Nature/War Framework of Disability: Potential Disconnect Between Cambodian Government and Local and International Communities Regarding Disability

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Abstract

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The recent genocide and civil wars in Cambodia have produced various disabilities in Cambodia. Local Cambodian Disabled Peoples Organizations, international non-governmental organizations, other international agencies, and the Cambodian government have attempted to address challenges faced by persons with disabilities. Are these efforts collective or is there a disconnect between these entities?

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Introduction

As a disabled Khmer refugee who came to the United States during the late eighties and grew up in the United States, I was afforded many opportunities to live a quality life and participate in sectors of society such as education, employment and recreation. I learned from educators, medical professionals, peers and other people how to navigate this country as a blind person. I was taught the skills that would enable me to live, work and travel as independently as possible, and be successful at school and at work. As I grew older, I began learning about the civil laws that protected me from being discriminated against based on my ethnicity, my disability and my socio-economic status. Like a lot of Southeast Asian refugees who settled in the United States, my family and I settled in the low-income area of Tacoma, Washington. Despite these opportunities, it is important to acknowledge the fact that there is still a lot of work that needs to be done. Various sectors of society such as education and employment remain inaccessible to many disabled people. One reason is law and legislation meant to provide equal and equitable access to services and sectors of society are not enforced the way people think they should be enforced. That topic is beyond the scope of this thesis. However, it is partly responsible for why I have attempted to look into Cambodia regarding disability.

Growing up in the United States, I never thought about how the lives of persons with disabilities in Southeast Asia, particularly Cambodia may be impacted by social, cultural,

economic, political and environmental forces. Considering Cambodia was emerging from a long civil war and a genocide that produced various types of disabilities. I heard reports here and there about work being done around landmines and my mom who kept in touch with her side of the family would talk about the United Nations Transitional Authority in Cambodia (UNTAC) at times. When I was in elementary, Cambodia was attempting to have its first democratic election brought on by the signing of the Comprehensive Political Settlement of the Cambodia Conflict on October 23, 1991 in Paris.

UNTAC's purpose was to keep the peace between the different political factions in Cambodia during this transition. UNTAC was to Ensure agreements on the Political Settlement were implemented. During the transitional period, UNTAC was given a mandate that included elements relating to human rights, the organization and conduct of free and fair general elections, military arrangements, civil administration, the maintenance of law and order, the repatriation and resettlement of the Cambodian refugees and displaced persons and the rehabilitation of essential Cambodian infrastructure (peacekeeping.org). My parents and other people spoke about amputees and people with other physical disabilities in Cambodia during that time, but not about other types of disabilities. I did not begin to research how life for people with disabilities may look for people in Cambodia until junior college and college.

When I began researching how persons with disabilities were accessing education, employment and other sectors of society in Cambodia, I got mixed results. One group or organization had a PDF of guidelines on etiquette for disabled Khmers. The guidelines were meant to educate the public on how not to treat disabled Khmers, how to interact with them and how society can help enable the integration of persons with disabilities into society. Another organization was teaching blind Khmers computer and other skills that would enable them to

find employment and gain access to education. I reached out to one of the students and asked him a few questions about his experience with the Cambodian education system as a blind person. He said as much as the organization has given him the skills he needs, the university did not really work with him. Instructors and other students are not very helpful when he needs help with some assignments and other school-related tasks.

I did a little more research and came across a French NGO called Krousar Thmey (New Family) that has been around since 1991. They began working with disadvantaged children in Site II, a refugee camp along the Thai-Cambodia border. They eventually established schools for deaf and blind children in Cambodia in 1994 and 1996. They came up with Khmer Braille which has borrowed some principles from Thai Braille. I will talk about Krousar Thmey more in-depth later in my thesis. I interviewed a couple of students who lived and learned at Krousar Thmey's center. They told me they did not think they learned very much during their time at the center. They think the organization was predatory. The organization only cared about money not about the students.

One of the students expressed interests in math and science. He wished there were more math and science instructors who knew how to instruct blind students in those subjects. He told me how much worse the situation was for blind people in Cambodia compared to the United States. Participation in sectors of society such as education and employment are virtually impossible. Legislation meant to ensure persons with disabilities can work and go to school are not enforced. His sentiment toward the Cambodian government is it doesn't care about Cambodian citizens.

After college, I got the opportunity to explore international development and foreign affairs in Washington, DC and gain deeper knowledge about how cultural, social, political,

economic and environmental forces were impacting the lives of persons with disabilities around the world through an internship program hosted by the United States International Council on Disabilities. The purpose of the internship program was to give disabled youths an opportunity to gain exposure to the fields of international development, foreign affairs and STEM. Each participant would be placed at an organization that addressed areas from refugees to voters with disabilities. I was placed at World Learning. World Learning was established after World War II. The founders of the organization wanted US policymakers to experience the cultures of the world. Today, World Learning administers international development, education, and exchange programs funded by the United States Department of State. Through that internship, my supervisor, Amy Reid, was able to arrange a meeting with the ambassador from Cambodia to the United States, His Excellency Ambassador Chhum Bonrong, at the Cambodian Embassy.

I wanted to meet with Ambassador Bonrong because I wanted to talk with him about disability in Cambodia. I have read and heard many accounts of the state of disability rights in Cambodia from organizations and individual people. I have never heard anything from the Cambodian government. I thought I could have a substantive conversation with Ambassador Bonrong about disability in Cambodia. Instead, he gave my supervisor; Amy Reid, Jennifer Whatley; another World Learning staff who has done international development work around civil society, democracy, and human rights in Cambodia, and me a two-hour session of story time.

After everyone in the room introduced themselves, Ambassador Bonrong began by asking how I became blind. “Were you blind by nature or by war?” I told His Excellency, “By nature. I am congenitally blind.” Ambassador Bonrong spoke a lot about charity and war-related injuries regarding disability. when he spoke about work, he always used the term "laborious." He

would say something like "the disabled person was more laborious than the non-disabled person." That could mean anything from the disabled person was more dedicated than the non-disabled person, the disabled person put more effort in to his or her work than the non-disabled person, the disabled person labored more than the non-disabled person, and so forth.

Ambassador Bonrong brought up charity organizations many times during our meeting. He said nothing about any efforts by the Cambodian government to uphold the third chapter of the Cambodian constitution, which guarantees rights to every citizen including women, children, and people with disabilities. I do not know Ambassador Bonrong's educational, professional, and other background; however, he did not seem very knowledgeable about the topic of disability rights or human rights in general. Ambassador Bonrong avoided answering many of our questions and kept repeating his accounts of persons with disabilities and charity organizations.

