

TOWARD A CONCEPTUALIZATION OF
TRANSNATIONAL DISABILITY THEORY AND PRACTICE:
ENTRY POINT, IRAQI CHEMICAL ATTACK ON IRAN

by

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Abstract

This thesis examines the capitalist, imperialist, and nationalist social relations that produce and sustain disability, organized within the global context of war, so as to trace these relations by engaging the dialectics of global politics. It uses the global context of class and ideology enfolded within the capitalist economy and the imperialist politics of the U.S. and Europe in the Middle East to understand how disabled bodies are generated through armed conflicts sustained by imperialist and nationalist social relations (always gendered, raced, and classed). This thesis has three main foci: a) bearing witness to injured/disabled war survivors¹; b) developing the conversation further in Disability Studies (DS) about the creation of disability by war in the “third world” by the “first world”; and c) the formulation of a *Transnational Disability Model*² (TDM) via the case study of Iranian chemical warfare victims in the Iran-Iraq war of 1980-88. This study contributes to the field by engaging the dialectics of geopolitics, examining them in the context of the war, and proposing a new model for DS from a war-survivor Middle Eastern feminist woman’s standpoint. The theoretical framework that has been used to conduct this project has been dialectical and historical materialism (DHM), and the data collection and

¹ This includes veterans and civilians.

² Here, I am not using the word, model to impose a normative discipline on the analysis of disability; instead, I am only using it as an example by which we can theorize disability and becoming-disabled.

analysis methods have been case study and building a theory from that case study. Carrying out this project, my research axiology or my political/ethical commitment involved striving for conducting an emancipatory research through reflexive/relational³ thinking and acting. I developed my proposed model for a revolutionary understanding of disability, contextualized within transnational, non-ideological, and anti-imperialist class-consciousness and activism.

³ See (Bannerji, 1995; Gorman, 2005; Hande, 2017)

Dedication

This thesis is dedicated to those who are struggling against barriers that injure them—genocide, intergenerational trauma, incarceration, torture, forced migration, displacement, dispossession, abuse, war, and poverty; those who choose to resist oppression; those who dare to say “no”; and those who are brave enough to hope and work for a different world.

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Chapter One: Introduction

This thesis examines the imperialist and nationalist social relations that produce and sustain disability, organized within the global context of war, so as to trace these relations by engaging the dialectics⁴ of global politics. As well, it proposes a new model for Disability Studies (DS) that will be termed the *Transnational Disability Model (TDM)*. This thesis has three main foci: a) giving voice to disabled war survivors⁵; b) develop the conversation further in DS about the creation of disability by war in the “third world” by the “first world”; and c) the formulation of a TDM via the case study of Iranian chemical warfare victims in the Iran-Iraq war of 1980-88. In this chapter, I will discuss the three research foci, the design and purpose of the study, the research questions, my entry point, and finally the ethical commitment to conduct emancipatory research through reflexive/relational⁶ thinking and acting.

To provide an overview of the remainder of the chapters, Chapter Two consists of a discussion of my theoretical framework, along with the methodology for sampling, collecting, and analyzing data. In the third chapter, I discuss the most prominent current theories in the DS literature and their shortcomings in explaining why and where disabilities get created and how. The fourth chapter presents my case study, as well as the historical and sociopolitical context in which it took place. In the fifth chapter, I provide a comprehensive dialectical and historical materialist (DHM) analysis of the case study, organized in two parts: ‘processes’ and ‘relations’. And finally in the sixth chapter, I develop my proposed model (TDM) for a revolutionary understanding of disability, contextualized within transnational anti-war consciousness and activism.

The Research Problems

The three primary and interconnected problems which I am contending that current

⁴ The key dialectic that this thesis engages with is the fetishization of disabled veterans in Iran as “living martyrs.”

⁵ This includes veterans and civilians.

⁶ See (Bannerji, 1995; Gorman, 2005; Hande, 2017)

disability theories inadequately address are: 1) disability production by war; 2) disability production by war in the “third world”; 3) and disability production by war in the “third world” by the “first world”. What follows is an initial introduction to these primary and interconnected problems.

⁷War and Violence Create Disability

Conflict is a social process, which has prevailed since the dawn of humanity. The world spent over \$1686 billion in 2016, equivalent to 2.2 per cent of the global gross domestic product (GDP) or \$227 per person (Tian, Fleurant, Wezeman, & Wezeman, 2017). The international arms trade proliferates weapons to either kill people or render them disabled (Sidel, 1995, p. 1). Landmines and random explosions result in the largest number of disabilities caused by wars and armed conflicts. The Office of the UN Special Rapporteur on Disability states (2007, p. 8):

There are in the world today more than 65 active conflicts in all regions of the world. Modern conflicts encompass cities, human settlements, and urban centers. The increase in the number of victims of conflict is proportional to the increase and variety of conflicts. Populations of Afghanistan, Algeria, Egypt, Guatemala, Lebanon, Sarajevo, [and] Sudan suffer the greatest consequences of landmines in the world.

