>Africa</td>
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<tr>
<td>HDI (UNDP 2009)</td>
<td>25 / 185</td>
<td>137 / 185</td>
<td>154 / 185</td>
</tr>
<tr>
<td>GDP-nom. (WB 2010)</td>
<td>$ 3.65 Trillion (4th)</td>
<td>$ 1.22 Trillion (12th)</td>
<td>$ 20 Billion (93rd)</td>
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<tr>
<td>Gini Index (UNDP 2008)</td>
<td>28.3 (11th)</td>
<td>36.8 (53rd)</td>
<td>34.6 (42nd)</td>
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<tr>
<td>Literacy (CIA 2010)</td>
<td>99%</td>
<td>61%</td>
<td>69.4%</td>
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<td>Population (CIA 2010)</td>
<td>82,329,758</td>
<td>1,156,897,766</td>
<td>41,048,532</td>
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<tr>
<td>Number of Languages (CIA 2010)</td>
<td>1</td>
<td>14+</td>
<td>3+</td>
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<td>Education Spending as a % of GDP (CIA 2010)</td>
<td>4.6% (82nd)</td>
<td>3.2% (140th)</td>
<td>2.2% (164th)</td>
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<tr>
<td>Government (CIA 2010)</td>
<td>Federal Republic</td>
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APPENDIX C

Primary and Secondary Documents Used for Policy Analysis

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<th>Country</th>
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<th>Secondary Document (and source)</th>
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<tr>
<td><strong>Tanzania</strong></td>
<td><em>The Constitution of the United Republic of Tanzania (LRCT 2010)</em></td>
<td><em>Sector Based Educational Development Funding (Mungai 2002)</em></td>
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<td><em>Secondary Education Master Plan 2001-2005 (MEC 2000)</em></td>
<td><em>Disability Rights in Tanzania (Schnell &amp; Melander 2010)</em></td>
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<td><em>Basic Education Master Plan 2000-2005 (MEC 2001)</em></td>
<td><em>Notes on the concept of disability among the pastoral Maasai in Kenya (Talle 1990)</em></td>
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<td><em>Education Sector Development Programme (MEC 2004)</em></td>
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<td></td>
<td><em>Ministry of Education and Vocational Training (MoEV 2010)</em></td>
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<td></td>
<td><em>An Act to amend the Education Act, 1978, to establish the Higher Education Accreditation Council, to provide the procedure for accreditation and other related matters (PURT 1995)</em></td>
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<td></td>
<td><em>2008 Tanzania Disability Survey (URTG 2009)</em></td>
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<td><strong>India</strong></td>
<td><em>Empowerment through education: Identification and enrolment of children with special needs in DPEP (DPEP 2000)</em></td>
<td><em>The Journey for Inclusive Education in the Indian Sub-Continent (Alur &amp; Bach 2010)</em></td>
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<td></td>
<td><em>Census of India 2001 (MHA 2010)</em></td>
<td><em>Cultural Variations on the Construct of Self-Advocacy in the Indian Context (Kalyanpur 2009)</em></td>
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<td></td>
<td><em>Sarva Shiksha Abhiyan (MHRD 2004)</em></td>
<td><em>Equity in Education? Schooling of Dalit Children in India (Nambissan 1996)</em></td>
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<td></td>
<td><em>National Action Plan for Inclusion of Children and Youth with Disabilities (MHRD 2005)</em></td>
<td><em>Variables that affect teachers’ attitudes towards disability and inclusive education in Mumbai, India (Parasuram 2006)</em></td>
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<tr>
<td>Germany</td>
<td>United Nations</td>
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<tr>
<td><strong>Primary Document (and source)</strong></td>
<td><strong>Secondary Document (and source)</strong></td>
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<td><em>Special Education Support in Schools 1997 to 2006</em> (KMK 2008)</td>
<td>To Segregate or to Separate? Special Education Expansion and Divergence in the United States and Germany (Powell 2009)</td>
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<td><em>The Education System in the Federal Republic of Germany 2007</em> (Lohmar &amp; Eckhardt, Eds.)</td>
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<td><strong>United Nations</strong></td>
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<td><em>Convention on the Rights of Persons with Disabilities and Optional Protocol</em> (UN 2006)</td>
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