Ambassador Bonrong's initial question to me raised an interesting point about the attitudes of the Cambodian government and Cambodian society toward disability considering Cambodia's recent history of war and genocide, where human rights including disability rights were not introduced to the country until the early 1990s through a United Nations mandate. During that time (the early nineties) many cases of disability in Cambodia may have been from combat-related injuries or landmines which impacted civilians and veterans. Today that is not the case according to two members of my supervisory committee and international organizations such as Humanity and Inclusion (formerly Handicap International). A lot of disability cases today are from diabetes, road traffic injuries and other causes unrelated to landmines. I do not know if I am the first person whom Ambassador Bonrong has met who was not disabled by "war," but instead by "nature," but the way he was telling his stories, it seems he hasn't met

many or any people who have been disabled by nature or people who were congenitally disabled or people who acquired a disability later on in life but by means unrelated to landmines.

I am new to the field of Disability Studies. Before I entered the MA in Southeast Asian Studies program and taking a couple Disability Studies courses to help guide my research, I only knew how it was like to be disabled not how it was like to study disability. In my thesis, I am interested in studying potential gaps or frictions between logics and models of disability reported by national and international organizations, government agencies, and persons with disabilities. The field of Disability Studies has developed various models of disability that approach disability from different aspects such as the medical model and social model. What about models of disabilities that are not documented or discussed in scholarly discourse? By analyzing government legislation and policy, NGO reports, UN and ASEAN policy, and conducting interviews with members of Disabled Peoples Organizations in Cambodia and a member of the faculty from UW's School of Social Work, I want to identify logics of disability and models of disability in Cambodia. Essentially, I am taking a Southeast Asian Studies approach to Disability Studies.

I will also be looking at case studies and other scholarly works by Khmer and non-Khmer scholars. These case studies and other studies have been conducted in Cambodia and in refugee camps along the Thai-Cambodian border, particularly Site II, where active members of Cambodian resistances to the then-government of Cambodia and former soldiers of those factions and civilians who were disable during combat or from having encountered land mines during trips to and from the camp or while working in the fields resided. Factors I will consider include the history of disability legislation in Cambodia, which model of disability the government and society of Cambodia subscribe to according to the findings of other scholars, if

these disability legislations have benefited persons with disabilities or further excluded them from sectors of society such as education and employment, if western ideas of human rights help or hurt the efforts of disabled people's organizations and other organizations in Cambodia, and public opinion in Cambodia on disability via electronic, radio and television broadcasts. Since only one Cambodian government official has expressed disability in a nature/war framework to me, and international and local communities are not too focused on landmines, I want to know where the disconnect might be between the Cambodian government and the local and international communities regarding disability. What challenges might local disabled Peoples Organizations face?

II. Defining Disability and Models of Disability

Disability is not easy to define. One factor that makes categorizing different types of disabilities difficult is the learning abilities and emotional experiences of individual bodies highly vary. Those experiences and abilities may change with one person or differ from person to another. Furthermore, depending on the condition of the person, the label disability may only be applied to that particular person on a temporary basis. This point is particularly relevant to people with chronic ailments such as chronic fatigue syndrome and multiple sclerosis. Notwithstanding this fact, Service and labor providers expect disabled people to have fixed functioning capacities which can reliably be measured. "The nature and extent of impairments occur on a continuum, rather than on one or other side of a clear boundary distinguishing ability and disability Marks 1997)." Out of all registered blind people, only 4 percent are totally blind, only a small number of deaf people have absolutely no hearing, and many paralyzed people have some control of their muscles and can feel some temperature and pressure. This view of

disability as a clear cut, fixed condition along with other factors make categorizing disability difficult.

Disability Studies scholars, medical doctors, social scientists, and other academics and professionals have developed various models of disability to describe disabilities and address the needs of disabled persons. What model the government and society of a country subscribes to changes over time due to the attitudinal changes of government and society of that country. The development of these models is driven by two fundamental philosophies—disabled persons are dependent upon society and disabled persons benefiting from what society has to offer. Possible implications of applying the philosophy that disabled persons are dependent upon society include paternalism, segregation, and discrimination. Possible implications of applying the philosophy that disabled persons are customers of what society offers include choice, empowerment, equal enjoyment of human rights, and societal integration (Marks 1997). My research has found the models Cambodia subscribes to are the charity-based model, medical model and tragedy/charity model. Cambodia has also ratified the United Nations Convention on the Rights of Persons with disabilities, a legal treaty that addresses disability on the basis of human rights. So I will only describe these models in my thesis.

The medical model of disability was developed primarily by medical doctors and is used by the World Health Organization to address disability. The medical approach of addressing disability focuses on preventing, curing, or caring for disabled people. The model focuses on individual people and sees disability as a pathology. The key concern is making an accurate medical diagnosis of the condition of the disabled person. Medical definitions of disablement are often used by policy-makers in order to assess prevalence of disability and to provide treatment, services, and benefits. There are many international definitions of disability. The most widely

used is the International Classification of Impairments, Disabilities, and Handicaps (ICIDH). This international classification system is a supplement to the World Health Organization's International Classification of Diseases.

Generally, the ICIDH defines disablement in three parts. “Impairment is defined as any loss or abnormality of psychological, physiological or anatomical structure or function. Disability is defined as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap occurs out of the disadvantage to an individual resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors) for that individual (Marks; 1997).” Therefore, impairment is related to the body; disability is the consequence of impairment of any organ of the body; and handicap is social consequence of deficient ability (Marks; 1997, Disabled World).

In the United States, the use of the medical model can be seen in some of the social services provided by the government and even some universities when providing accommodations to students and faculty with disabilities. In order to receive these services such as certain disability benefits, clients are required to provide a medical diagnosis from a medical professional. When using the medical approach to provide reasonable accommodations to students with disabilities, the universities that use that approach will ask question such as "Do you wet the bed?" and other questions that may make students uncomfortable. The University of Washington's Disability Resources for Students requires a doctor's note in order to provide services to students with disabilities, but doesn't go any further than that. The rest of the department operates on the social model of disability.