By the year 2020, more people are expected to die as a result of armed conflicts and wars than from any other single cause. In addition to traditional wars between nations, civil wars, and armed conflicts between local factions, cluster bombs, land mines, and terrorist attacks are the principal causes of disability among civilians in most countries (United Nations, 2007). War, armed conflict, and political instability are among the most important causes of proliferation of disability in the “third world”⁸ (Meekosha, 2011; Priestley, 2015). The largest number of people killed or injured belongs to the category of civil wars, which are usually fought as a result of old border disputes between two or more ethnicities. Opposition activities or uprisings aimed at

⁷ I would like to clarify that by presenting the statistics on war, I am not agreeing with the notion of inevitability of war; rather, I am foregrounding the argument that the production of disability is a deliberate act of violence and this production of disability renders war an historical/political construct of this violence.

⁸ Some disability theorists use the phrase majority world or the global south to refer to the third world.

national/ethnic/class liberation against tyrannies can also result in civil war with the highest number of deaths and disabilities (Sidel, 1995).

War is the main cause of disability worldwide (United Nations, 2007; Charlton, 1998; Russell, 1998, as cited in Erevelles, 2011). For every child that is killed as a result of armed violence, 100 more children are left with permanent, life-long disabilities. The World Health Organization estimates that there are one billion people living with some type of disability in the world, of whom 200 million people have difficulty functioning (WHO, 2011). It is predicted that disability will be even more prevalent in the future.

Most scholars have so far focused on the effects of war on disabled people and what disabled people go through during an armed conflict (Balcazar & Balcazar, 2015). My point, however, is to draw attention to the fact that war itself creates disability. War in many parts of the world is a major cause of impairment. As such, world peace is also a disability issue. Every month, at least 2,000 people are killed, injured, and/or acquire disability by landmines in more than 70 countries around the world. For instance, the war in Sierra Leone has caused more than 5,000 upper limb amputees, rendering amputation a symbol for that war (MacLachlan & Swartz, 2009). The Middle East, the Balkans, Central Africa, and Southeast Asia are home to millions of disabled people (Priestley, 2015). Sidel discussed the rise of “anti-personnel” weapons in armed conflicts and wars – weapons designed to kill and maim the enemy rather than damaging their buildings or infrastructure (1995). These weapons are in high demand, for they force the enemy to expend essential resources such as health and social services on their disabled/injured veterans and civilians for years after the war (1995, p. 3, cited also in Meekosha, 2011, p. 10). It is worthwhile to briefly discuss two anti-personnel weapons, landmines and blinding lasers, in greater detail.

Landmines and random explosions constitute the main threat to civilians during post-conflict setting, to date, causing 15-20,000 disabilities a year (United Nations, 2007). Dealing

with the results of disabilities/injuries in a conflict can take up to 10-60⁹ years and cost several million dollars. Research suggests that there are more than 100 million mines already buried around the world, with another 100-150 million stockpiled and ready to be deployed (Sidel, 1995). There are more than 60 countries that have massive minefields within their borders, such as Iran, Afghanistan, Angola, Cambodia, Iraq, Mozambique, and Somalia. Cambodia, alone, has nine million landmines buried within its borders. Iran is the second most mine-polluted country in the world (Samimi, 2013). Samimi reveals that everyday at least one person dies in Iran due to landmines, left from the Iran-Iraq war. There is an estimated 20 million mines placed in Iran during the 1980-1988 war with Iraq (2013). Joint submission¹⁰ into the Committee on the Rights of Persons with Disabilities - upon the occasion of the review of the Islamic Republic of Iran revealed that “Individuals living in the five western border provinces in Iran are at high risk of mutilation and debilitating injuries as a result of landmines and explosive remnants of war” (Impact Iran and Centre for the Supporters of Human Rights, 2017, p. 1).

Another infamous weapon of war that has recently been developed and utilized is the blinding laser. China, in the spring of 1995, at an arms-fair, promoted a tripod-mounted blinding laser. Shortly after that, the United States signed a contract for the production and development of “75 prototypes and training units for its portable rifle mounted blinding laser, the Laser Countermeasure System” (Sidel, 1995, p. 2). According to the U.S. Army, these blinding lasers can burn out the retina of human from 3,000 feet. Due to the pressure that the U.S. government received from human rights activists, it terminated this program in October 1995. However, there is intelligence confirming that the U.S. has other blinding laser programs under a different brand name (Southall, 2002; Sidel, 1995). France, Israel, Germany, Russia, Ukraine, and Britain

⁹ Vietnam is still dealing with the effects of disabilities from Agent Orange, for instance, over 40 years after the end of the Vietnam War. Many countries deal with land mines specifically long past 10 years. Hiroshima and Nagasaki were hit by two hydrogen bombs in 1945, but there are still children being born with disability due to the terribly long-lasting effects of radiation (Ofstedal, 1984).

¹⁰ The current submission was prepared by Impact Iran and the Center for Supporters of Human Rights (CSHR)

have also shown interest in pursuing, developing, and purchasing this weapon for their armies (ibid).

Wars may be easy to initiate, but they are almost impossible to completely end. One of the biggest challenges for post-war societies is new disabilities and injuries. For example, during the war in Sierra Leone, incidents including machete assaults, sexual violence, and high levels of drug/alcohol use caused most of the population to experience trauma, stress, depression, and addiction (MacLachlan & Swartz, 2009). “Studies show that for displaced and refugee populations, post-trauma stress is long-lasting and requires ongoing rehabilitation. The prevalence of depression among populations that have experienced armed conflict is 60-70% as opposed to 10-20% in non-conflict countries” (United Nations, 2007, p. 21). Wars and armed conflicts also produce invisible psychological disabilities resulting from trauma. There are shocking statistics from Bosnia, Sierra Leone, and Kosovo that indicate war also creates invisible disabilities such as trauma, especially among child soldiers, in addition to anxiety and stress. Left untreated/unattended, trauma could result in permanent and debilitating disabilities (United Nations, 2007).

War also has serious implications for infrastructure and public health. People who are in war – whether civilians, militia or even soldiers – run the risk of being exposed to adverse conditions of food, water, sanitation, and displacement (Erevelles, 2011). Not to mention the risk of injury, disability, and death that result from lack of access to medical aid during conflict, especially in the context of “third world” where most contemporary wars are fought. Adverse circumstances exacerbate during war resulting in transportation difficulties which, in turn, obstruct access to emergency vehicles, water and food distributors, and medicine suppliers (Meekosha, 2011; Erevelles, 2011).

The Global North Nurtures Wars that Create Disability in the Global South:

Disabling Imperialism¹¹ through Global Class Relations

Social relations of material production and consumption (Marx & Engels, 1867) are intertwined with the history of power imbalance between the two constructed worlds of “north” and “south” (Gorman, 2005). These terminologies were determined historically and geopolitically during the 1960s when certain nations were considered consumers of raw materials due to owning and controlling advanced technology and industry, while others were considered providers/producers of raw materials - possessing rich natural resources such as oil, natural gas, and cotton. These nations were the ones conquered and/or controlled by the former (Meekosha, 2011; Gorman, 2005). The discursive and ahistorical construct of the “third world,” as employed by popular media is often taken-for-granted as the “natural” state of affairs of *nations that are overpopulated¹² by people of color* (read “poor and dirty”) (Erevelles, 2011, p. 125). Transnational feminist scholars, such as Mohanty, Russo, and Torres (1991, p. ix, cited in Erevelles, 2011, p. 122), however, offer an alternative definition for the construct of “Third World”:

[I]n invoking the Third World, I reject traditional, ahistorical, and apolitical conceptualizations that geographically situate the Third World in the former colonies of Europe located in Asia, Africa, and South America, and that are perceived as underdeveloped in contrast to the industrialized nations in Europe, North America, and Australia. On the other hand, the conceptualization of the Third World that I take up is *not restricted to national boundaries* [my emphasis], but instead refers to the ‘colonized, neocolonized, and decolonized countries (of Asia, Africa, and Latin America) whose economic and political structures have been deformed within the colonial process, [as well as] to black, Asian, Latino, and indigenous peoples in North America, Europe and Australia’.

Erevelles (2011) exposes the political and economic structures that contribute to the

¹¹ I mean the imperialism that disables people through violence.

¹² The Cold War usage of this terminology started as a reference to the non-aligned nations – those that were loyal to neither the U.S.-led NATO bloc or the Soviet-led Communist bloc.

construction of the “third world” as a place of destitution and despair and specifically shows how systematic inequalities are created by transnational capitalism. This is the root cause of the “naturalization” of the concrete link between race and poverty, which has a “natural” and “obvious” link to the “third world” (Erevelles, 2011). This is the moment when it might appear necessary to ask, why is disability so invisible in a hypervisible “third world”? Erevelles would say that this also has to do with the “naturalization” of the conditions in which people live in the “third world.” In other words, to acknowledge disability, Erevelles suggests, we need to first recognize the material violence inflicted on disabled people in the “third world.” This recognition, though, might be costly, because it will question the construct of disability as “natural” (2011). It is interesting to observe how *disability* and *third world* both suffer from the public effort to read them as “natural” rather than “political” (2011).

Imperialism. The power imbalance between the two constructed worlds has been enforced historically through colonialism and imperialism. These two processes are performed, by one group of people on another group of people, as a form of exploitation by keeping the conquered people, who are often unpaid/underpaid sources of labor, poor and dependent (Ghai, 2012). This is how countries that are or have been historically controlled under colonial and/or imperialist rule suffer from a sharply-divided class hierarchy (Brazil and Mexico are examples of such societies (Meekosha, 2011)). This means the class struggle is sustained within them as a means of control (Harvey, 2004, 2006; O’Connor, 2010; Wood, 2006). Conquering and controlling nations historically is considered colonialism, while in modern times, direct occupation is not even necessary. In the case of the latter, imperialism arises as a socially-organized mechanism of control-and-conquer (Steinmetz, 2005; Konkle, 2008).

“Imperialism [is] a non-territorial form of empire in contradistinction to colonialism as a territorial one” (Steinmetz, 2005, p. 2). U.S. imperialism, by definition, has always adjusted its policies of justification based on “human rights,” “democratic tutelage,” or “neoliberalism”

(Steinmetz, 2005, p. 3). George Steinmetz (2005) explains the difference between imperialism and colonialism as follows: “Modern non-territorial empire, also known as imperialism, has a much more sweeping agenda of controlling the world or a region for reasons that include economic ones alongside security, glory, and order” (p. 8). Recently in some circles, the word *globalization* has replaced the word imperialism. McLaren and Farahmandpur (2001, p. 14) define globalization as:

an ideological facade that camouflages the manifold operations of imperialism. In fact, the concept of globalization has effectively replaced the term imperialism in the lexicon of the privileged class for the purpose of exaggerating the global character of capitalism – as an all-encompassing and indefatigable power that apparently no nation-state has the means to resist or oppose.