The tragedy and/or charity model of disability treats disabled people as victims of circumstances, deserving of pity. This model of disability and the medical model of disability are probably the models used most by non-disabled people to define and explain disability. This model has traditionally been used by charities in the competitive business of fund-raising. A common application of this model can be seen in television ads about children in need. These ads show disabled children alongside other young "victims" of poverty, famine, and other circumstances. This model treats disabled people as charity cases who need care because they cannot care for themselves (theweb.ngo, Disabled World).

Unlike the medical and tragedy/charity models, the social model of disability focuses on society instead of the individual. This model attempts to show that the oppression of and discrimination against disabled people are brought about by how society views disability. The social model does not put disability and impairment in the same category. Impairment is defined as any condition related to the body and mind, while disability is defined by how society and the environment responds to that impairment. "Exclusion of disabled persons from society is politically analyzed as the result of barriers and discrimination (Degener. For example: universities may not be willing to provide reasonable accommodations to disabled staff, faculty, and students such as course-related and work-related material in alternative formats such as large print, excluding them from participating in education and employment. Businesses may not want to add ramps to their entrances, excluding wheelchair users from accessing their services.

The human rights-based model of disability is sometimes thought of as an offshoot of the social model of disability. But unlike the social model which focuses on how society responds to impairment, the human rights model focuses on the rights of persons with disabilities. The basis of this model is that disability rights is part of human rights. This model does not differentiate

between disability and impairment. Instead, the rights-based approach perceives every type of disability as inherent to the human condition. Disabilities are not perceived as factors that limit potential contributions to society. Instead, disabilities are seen as factors that diversify the range of potential contributions, and the range of mechanisms to ensure the potentials of disabled persons are realized. “Thus, a rights approach presumes that society is obliged to provide whatever mechanisms are necessary for individuals to realize their rights. In the case of people with disabilities, this may involve the provision of supports, services, and aids to enable social and economic integration, self-determination, and the enjoyment of legal and social rights. Underlying this presumption is the principle that all people have the right to participate and to exercise self-determination as equals in society. Theoretically, a rights-outcome approach constructs an analysis of how society marginalizes people and how society can be adjusted to eliminate this marginalization (Rioux and Carbert, Deneger).” There are significant differences between the social model and human rights, model.

These models have their strengths and weaknesses, and have garnered heavy criticism, especially the medical, charity, and social models. Presently, many places including the United States use a combination of models. The United States for instance uses the medical, social, and a bit of the charity model. The US does not use a rights-based approach because it has not ratified the United Nations Convention on the Rights of Persons with Disabilities. The United States has only signed the treaty. The rights-based model has not gone uncriticized. In countries such as Cambodia, the rights-based model may not be the most appropriate avenue for addressing disability, according to scholarly findings and public opinion expressed on platforms such as newspaper articles and forums.

III. Early Work in Cambodia Around Disability

During the late eighties and early nineties, non-governmental organizations, anthropologists and other scholars began studying and working with people in Cambodia and in refugee camps along the Thai-Cambodian border. Anthropologists such as Lindsay French whose research was about influence of power relations on the experience and understanding of bodily harm. She specifically focused on amputees on the Thai-Cambodia border and the effects almost two decades of hunger, terror, war, and long-term confinement have had on their damaged bodies and the bodies of others. Legal scholars such as Sharan Brown, a member of my committee, who began her work in Cambodia as a consultant for the International Rescue Committee in 1988 at the Refugee Camp Site II. She evaluated a special school for children with disabilities. In 1989, she conducted dissertation research at the same camp on the rights of children with "mental retardation" to education and employment. Non-governmental organizations such as the Cambodia Trust, now Exceed Worldwide (1989) and Krousar Thmey (1991) were established to provide services such as rehabilitation services and access to sectors of society such as education and employment to persons with disabilities in Cambodia. Exceed worldwide served any member of the population who was in need of prosthetic or orthotic devices and other related services, while Krousar Thmey specifically served the deaf and blind of Cambodia.

French's analysis focused primarily on the injury to young male bodies. Most of the population she worked with were young soldiers who were injured while on active military duty in Site II. Factors she considered included social, economic, elements of Buddhism, political, historical, the immediate environment and how others responded to the damaged bodies of the amputees.

Ambassador Bonrong is a much older man than me. I cannot speak on his religious beliefs or lack thereof because we did not touch on that topic when I met him in DC two years ago. However, Cambodia is a Buddhist majority country. The way Ambassador Bonrong spoke, the words he used, particularly "laborious" when describing disabled people at work may hint at elements of Buddhism. While French did not mention anything about amputees working hard or laboring more than non-amputees, she did touch on activities such as violent behavior, stealing and other means of getting income displayed by amputees in Site II.

From Buddhist hierarchy to political and domestic economies, a lot of emphasis has been placed on how value has greatly been diminished as expressed externally by society or by family or internally by the individual males. The commanders could no longer provide for the soldier who could no longer be productive after sustaining injuries. Males were protectors and providers, and may no longer be able to provide and protect after being amputated. Disability ranks low on the Buddhist hierarchy. Although classical Buddhist teaching says one's future remains open, and can be influenced by meritorious actions in the present, many amputees felt a sense of foreboding.

From my research, the Cambodia Trust and Krousar Thmey were the first two non-governmental organizations established specifically to address the population of persons with disabilities in Cambodia. Krousar Thmey was founded in Site II in 1991 and specifically works with blind and deaf children. The Cambodia Trust was founded in 1989 and provides anyone who needs who needs prosthetic orthotic services with those services. The entirety of my information on these NGOs have come from their annual reports. They don't go back very far. The furthest they go back is 2012. I looked at factors such as distribution of services, types of services and hints on what model or models of disability the organizations may subscribe to.

The Cambodia Trust was established in 1989 in Cambodia. The Cambodia Trust works in countries where prosthetic and orthotic rehabilitation services are not available or limited. Ever since its founding, it has expanded to three other Southeast Asian countries and Sri Lanka. To reflect that expansion, the organization has been rebranded to Exceed Worldwide. The organization eventually became one of the world's largest providers of prosthetic orthotic rehabilitation services. Exceed's vision is to create possibilities exceeding expectations, futures without limits. Exceed's mission is to work collaboratively to deliver high quality, sustainable services that equip, enable, and empower persons with disabilities. "Exceed values people, aims for excellence and works for partnerships."