Necessity of War in Capitalist System. David Harvey argues that Rosa Luxemburg and Vladimir Lenin presented their definitions of imperialism as a form of space production, albeit with its own “terminal contradiction” (Harvey, 2004, p. 62), as a solution for the crises inherent to capitalism. Lenin defines imperialism as “capitalism at the stage of development at which the dominance of monopolies and finance capital is established” (Lenin, 1916, p. 265). Lenin’s 1916 work, *Imperialism, the Highest Stage of Capitalism*, is a fundamental contribution to our understanding of imperialism as a process, a socio-political and economic order, and an inherent feature of capitalism. Lenin’s choice to use the term, imperialism, does “not just [...] refer to certain political policies of aggression, conquest, and foreign control, but more importantly [...] refer[s] to an *economic system* that *depends upon such ‘policies’ for its very existence* (Scott, 2007, p. 1, emphasis in the original). More concretely, Lenin defined imperialism as follows:

Imperialism is capitalism in that stage of development in which the dominance of monopolies and finance capital has established itself; in which the export of capital has acquired pronounced importance; in which the division of the world among the international trusts has begun; in which the division of all territories of the globe among the biggest capitalist powers has been completed (Lenin, 1916, p. 105-6, cited in Scott, 2007, p. 2).

Although there have been southern political economists such as Samir Amin who have maintained that imperialism has always been a companion to capitalism from the beginning (Samir, 2001), it is safe to say that imperialism became centrally significant to capitalism toward the end of the 19th century. Lenin (1916, p. 105) gave an elaborate definition of imperialism with five basic features:

1) the concentration of production and capital has developed to such a high stage that it has created monopolies which play a decisive role in economic life; 2) the merging of bank capital with industrial capital, and the creation, on the basis of this “finance capital,” of a financial oligarchy; 3) the export of capital as distinguished from the export of commodities acquires exceptional importance; 4) the formation of international monopolist capitalist combines which share the world among themselves, and 5) the territorial division of the whole world among the biggest capitalist powers is completed.

In today’s world, it is easy to recognize Lenin’s analysis not only as American and European dominance of the world, but also as an economic system that controls and runs gigantic financial institutions, such as the World Bank, International Monetary Fund, and World Trade Organization. Therefore, Lenin’s contribution is salient, for he informed us that imperialism is not just a military presence or an indirect occupation, but an economic system capable of controlling the industry, banks, financial institutions, international trade agreements, ideological and cultural production (e.g., imperial power of English as the world’s dominant language), as well as the “third world” debt and value of money. To this long list, I add what Erevelles called “rendering invisible the social and economic impact of disability in [the third world contexts]” (2011, p. 22).

After the Second World War, the U.S. has emerged from the dust, (i.e., the interimperialist battles of the 20th century, as Lenin (1916) had predicted), as the global superpower (Scott, 2007). One way in which the U.S.-centered imperialism operates is through waves of “accumulation by dispossession,” that has provoked much global resistance and resentment (Harvey, 2004). Accumulation by dispossession is a concept introduced by David

Harvey, and it refers to the capitalist, neoliberal, and imperialist policies/actions that have resulted in the accumulation of money and power in the hands of a minority group/class of people by dispossessing the majority from their land, resources, and wealth. This has been done through austerity measure, *launching wars*, financialization, privatization, prison system, manipulation of economic recessions, and finally engineering financial crises.

The U.S. has invaded 70 nations since its independence from Britain in 1776 (Polya, 2013). Military invasion of sovereign nations is an excellent example of accumulation by dispossession. This means that war is a necessity for an imperialist state, for it accumulates profit by dispossessing other people from their land and resources. That is why military invasion is at the core of any imperialist political agenda (Harvey, 2004; O'Connor, 2010; Wood, 2006). Since the Second World War, all wars have been fought in the “third world¹³,” between small nations who were pawns/proxies for the United States and the former Soviet Union.

It is important to acknowledge several other political economists such as Prabhat Patnaik, Jamie Magnusson, Silvia Federici, and Glen Coulthard who have theorized imperialism and its delivered-violence in different ways than David Harvey, such as accumulation through financialization, accumulation through encroachment, accumulation by primitive accumulation through exploiting women’s un/der-paid labour, and primitive accumulation through colonizing Indigenous land, and so on. For example, these authors note that historically, financialization is connected to political economy of war and colonization, which in turn, is related to militarized financialization. Jamie Magnusson argues that it is important to understand how finance capitalism in its contemporary form is organized through imperialism. From Lenin to now,

¹³ This also includes the wars in the Balkans. For instance the old Yugoslavia used to be part of the “third world,” or in other words, a pawn for one of the major powers even though it was located in Europe. As well border disputes of the China-Vietnam was just a proxy U.S.-Soviet conflict? Many civil wars also qualify as proxy U.S.-Soviet wars.

finance capitalism is always imperialist and not “hegemonic” as Harvey (2017) has recently argued¹⁴.

Hanging Threats. Another type of violence, related to war, that is committed by the global north against the global south, is threats that are never carried out (Sidel, 1995). Since the launch of the “war on terror” by the U.S. and its allies, as a girl growing up in the Middle East, I lived with the constant fear that Iran would be attacked, and we would be wiped off the map. Remember that Iran borders both Afghanistan and Iraq, and the U.S. had invaded both countries within two years of each other. On top of that, U.S. President George W. Bush labeled Iran a member of the “axis of evil” and launched the “war on terror” against what he perceived as “terrorist states” (to read the full speech see (Bush, 2002)). Living with a constant fear for years can become a very traumatic experience. The most relatable example might be the social and psychological effects of living under a nuclear threat. This is not the only type of weaponry that can provoke fear, however. The threats of other weapons are also known to have serious consequences. Perhaps the best example is the 1991 case where Israeli soldiers injected themselves with atropine out of fear that Iraq would use anticholinesterase nerve gas in Scud missiles against them – an attack that was never carried out (Sidel, 1995).

The United States and its Allies. Modern weapons are all designed and produced in the global north, and then they are sold/given to the global south. There are several reasons why the countries of the global south, which are mostly neo/colonized, are interested in these weapons coming from the global north. One reason is that they want to be militarized, so as to be perceived as “developed” by showing the world that they are in possession of massive arsenals (Sidel, 1995). These arms are often sold to the global south by the global north to keep allied

¹⁴ Professor Jamie Magnusson and I discussed this topic in November 2017 as a result of watching a recording of an event presented by The New School for Social Research at Columbia University where Professor David Harvey, Professor Prabhat Patnaik, and few other economists debate the concept of imperialism and its relevance today. YouTube: <https://www.youtube.com/watch?v=nRvcGP1ALvI>

military tyrants in power in order to protect their own post-colonial and imperialist interests. The U.S., for example, as an industrialized world power “use[s] their ‘foreign aid’ as a method of transferring funds to their military industries, requiring the recipient governments to use the funds they receive to purchase arms from private industries in the ‘donor’ country” (Sidel, 1995, p. 2). It is not easy to get accurate statistics on arms trades due to the different terminologies and definitions that are used in the literature, as well as inaccuracy of the reports. However, it is known that the five permanent members of the UN Security Council along with Germany are responsible for more than 90% of arms transfer to other nations. These countries, who have the right to veto any decision made by the Council, are the U.S., U.K., China, France, and Russia. These six nations (including Germany) are all signatories to the historic nuclear deal with Iran and are often called “big six” or “five plus one” (Sidel, 1995).

In the 1980s, the U.S. alone provided more than \$134 billion USD in weapons, military training, and other associated support to more than 160 countries and groups (Sidel, 1995). This number rose even further in the 1990s and made the U.S., with 73% market share, the number one seller of weapons to the global south. It has been estimated that 85% of U.S.-manufactured arms are exported to the global south and into the hands of oppressive regimes and non-democratic states (Sidel, 1995). Some of the best-known examples of how these arms exports can turn against the exporter (often the U.S.) are Panama, Iraq, and Somalia. Generally speaking, the American weapons never go to create peace but rather to fan the flames of an already-existing tension or to fuel sectarian conflicts to exploit their resources and cheap labour (e.g., Syria, Yemen, Iraq, Afghanistan). (Sidel, 1995; Chomsky, 2008).

France. France is second to the U.S. in the international arms trade. France signed contracts valued at \$11.4 billion USD to export arms to the global south in 1994 alone, while American contracts for the same year totaled \$6.1 billion USD (Sidel, 1995). This analogy could be deceiving, since the number for France is a result of three unusual deals that are rare to

repeat. Also the numbers don't indicate how many deals exactly have taken place directly between Americans and foreign buyers (Sidel, 1995). American and French militaries, run by imperialist agendas, have spawned many wars in the Middle East region and North Africa, and as a result have produced death, captivity, injury, and disability (Chomsky, 2008). I call this phenomenon *disabling imperialism*.

In the "first world", upper class and middle class people with disabilities can enjoy a certain level of social and economic benefits, while the disabled poor and disabled people of color more often live under harsher economic and social conditions (Erevelles, 2011). U.S. war veterans, for instance, who have become disabled in the "war on terror" (in Iraq and Afghanistan) might enjoy a minimum level of social and economic assistance after coming home, but the disabled war veterans or even disabled civilians of the "third world" often go back to no social and economic benefits (Erevelles, 2011). Erevelles cites Walsh (2005) stating that there are 200,000 Iraqi people who live with a "chronic" disability produced by the "war on terror" (2011, p. 138).

Sidel (1995) argues that war is a well-documented factor in devastating economies and social services such as healthcare. The financial cost of war for both the "first" and "third" worlds are undeniable (Sidel, 1995). The great example again is the U.S.-led war against Afghanistan and Iraq, where a "first world" nation had to pay the cost of invading other sovereign nations by reducing the budget for its own health and educational services. As such, much of the war was funded through debt. However, the situations in Afghanistan and Iraq have been worse, and they have had to grapple with many more issues than the U.S. (Sidel, 1995). This means that the "third world" countries are affected more adversely than the "first world" countries during and after war. "Third world" countries often have to deal with a war-imposed lack of housing, healthcare, education, and nutrition for decades, along with several years of economic recession/depression (Sidel, 1995; Erevelles, 2011).