Since Exceed was established in Cambodia, its projects in Cambodia are the longest established and the most diverse of its projects. Exceed's work is centered around the Cambodian School of Prosthetics and Orthotics, the organizations teaching school and clinic in Phnom Penh, but includes work carried out at clinics in Kompong Som, Kompong Chhnang and Kampot provinces, and through various rehabilitation projects. The primary focus of their work is on improving comprehensive physical rehabilitation services, creating community business development opportunity for persons with disabilities(PWDs), training Prosthetists Orthotists and facilitating higher education for young people with disabilities through a special university and employment program. Exceed has over 25,000 intervention programs ranging from provision of new assistive devices to physiotherapy sessions and small business grant support, so their total impact in Cambodia is significant. During the 2014 report year, their clinic and education center graduated 11 students, bringing the total number of students graduated since the center was established to 185. Exceed fitted 718 new prosthetic devices, 1,043 orthoses, supplied 183 wheelchairs and delivered over 5,000 physiotherapy sessions. 420 children benefited from

the community-based programs and were able to get support to attend school. 29 grants were awarded to PWDs to establish small businesses. Thirty-six people were referred for surgery and 40 young PWDs were provided with essential skills and support for success in the workplace.

At the global level, Exceed acknowledges that 80 of people who need prosthetic and orthotic services do not have access to those services. Exceed has been addressing this global health challenge since 1989 by working with donors to provide charitable prosthetic orthotic (P&O) services. P&O needs have been evolving so services must evolve to keep up with the needs. Exceed's response is launching Exceed Social Enterprise (ESE) in 2015. A social enterprise is a business that uses its profits to make social impact. There has been a socio-economic trend in South and Southeast Asia where a sector of the population can afford and wishes to pay for prosthetic and orthotic services using the latest high-end technologies. Exceed would like to use ESE to offer the high-end services as an alternative source of income to support and develop Exceed's education and charitable services. ESE would also enable a full range of services to be provided to persons with disabilities by the P&O sector. Exceed continues to acknowledge a number of their clients are persons with disabilities living in poverty. ESE will use these opportunities for the benefit of those people. Exceed also operates private clinics for those who have insurance or who can afford to pay for services. Exceed aimed to establish clinics in Sri Lanka, Cambodia, the Philippines and Indonesia and expand.

During 2014-2015 report year, Exceed and the Royal Government of Cambodia continued collaborating and Exceed continued receiving support from the RCG. Exceed also worked more with another partner organization, the Persons with Disability Foundation. Exceed's 3 clinics continued to provide free comprehensive physical rehabilitation services to the poorest of the population. Exceed continued to work in the community with their community

development program which includes community-based rehabilitation which is a core project in Cambodia. The project is a great example of equipping, enabling and empowering means – using technology to access education, employment and give oneself a more fulfilling life. Students have been given the privilege to serve their fellow Cambodians and equipping them to fully participate in life through the course taught at the Faculty of Prosthetic and Orthotic engineering. Now that the school has been included under the National Institute of Social Affairs, and their course has been upgraded from diploma to degree, P&O education in Cambodia was now in alignment with other ASEAN countries. Exceed Worldwide continues to be committed to Cambodia along with the support of education and development. Exceed Worldwide's commitment is to ordinary people, especially the poorest who cannot afford to pay for rehabilitation services.

One of the issues many researchers have with Cambodia and other countries is the paucity of reliable data which I have mentioned earlier. Exceed Worldwide is addressing this issue as well. In January 2015, a joint initiative with Limbs international was launched in Cambodia. One of Exceed Worldwide's strategic objectives is research. They have actively sought opportunities to engage in relevant research in order to expand their knowledge and availability of data. The expansion of knowledge and availability of data would contribute to developing the profession and developing professional services provided by Exceed Worldwide. Limbs International is an organization that echoes Exceed Worldwide's commitment to ensuring high-quality prosthetic technology is accessible by being affordable. Exceed Worldwide's recent partnership with the organization allows them to act toward research objective. The first field trials of the latest limbs technology were underway. Exceed seemed very excited about the future

of providing low cost, high-quality components (exceed-worldwide.org 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016).

Krousar Thmey (Khmer for new family) was founded in 1991 in Site II, one of the refugee camps along the Thai-Cambodian border. The organization claims to be the first Cambodian foundation established to help disadvantaged children. The foundation founded its first school for blind children in 1994 and its first school for deaf children in 1997. The Organization's activities are internationally recognized for their impact, capacity for innovation and sustainability. Krousar Thmey is secular and non-political. Krousar Thmey envisions a world in which all children are provided with the necessary tools that will enable them to grow up to live as independent and responsible adults. Krousar Thmey's mission is integration of disadvantaged children into Cambodian society, with an emphasis on adapting their educational support of the disadvantaged children to accommodate their traditions and beliefs. To sustain its work, Krousar Thmey is careful the support it gives to the children does not create any kind of privilege, dependence or disparity within the group. Krousar Thmey operates on the principle that projects are developed and implemented by Cambodian for Cambodians. During the 2014 report year, the foundation had only four European volunteers whose roles were solely to provide communication and management support. The foundation values identity, integration and dignity. Identity because the foundation wants every child to have the opportunity to know where they came from and where they are going or to know their roots and reference points. Integration because the foundation believes every child should have the chance to be integrated into Cambodian society. Dignity because the foundation believes every child deserves to be respected and can build the future they deserve.

The objective of the foundation is to enable full integration of deaf and blind Cambodian children into Cambodian society by providing the children with education and support to prepare them to work after graduating from school. According to the foundation, the most common disabilities among Cambodian children are deafness and blindness. Krousar Thmey's approach is to work within the context of the country and its education system. Cambodia is a Buddhist majority country. A primary belief among Cambodian Buddhists is disabilities are consequences of bad deeds in a past life. This attitude often results in the exclusion of disabled people from many sectors of society and from community life. The foundation claims to be the only organization in Cambodia that offers a comprehensive education program for visually blind, impaired and deaf children that complies with Cambodia's national curriculum. The foundation's specialization in providing comprehensive education in Braille and sign language has enabled students to attend school from kindergarten to the end of secondary school. Other curricula such as various forms of artistic expressions are available to students and specialized services such as orientation training, speech therapy, prosthetics and medical treatment.

To aid in inclusion into mainstream educational settings, the foundation requires children to attend school full-time at its center until third grade fore blind and visually impaired children, and until fifth grade for deaf children. Afterward, they attend the nearest public schools on a part time basis. The children will stay with Krousar thmey until the end of secondary school. In addition to the national curriculum in Braille and sign language, Krousar Thmey offers classes in English and information and communications technology.

Krousar Thmey works primarily with the Ministry of Education. They and the Ministry of Education meet regularly throughout the year to discuss Cambodia's education policies. The organization is a member of the NGO Education Partnership. They are a network of non-

governmental organizations specializing in education in Cambodia. Krousar Thmey utilizes this network to promote inclusive education or the integration of disabled children in to Cambodian public schools. Therefore, Krousar Thmey does not establish new schools, but instead focus on making state classes accessible to disabled children from the most remote provinces.

Krousar Thmey offers the community opportunities to engage with their disabled peers by organizing lectures in universities where students can learn the basics in Braille and sign language. Through organizing such events, Krousar Thmey wishes to encourage students to actively contribute to integrating their disabled peers, and obtain support for Krousar Thmey students to attend university, particularly in the form of scholarships. The organization also organizes awareness-raising campaigns to educate the public that deaf and blind and visually impaired children can receive and education and work alongside their non-disabled peers. These campaigns are usually organized during the summers. During these campaigns, a group of students throughout the day hand out pamphlets. During the evening, the students perform dance and music to promote education for deaf and blind children in Cambodia. Krousar Thmey estimates these performances reaches between 300 to 500 people.

In 2014, Krousar Thmey began a three-year program designed to provide children with low vision in Cambodia the best possible education in Cambodia's public schools. The program operated in 12 districts raised awareness, identified children in need and trained their teachers for sustainable support. The program was supported by a foundation in the Netherlands, Light for the world. Their sign Language Committee was working on expanding Cambodian Sign Language, adapting textbooks and circulating a specialized dictionary among Committee members. The Committee was also working on having the news on a couple national television channels (TVK and Bayon) signed along with other occasional programs. This effort was to help

raise awareness and reach a broader audience. They have Braille workshops for the purpose of adapting and embossing every textbook in the national curriculum in Khmer Braille for all of Cambodia's blind school and university students. The workshop uses special software such as Duxburry Systems to transcribe documents to Khmer Braille. Large print can also be produced and they use their own machines and handle distributions.

Krousar Thmey holds annual teacher training sessions every summer for their teachers that lasts several weeks. These trainings are to keep up with the ever evolving field of special education for deaf and blind children. The purpose of these training sessions is to ensure teachers provide quality instruction, developing teaching material and preparing for the upcoming school year. The sessions are held at one of Krousar Thmey's five schools for deaf or blind children. The teachers are trained by the organizations own trainers and trainers from partners such as the National Technical Institute for the Deaf in the USA. These annual sessions also allow the teachers to revise their knowledge of subject matter such as science math, Khmer, English and information and communication technology. It also allows the teachers to update their sign language and Braille skills. Krousar Thmey ultimately wants to transfer its education program completely to the Cambodian government by 2020. They have been working closely with the Cambodian government to ensure the work of the foundation is integrated into public policy. The foundation's teaching staff have all been government employees since 2011. Complete funding of the Braille workshop and the Sign Language Committee was taken over by the Cambodian government starting in 2014 (krousar-thmey.org 2014, 2015, 2016, 2017).

Both of these non-governmental organizations are taking a community-based approach and working closely with the Cambodian government in order for their work to be effective. Krousar Thmey is particularly wanting Cambodians to run every operating aspect of the

foundation. The Europeans are only there to offer communication and management support. Exceed Worldwide did mention it wanted to localize a lot of its services, but I did not see it say it wished to fully hand off its operations over to the Cambodian government eventually. Krousar Thmey on the other hand, has set an objective to have its operations fully transferred to the Ministry of Education by 2020.

Both organizations seem to be using a combination of the medical, charity, and rights model of disability. Exceed Worldwide primarily deals with rehabilitation services and believes high quality assistive technology should be accessible to people who cannot afford the technology. They also believe disadvantaged people can gain access to education, employment and other sectors of society with prosthetic orthotic devices. They not only offer rehabilitation services, but offer P&O education so people can become qualified prosthetists and orthotists. They also assist with getting young people into schools and universities and assist young people with starting small businesses.

Krousar Thmey seems to primarily use the rights model and a bit of the charity model and some of the medical model. They have to make a medical diagnosis of the deafness and blindness of the children they're caring for before they can give them the education and other life skills that are supposed to enable them to live as autonomous and responsible adults. As much as they want to change the attitude of the general public, the only way they can think of to do that is through countering one of the elements of Buddhism.

IV. History of Disability Legislation in Cambodia

Disability in Cambodia has not been studied as much as other ASEAN countries such as Thailand. So finding literature for my thesis was quite difficult. I will begin with a history of

disability legislation in Cambodia. In 1994, a movement known as the Cambodian Disabled People's Organization was mobilized around disability issues. This movement became a prominent organization on disability issues in Cambodia. In 2005, the DPO developed a position paper urging the Cambodian government to ratify the UN CRPD and adopt the Law on the Protection and Promotion on the Rights of Persons with Disabilities. The organization wanted the Cambodian government to adopt the law because the draft law did not comply with CRPD.

The position paper discussed focal options the Cambodian government could choose relating to timing and passage of the Cambodian disability law and ratification of the CRPD. The four options were: 1. Pass the Cambodian draft law first's, then ratify the CRPD and its Optional Protocol; 2. First's ratify the CRPD and its Optional Protocol, then pass the Cambodian draft law; 3. Neither ratify the CRPD or pass the draft law; and 4. Pass the draft law and ratify the draft law at the same time. The position paper examined the advantages and disadvantages of these options and concluded by recommending the Cambodian government pass the draft law and ratify the CRPD at the same time. Considering both the advantages and disadvantages of these options, the position paper recommended the Cambodian government take the fourth option. The advantages of passing the draft law and ratifying the CRPD at the same time would be that the passing of the legislation and ratification of the treaty would not be delayed and persons with disabilities would be given full protection under both the legislation and treaty.

The Cambodian government signed the UN CRPD on October 1, 2007. The Law on the Protection and Promotion of the Rights of Persons with Disabilities was adopted by the Cambodian government in 2009. Certain provisions of this law were framed on the medical model of disability rather than the human rights-based model that the CRPD was framed on. Some important rights in the CRPD that were not integrated into Cambodian disability law

include rights of vulnerable groups including women and children with disabilities; access to justice; freedom from exploitation, violence, and abuse; freedom of expression and opinion, and access to information; and protection of persons with disabilities during situation of risk and humanitarian emergencies. I have not found anything that says the Cambodian government has made any amendments to the 2009 legislation. The Cambodian government ratified the UN CRPD on December 20, 2012 (Huy; 2017).