DS Erases The “Third World”

Another problem central to this research is DS’ ignoring of disabled bodies in non-Western parts of the world – the global south or “third-world” – as well as the prevalence of war in these areas, which renders bodies disabled on a massive scale. Does this erasure happen due to an ideological and identity stance known as “whiteness”? In other words, does DS ignore/erase the “third world” residents because they are not white? Is whiteness the “ideological signifier of a unified sameness” (Bannerji, 2000, p. 15)? Who profits from this state of affairs and why? Bannerji suggests that “people outside moral and cultural whiteness, [become] targets for either assimilation, tolerance, or erasure” (Bannerji, 2000, p. 15). Leslie Roman (1993, p. 72), on the other hand, defines “whiteness as a structural power relation that confers cultural and economic privileges.” Furthermore, Anita Ghai argues that disability should be conceptually theorized in a way that interrogates ableist hegemony while concurrently problematizing colonialist and imperialist ideologies that include whiteness. She argues that a critical conversation is needed in DS to re-engage the relationship between the “center/White Self” and the “periphery/Coloured Other” by learning how to “unlearn” privilege and normative hegemony. Ghai is aware that having a dichotomy/binary is essential to sustaining “normalcy”; however, the material lived experience of a disabled person might be far more complex than an easy oppositional categorization (i.e., disabled versus non-disabled) (2012). Ghai (2012, p. 275) quotes Edward Said’s conceptualization of the binary between the ‘European Self’ and the ‘Orient Other’: “European culture gained in strength and identity by setting itself off against the Orient as a sort of surrogate and even underground self” (Said, 1978, p. 21). This conceptualization, Ghai argues, is the very same binary that exists between the able-bodied and the disabled in the society that manages to define the disabled as the “Other” within the hegemonic discourse of “normalcy” (Ghai, 2012). This otherness gets multiplied when the disabled subject is also racialized *and* from the “third world”.

An Iranian historian, Kashani-Sabet (2010), argues, “disability studies can shed light on discourses of power and nation-building which have shaped modern Middle Eastern communities and dominated their scholarship” (Kashani-Sabet, 2010, p. 1). As such, it would be fruitful to include the disabled bodies from the “third world” in our theorization of disability as a way to study both ‘disability’ and ‘race’ at the same time. Shaun Grech (2012) warns us that even when we decide to “include” the disabled from the non-Western worlds and learn from particular countries, we are still implicitly excluding those countries and their disability(ies) from DS discourse. As Michel Foucault suggested, the inclusion of certain bodies does not mean anything except that you previously cut them out, and subsequently, an attempt is made to stitch them back (1964, cited in Erevelles, 2011). Foucault points out that ex/inclusion means nothing but assigning places to people who are perceived as in need of being “fixed” and giving them their own place by “quarantining” their bodies in segregated spaces; this is not rejection, he believed, but “inclusion” (Foucault, 1964).

Helen Meekosha has noted that DS is produced and consumed in the global north without bothering to include the work of scholars of the global south in the paradigm of disability knowledge (Meekosha, 2011). This is poignant and imperative, since it questions the reason for DS’ existence in the first place (Meekosha & Soldatik, 2011; Goodley, 2013). DS has problematically applied its theories and research-methodologies to disability throughout the globe, while ‘only’ producing itself in the “first world” academy.

Some DS scholars have tried to resist *whiteness* of the field by researching the disabilities created in the non-Western parts of the globe; however, they have mostly limited their analyses exclusively to the former colonies of Europe. Even when they have recognized most of Asia and Africa¹⁵ as part of the “third world,” they have failed to discuss ‘production of

¹⁵ Regions/countries that have not been colonized by Europe, but rather whose fate has always been controlled by a U.S. imperialist presence in their vicinity, such as Iran and few other countries in the Middle East.

disability by war' in those regions. Nevertheless, there have been scholars who have not been silent about this problem, such as Priestly (2015), Gorman (2005), Meekosha (2011), and Erevelles (2011). These scholars have managed to break the silence in this field and have started to discuss disability on a global scale by taking into account the economic and political relations/conditions that have historically produced disability by violence. Having said that, there has never been a comprehensive study of disability production by war in non-Western contexts, or even more than a chapter dedicated to how violence causes disability through the social relations of transnational capitalism. This thesis intends to be that comprehensive study.

The Three Overarching Foci of the Study and its Purpose

The three interrelated purposes of my study are: a) to give voice to the experiences of Iranians with disability (as a (re)presentative of the “third world residents”); b) to understand the creation of disability via the Iran-Iraq war; and c) to use the creation of disability via the Iran-Iraq war as a case study for the development of a transnational theory of disability.

Conducting a Case Study and Building a Theory

Throughout this project, I strive to do more than just tell a story. My main goals in conducting this study have been to transnationalize disability by including the voices of disabled bodies from the “third world” via a case study of the Iran-Iraq war. As well, I am proposing a new model for DS which interrogates the violence of the global political economy¹⁶ in producing disablement on a global scale.

Materialist Approach to Disability

Reigning discourses in DS, which are discussed in great detail in Chapter Three, have in essence abandoned material analysis. To contribute to the materialist approaches that have recently been abandoned in DS, I utilize Marxist methodology to explore and understand the

¹⁶ By political economy, I mean a predetermined economy.

concrete material reality that disabled people face in the “third world” on a daily basis. I argue throughout this thesis that a new DS perspective should be deployed that not only engages with disability, but also takes into account its intersections with race, class, history, and geography within the material context of post/neo-colonial and imperialist states. Such a perspective is radical and anti-ableist because it is neither compliant to normative demands/standards¹⁷, nor is it complicit in bourgeois democratic agendas (Erevelles, 2011). This is what I mean by *transnational: engaging the global politics that render racialized bodies disabled by pure power imbalance and violence*.