Cambodia shifting from the medical model of disability to the rights-based model happened mostly on paper. Many elements of ministries and legislations are framed on the charity and medical models of disability. Cambodia does not have any reliable data on persons with disabilities. Estimates of the number of persons with disabilities across Cambodia vary because different institutions use different definitions. Estimation by the National Institute of Statistics (NIS) of the number of persons with disabilities in Cambodia in 2014 was four percent of the total population. That same year, another institution, the Cambodian Demographic and Health Survey (CDHS) estimated the number of persons with disabilities was higher with ten percent of the total population aged five and older having some form of disability. A 2013 report by the Cambodia Inter-Census Population Survey estimated the number of Cambodians with disabilities was 2.1 percent of the total population (Huy; 2017).

I was able to interview two people, Tracy Harachi from the University of Washington School of Social work and Ngin Saorath, Executive Director of Cambodian Disabled Peoples Organization. I mainly wanted to know how disability looked like from social work perspective and how mental health looked like from Tracy's time there. I spoke with Mr. Ngin Saorath because I wanted to know how CDPO defined disability today, how it defined disability before,

what CDPO does what challenges CDO may be facing, what his vision for Cambodia is for people with disabilities.

V. Disability and Mental Health in Cambodia from A Social Work Perspective

Tracy began administering a program in Cambodia in 2004. The program focuses on Cambodians doing social work in Cambodia. The program operates in hospitals and in the Royal University of Phnom Penh. When I interviewed her, I wanted to know if she, her research team, or her social workers had worked with clients with disabilities or had participants with disabilities. She had some data to share that primarily revolved around diabetes and other medical patients.

The social workers wanted to increase the physicians' awareness of potential underlying symptoms of physical ailments. They wanted to start with diabetes. Physicians and nurses are only trained to screen for physical signs. From their research, they know there is a high percentage of individuals with diabetes. However, since there is not any kind of holistic approach to screening or treatment, there is no way to pinpoint causation of diabetes. What the social workers wanted was a simple way to screen patients that would alert physicians that mental health concerns may be present.

Social workers are not nationally recognized by the Royal Government of Cambodia as service providers un like medical doctors and nurses. They can still work however. Cambodian social workers in Cambodia have attempted to get the Cambodian government to recognize social workers as services providers in order that they may provide more services to clients such as working alongside medical doctors and nurses to provide a holistic approach to treatment.

Patients would not solely be screen for diabetes but for depression and/or other possible mental health concerns. That national recognition is very hard to get.

When asked about how disability was understood by medical professionals such as doctors, nurses, and other people she worked with including social workers and data she may have gathered from other members of the community, she told me disability was understood around what was visible. It had to be something that could be seen. She said disability was understood in terms of cognitive and physical terms. Not much attention was given to things that could not be seen such as symptoms of depression or things that weren't physical when nurses were screening patients. If it could not be seen, it did not exist.

She gave me an example of a condition or state where the patient experiences or feels hot wind when professionals were screening or attempting to diagnose patients in the context of non-physical anomalies. I asked her how does mental health services look like in Cambodia. Counseling services are limited in Cambodia if there are any at all. A lot of people are choosing to turn to indigenous priests to treat their afflictions. For the services that do exist, the models or approaches that are primarily used are based on Norway's models of treatment. She says around two decades or so, Norwegian nurses, psychiatrists and medical doctors began training Cambodian to deliver psychiatric and other services. Psychiatric treatment is the primary form of treatment. To a lesser extent, she thinks there may be some training in what she calls "Loose counseling" through psychology departments in Cambodia. The counselors are not trained to collect information on one issue, but instead are focusing on a collection of issues. During Pre-Revolutionary Cambodia, there may have been Khmer psychiatrists who were trained by the French.

She wasn't too sure about what model or models of disability she saw being implemented during her time in Cambodia. Even though she spent a lot of time around medical professionals such as doctors and nurses, she did not want to say for sure the medical model was being used. She said there were amputees, cancer and diabetes patients that the people saw. Since social workers are not nationally recognized by the Royal Government of Cambodia, they work under the Ministry of Social Affairs. During her time with the social workers, she didn't want to say the social model of disability was being used either. When I asked her about challenges the social workers faced with efforts to get their work recognized. She said one main issue was many government officials whom she interviewed did not seem knowledgeable about subjects such as child development, alcoholism and domestic violence. When government doesn't recognize or is not knowledge or is not competent, it is not easy to get funding or get other means of support to get programs running and other efforts recognized.

VI. Background on Cambodian Disabled Peoples Organization

Mr. Ngian has studied abroad in Japan and has traveled to other countries and has observed how those countries address their disabled population compared to Cambodia. When CDPO began to mobilize around disability issues, it began along the refugee camps along the Thai-Cambodia border. Mr. Saorath was not able to tell me which camps they were because he just recently joined CDPO as director. CDPO represented the voices of people with disabilities. They set up DPOs and Self-help groups for people with disabilities. Today CDPO is comprised of 75 DPOs and has radio stations in three provinces: Siem Riep, Sihanoukville and Svay Rieng.

The United Nations recognizes CDPO as a main driver of the disability movement, representing persons with disabilities in Cambodia. CDPO was established under the National General Assembly in 1994 which comprised of 119 members including people with various

disabilities and leaders from government ministries. CDPO's mission was to develop networks that work towards promoting and protecting the rights of persons with diverse disabilities so they can be empowered to fully and equally participate in society and live with dignity. CDPO works with 75 DPOs which have about 15,000 members who are persons with disabilities representing all types of disabilities. CDPO works to lobby inter ministries to include disability into public policies. CDPO's role is to monitor and encourage the government and relevant stakeholders to implement the disability law and UN CRPD, in order that the rights of persons with disabilities are realized.

CDPO mobilized to develop national disability law and urged the Cambodian government to ratify the UN CRPD. In 2013, under its mobilization, CDPO got accessible vans equipped to carry people with disabilities funded by Australian Aid. CDPO got the license from the Ministry of Information to establish their own radio station that is now operating in two provinces and cover 7 other provinces. Round table discussion on disability is their main program.

CDPO developed Inclusive Policy for National Election Committee which stated the rights of persons with disabilities. Disability data management, employment of people with disabilities, and support from the Committee for Voters with Disabilities during electoral processes. Research on different topics such as voter registration for persons with disabilities, DPO development, sexuality & reproductive health, impact of natural disasters on people with disabilities, employment opportunities for people with disabilities were conducted by CDPO. Advocating & lobbying with policy-makers, including government ministries/institutions is CDPO's main program for disability inclusion in development plans of all inter-ministries. Disability inclusion in to commune investment plans/commune development plans is done by

their DPOs network. They provide technical support through CDPO's technical support group. Disability rights and inclusive development have been raised among development partners, international non-governmental organizations, Civil society organizations and private companies through awareness events and training. CDPO's trainer team has clear methodologies and visual materials to deliver good services of training on disability and inclusive development, such as water governance, WASH, and techniques to support/handle passengers with reduced mobility & blind people at airports.

CDPO defines disability based on the UN CRPD. The disability is the person's impairment plus the barrier created by society. CDPO serves persons with disabilities by developing networks that work towards promoting and protecting the rights of persons with diverse disabilities, empowering them to fully and equally participate in society and live with dignity. Before the Cambodian government ratified the UN CRPD, CDPO defined disability based on how disability was defined in Cambodian legislation. The legislation was based on health-care approach of disability. Disability in that legislation referred to people who lost limbs or any part of their body that interfered with their daily lives.

Before Mr. Saorath joined CDPO as executive director, he worked with National Centers of Disables person as the Cafe supervisor. In 1999, Mr. Saorath was selected for a scholarship by JICA (Japanese International Cooperation Agencies) to learn about leadership and how people with disabilities live independently and their experiences being supported by their society. He says he has learned a lot from his time abroad. He would like for Cambodia to have the same social support system for its people, but he thinks they might need more time because Cambodia's political leaders have different ideas. To Cambodian leaders, their political party is more important than their society.

Mr. Saorath would like to see more checks and balances between social welfare and family. The big issue is corruption. The Cambodia's political leaders take most of the money from the budget for their party, leaving less money to fund the social welfare program. Example one service disability and poor receive social pension scheme only five dollars per month and only sixty dollars per year. so the system is quite poor. The standard of the social welfare for PWDs could be updated with clearer systems of support from the national budget through lessons learn from Thailand, Vietnam, or Malaysia to make sure there is a strong social welfare support system. Mr. Saorath would like a system of social welfare for all. All people with disabilities in Cambodia could participate with all aspects of the country through receiving social well-being and live with dignify life.

He spoke a bit about Belgium's system. How its monthly assistance is fifteen hundred Euros or about sixteen hundred US dollars? Mr. Saorath thinks a reasonable amount for Cambodians would be at least eighty dollars per month. Other support would include health care, education and employment. No job no money, and without any money there aren't any friends, and without any friends there is no dignified life.

Mainstreaming education, health care and employment is the key because disability is the cross-cutting issue according to Mr. Saorath. It is how those and other sectors of society look to him for persons with disabilities in Cambodia. Some reasons he believes mainstreaming is difficult to achieve is policymakers' knowledge of disability is limited, persons with disabilities themselves are not knowledgeable, laws and policies are not yet implemented and not enough money in the national budget to implement those laws and policies. This is not the first time I have heard statements about the government not seeming to be very competent about various topics from child development to persons with disabilities.

VII. The Situation in Thailand

Research on other countries such as Thailand support Mr. Saorath's notion they're a bit better regarding disability, but not by much. In Thailand, human rights for persons with disability was not constitutionally protected until the new 2007 constitution. Section 30 of the 2007 constitution states that unjust discrimination against a person on the grounds of the difference in origin, race, language, sex, age, physical or health condition, personal status, Economic or social standing, religious belief, education or constitutionally political view, shall not be permitted. However, despite the guaranteed constitutional protection (Bualar; 2014, 2010, 2015) and other scholars have found disability rehabilitation policies still applied the medical model of disability. This has been documented in sectors of society such as employment and in rural areas of Thailand, particularly in Northeast Thailand. Disabled women in this region of Thailand appear to have been mostly effected by the medical and charity models of disability. Through the 2007 Constitution, legislation such as the Empowerment for Disabled Persons Act, and tax reduction incentives are some of the ways the Thai government has attempted to alleviate the unemployment problem among the disabled.

The private sector has strongly resisted the government’s efforts to reduce the unemployment rate among disabled persons. The Empowerment for Disabled Persons Act requires employers who refuse to hire disabled people to make cash contributions to the Disability Empowerment and Rehabilitation Fund. The legislation, however, does not punish employers who ignore that requirement. Two arguments have been made about why a large number of disabled people remain unemployed despite the efforts of the Thai government. The first argument is political instability. Since 2007, the position of prime minister and positions of cabinet ministers have not been held consistently by the same people. The budget of disability

promotion has been cut, which demoralized employers, leaving them unmotivated to abide by the mandatory quota system. The continuity of this policy is uncertain due to the political instability. The second argument is employer choose to contribute cash to the Disability and Rehabilitation Fund because that is more convenient than providing reasonable accommodations such as wheelchair ramps and wheelchair-accessible bathrooms to disabled employees. Contributing cash to the fund is much cheaper than making the physical environment of the workplace disabled-friendly.

Greg Jorgensen and Ed Knuth are two expats living in Thailand who do podcasts on life in Bangkok. They touched on the accessibility of Bangkok for disabled people in an episode on February 5, 2017. In that episode the hosts speak with activist Sawang Srisom, secretary of Transportation for all (T4A). T4a is a grassroots organization that was mobilized to ensure the Thai bureaucracy followed the law and make Bangkok accessible for people with disabilities. The show primarily focused on Thailand's BTS skytrain system and wheelchair users. Accessibility was not writen in to legislation until 2005. The BTS skytrain system was constructed a decade before that. Thailand officials used that as one of their excuses for the BTS system not having elevators, lifts and other features that would make the system accessible to wheelchair users. All but five of the twenty-nine stations had lifts and elevators. T4A began filing lawsuits against the BMA (Bangkok Metropolitan Authority (the agency that oversees the BTS system for failure to comply with the 2005 law. The lawsuits reached the supreme court of Thailand which ruled all BTS stations must be made accessible.