DHM and Geopolitics

Part of my thesis, as already indicated, is a case study premised upon DHM analysis of disability among Iranian and Kurdish victims/survivors of the Iran-Iraq war that builds upon the works of prominent Marxist theorists Bannerji (1995, 2015), Gorman (2005, 2016), and Erevelles (1998, 2011). My case study method is informed by geopolitics – the study of how geography and economics influence politics and the relations between nations. In this particular context, it is important to pay close attention to this concept, for Iran is located in a politically and geographically strategic location in the Middle East – bordering Iraq, Afghanistan, Turkey, the former Soviet republics of Azerbaijan and Turkmenistan, as well as Afghanistan and Pakistan.

Transnationalism

My proposed model, the TDM, can explain what happens through disabling and deadly wars to racialized bodies in the Middle East who happen to live in fertile lands rich in natural resources. These resources have made them the target of imperialist violence, for military

¹⁷ Such as white, European, English-speaking, bourgeois, heterosexual and healthy

intervention is a fundamental necessity of major capitalist states¹⁸ (Harvey, 2004; O'Connor, 2010). It is crucial to remember that there are countries in the Middle East that have never been colonized by any European power (e.g., Iran), but are constantly affected by the presence of the U.S. military in the region. This presence has always been justified by a political agenda premised on exporting the ideology of “democracy” to Middle Eastern countries, a phenomenon which Noam Chomsky calls “humanitarian imperialism” (Chomsky, 2008, p. 22). People in the Middle East suffer on both ends: resisting their own oppressive nationalist states on the one hand, and the U.S.’ empire-building on the other (Bannerji & Mojab, 2003).

Mojab and Gorman (2007), in their analysis of wars in the Middle East, theorize that “labeling cultures and communities ‘transnational’ while conceptualizing the state as a destabilized, localized, and diminishing entity, encourages the perception that contemporary wars and crises are manufactured locally rather than geopolitically” (p. 60). Inspired by their conceptualization, I argue that disability, as well, could be seen as a *local* phenomenon while it is indeed *manufactured globally by geopolitical forces* that start those wars, in the first place, and perpetuate them. Transnational(ism), they define, as an historical as well as political category of “social organization” which is comprised of the national, international political-economic relations (Mojab & Gorman, 2007, p. 58). To *transnationalize* the context of DS, one should take into account the oppression of disability in relation to *capitalist modes of production* (Gorman, 2005).

From Case Study to Theory

For the first part of the thesis, I draw on Robert K. Yin’s (1984) understanding of the case study method as an empirical inquiry that investigates ‘*the creation of disability in Iranian veterans and civilians*’ as a contemporary phenomenon within its real-life context. Then I drew

¹⁸ Non-major capitalist states, such as Iran do not have the military power to launch wars, but they always intervene with the affairs of their neighboring countries. So I would say major capitalist states operate based on imperialist ideology and class hierarchy, but the non-major ones would operate based on small interventions and an acute class hierarchy.

on Eisenhardt's (1989) understanding of "Building Theories from Case Study Research" in using the case study report to build a new theory for DS which I designate the Transnational Disability Model. In the theory-building process, I allow "the process [to] rely on past literature and empirical observation or experience as well as on [my] insight to build incrementally more powerful theories" (Eisenhardt, 1989, p. 22).

Why the Iran-Iraq War?

The second and third largest exporters of oil worldwide, Iraq and Iran are appropriate topics for my study, as both nations have been victimized by imperialism, nationalism, and religious ideology. Furthermore, in the eight-year-long war that occurred between them, more than 1,070,000 people were rendered disabled (Murray & Woods, 2014), while there is substantial evidence suggesting the Iraqi state was fully funded and supported by the West (U.S., France, Germany, and Italy) as well as the Soviet Union and China (Timmerman, 1991; Friedman, 1993; Hiltermann, 2007; McGovern, 2013; Cooper, 2013).

RESEARCH QUESTIONS

The primary questions addressed in this thesis are:

1. How is the "first world" implicated in the production of disability in the "third world" (i.e., capitalist and imperialist agendas)? (Chapter Four and Five)
2. How are nationalist/ideological forces (such as the state) in the "third world" also implicated in the production and maintenance of disability (i.e., through the instrument of religious nationalism)? (Chapter Four and Five)
3. Why is a transnational theory and praxis of disability necessary? (Chapter Six)

These are supplemented by one auxiliary question:

4. How can we read disability transnationally using DHM by engaging the dialectics of global politics? (Chapters Five and Six)

Entry Point: Contextualizing My Agency

Historicizing

My grandfather was a Royal Persian Army colonel when the 1979 revolution took place. Luckily, he survived the mass executions of high-ranking military personnel carried out by the new regime in the days immediately following the revolution (Abrahamian, 1982). In 1980, he retired, for he did not want to be part of the new regime that had the blood of the people on their hands. However, when the war began, he asked the new chiefs to let him fight along with other soldiers, for he believed he had been trained for twenty years for a moment like this to build the struggle and defend his people. But they denied his request by saying that they don't need strategic, tactical, and technical advice from experts; instead, all "God's army" needs is a shield made of "human bodies" (Abrahamian, 1982; Hiltermann, 2003). My grandfather subsequently went into a long depression seeing the young generation perish on the battlefield due to a lack of effective leadership and military knowledge. The 'masses as cannon fodder' is a fundamental aspect of war in a class society (Gorman, 2016). This point is relevant again in relation to the actions of all sides in proxy wars in Iraq and Syria.