Sawang is a wheelchair user. The problem he and other wheelchairs users were having was wheelchair lifts were not installed on both sides of the train tracks. That meant if Sawang was traveling along the side of the track that did not have a wheelchair lift, he would have to

cross over to the other side which was not safe. Sometimes, Sawang had to take a taxi to get safely across to where a lift was.

When Sawang and others brought that issue to authorities, the authorities said they would not comply. Money was not the issue. The Rail Transit Authority had the money to construct elevators and lifts. Sawang says the reason the Rail Transit Authority was not willing to comply was because of the mindset of the RTA. The RTA went as far as conducting research to collect data on how many wheelchairs users used the skytrain system and how frequently they rode the trains. The authorities concluded not enough wheelchairs users used the system, thus had no reason to construct elevators and lifts to accommodate them. Allocating money to fund construction of elevators and lifts to accommodate a small demographic who did not use the system frequently would not be cost-effective.

Sawang says Thailand has the right laws and policies on the books. The problem is implementing those laws and policies. Sawang gives a timeline of ten years before laws and policies are fully implemented, where it will be rare that he and other wheelchair users will have to take a taxi just to safely cross the road to get to a lift in order to take the skytrain. At the time of this podcast, two years after the supreme court ruling, lifts on both sides of the tracks have not been installed (Jorgensen and Knuth; 2017).

VIII. The Public's Attitude

As I have tried to show, as much as Thailand is ahead of Cambodia regarding disability rights, government, businesses, and local attitudes still persist. Laws are not enforced or businesses take find other ways to not have to accommodate workers with disabilities. Going back to Tracy and Ngian's point about government not being knowledgable about many topics

such as child development and disability, Tracy sent me an article from the Phnom Penh Post about autism awareness in Cambodia. Autism is a new concept for Cambodia and information about the neurological disorder has only gotten widespread publicity in the country over the last several years. Despite that increase in understanding, there is still a lack of resources and qualified professionals to work with autistic children according to Civil Society Organizations.

According to Chan Sarin, Cambodian Intellectual Disability and Autism Network (CIDAN) president, people with autism face discrimination in virtually every aspect of society. Parents who have nowhere to turn may become depressed. Sarin says there are more than ten organizations working with autism, but only two to three are active. This means resources are still lacking. The number of qualified teachers who study autism are small. CIDAN has about two hundred students. Many more parents are seeking specialized educational services, but CIDAN is unable to accept any more student due to lack of human resources. Sarin is putting his hopes on stakeholders, particularly the government to address this deficit through funding.

One guardian, Sdeung Chinda at first did not know about autism. His child was different from other children, so he constantly worried about him. Counseling and diagnosing the disorder enabled Chinda to seek proper resources to treat his son. Now his son has a better quality of life and is treated well by his classmates. All the parents want is to be educated since it is so new to them. When Cinda did not know what was going on with his child, he sent him to a mainstream school. Since no one else knew what was going on, there were problems (Kimmarita; 2019).

IX. Conclusion

The medical model of disability was primarily developed by medical doctors. That model of disability deals with people as individuals and approaches disability as something that needs

to be prevented, cured or taken care of. When taken out of the medical and scientific context and applied such as the way some universities in the United States implement when wanting to provide services to students with disabilities by asking them questions that may make them uncomfortable, or when it is used to pathologize everything or applied in other ways, it becomes open to critique. The charity or tragedy model of disability treats people as victims of circumstances deserving of pity. People who this model are applied to may be exploited monetarily or in other ways. Social model of disability says it is society not the disabled person that is creating barriers. Barriers can be attitudinal or built environment such as businesses refusing to install ramps for wheelchairs users. The rights-based model also sees people as individuals who are entitled to enjoy all of the rights of society as others that live in that society. In the beginning of my research, I was focusing on what model would be the most appropriate for Cambodia, or what model is most used in Cambodia. The more I studied the operations of grassroots organizations, international and national non-governmental organization, I saw it was not possible to apply just one model. Krousar Thmey and Exceed Worldwide are two examples of multiple models being used although that may not be obvious. The medical, vocational, educational and other services they provide and their objectives for providing those services, it's the medical, social, rights-based, and a bit of the charity model. Exceed Worldwide did say in one of its annual reports, the rights-based approach is one of the approaches it is using in order to provide the services to its clients.

My thesis is exploratory. I am not advocating for the implementation of any of these models, particularly the rights-based model of disability. Scholars and advocates such as Monyrath Nuth and Heng Phan have have concluded that applying western approaches of human rights and inclusion did not have very positive implications for persons with disabilities in

Cambodia. These concepts tend to focus on the individual. Countries like Cambodia are collectivistic societies, and Cambodia is a Buddhist majority country. Disability is understood as limited cognitive and physical functions along with the traditional belief that disability is the result of negative karma. These western approaches do not address disability holistically. They do not iclude the family or community.

Some challenges local CDPOs may be facing when trying to address disability versus international NGOS such as Krousar Thmey and Exceed Worldwide which have been working in Cambodia for over two decades. One challenge is funding. Both Exceed Worldwide and Krousar Thmey are well funded by their international donors such as the Nippon Foundation for Exceed Worldwide. Krousar Thmey has funding from its international donors as well as funding from the local Cambodian authorities. Most of its work is within the Ministry of Education. Krousar Thmey and Exceed have also been able to get the Royal Government of Cambodia to nationally recognize their programs such as Exceed having their Prosthetics and Orthotics course recognized as a Bachelor's degree and Krousar Thmey's staff recognized as public servants. So Krousar Thmey seemed to be able to garner a lot of interest from some parts of the Cambodian government. CDPO on the other hand has a very difficult time gettig the government to support many of its projects from lack of interest and lack of knowledge about disability. CDPO's involvement in adressing disability issues in Cambodia is very political.They are not completely political, but they are very. INGOs such as Krousar Thmey are secular and apolitical.

We live in a world that is built or designed. The way cities and infrastructures are build may present challenges for many persons with disabilities. An example in Southeast Asia is the Thai BTS system. Primary concerns were installing lifts and other features to make the system accessible to wheelchair users and their safety. Thai Metro authorities did not want to allocate

funds to install features that would make the rest of the train system accessible to wheelchair users because their research showed that wheelchair ridership was small. The world being build or designed is not just material. There is not a part of Southeast Asia that is not touched by religion. Buddhism sees disability as resulting from negative karma. People can make merit in the present and influence a different future. Christians and Muslims in Indonesia may not view death, disability and other phenomena as punishment from God. They may view it as God knowing that it is something that they can handle.

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