Child of War

I was born in the middle of the Iran-Iraq war, in which chemical WMD were used on civilians, including unarmed women and children, leaving them with life-long physical and emotional injuries. My pregnant mother, startled by a bomb dropped from an Iraqi jet fighter near Esfahan, went into early labor. Though scared by the sirens, screams, debris, and dust, she managed to deliver me in a hospital the same night. That night, the story of how wars in the Middle East define my life began.

U.S. Imperialism in the Middle East

When I was six-years-old, the U.S. attacked Iraq to "save" Kuwait. In 2001, when I was 15, the U.S. attacked Afghanistan to "save" women from the Taliban. Despite living in exile, I

am still haunted by remembering the nightmares I used to have, during the U.S. invasion of Afghanistan, as a curious little girl. In my dream, on my way to school, I would check the sky above my head to make sure there is no plane bombing. Religious fundamentalism and American imperialism are two real threats that never leave you alone if you're a Middle Eastern woman. When I was 17, the United States attacked Iraq right on March 20, 2003 (Hagopian, et al., 2013). I remember this date very vividly because it was Persian New Year's Eve. Our neighbor Iraq was bombarded by American jets fighters. Saddam Hussein, the Iraqi president, denied the allegations he was in possession of chemical and biological weapons – the very same WMD that had injured Iranian soldiers during the Iran-Iraq war. The administration of President George W. Bush claimed that Iraq posed a danger to the safety and security of the United States – from 10,000 miles away) (Burke, Degeneffe, & Olney, 2009). The imperialist presence of the U.S. and allies in the Middle East region was not hard to be feel at all, even for a child with with limited awareness.

Living Under a Theocratic State

I have come to learn a lot about the Iranian state, for I lived under its tyranny and dictatorship for years. I was even arrested at the age of 14 for not complying with the oppressive patriarchal law of wearing a hijab. The Iranian state has committed countless atrocities against political dissidents/prisoners, activists, journalists, women, and religious minorities (e.g., Baha'i)¹⁹. Unlike most states in the world, this theocratic state has even been brutal to its war veterans by oppressing them and not providing sufficient care for their injuries. As such, I argue that not only were their disabilities created as a result of the U.S. imperialist intervention, Iraqi nationalism, and Iran's desire to export its ideological revolution, but also as a result of the Iranian state sustaining those disabilities by not caring for the survivors. Not to mention that the veterans' wives and mothers have been doing the free labor of caring for the veterans, a reality

¹⁹ For more information about the regime's treatment of its dissidents, see: (Amnesty International, 2017; Talebi, 2011)

that could potentially constitute a subsequent research project on patriarchy, theocracy, and gender in post-war Iran.

Indoctrinating the Ideology of Martyrdom and Sacrifice

As part of the Iranian state's theocratic nationalist agenda, as elementary school children, we were supposed to visit the disabled veterans in nursing homes and pay respect to the martyrs in cemeteries on a regular basis. This was done very purposefully – not to teach us empathy and care for another human being, but rather to indoctrinate us with the theocratic ideologies of sacrifice and martyrdom²⁰. They did not succeed in indoctrinating me with their ideologies; however, the survivors' disabled bodies were etched in my mind. Today, after so many years, I think those visits to the nursing homes and cemeteries, combined with my education in DS, have shaped my questions in seeking an explanation for all those deaths and injuries.

Witnessing

When I was 12, we took a school trip to an institution that was home to several war veterans who had become disabled as a result of Iraqi chemical weapons used during Iran-Iraq war. The institution was a three-story complex, with each level consisting of 20 to 30 veterans. Each of them had been living there for 10 to 17 years at the time. We were a group of 25 students holding in our hands gifts, which we had brought for them. Each veteran received a shirt and a nail-clipper because our principal thought this was what they *needed the most*. One of the staff gave us a tour around the facility. He described the building as having three levels, from which the first level is home for those who have up to approximately 25% disability²¹; the second level housed disabled veterans of approximately 25% to 45%. And the third level encompassed veterans with approximately 45% and above who receive no visitors because the

²⁰ For more information on the educational goals of the Iranian state, see (Haghgou, 2014)

²¹ The Iranian State uses a percentage system to measure war veterans' disability(ies) acquired in Iran-Iraq war.

level of chemical burns/injuries on their bodies were so severe that it prevented them from tolerating any type of clothing, as such they lay on their beds naked all day. Being a 12-year-old, I was curious to visit all the veterans and I was confused about why these people were being taken care of in an institution, or why these people were living in such difficult circumstances. What had caused those horrible chemical burns? Wasn't the Iraqi army prohibited from using chemical WMD, according to the Geneva Convention²² (United Nations Office for Disarmament Affairs, 1997)?

As I entered the room, in the first level of the nursing home, one of the veterans said to me, "Do you know how it feels to be forgotten for 17 years? Do you know how it feels not to have any visitors for 17 years?" I did not know what to say. I ran outside and cried. After 16 years, holding a degree in DS, I still do not know the answer to the veteran's question. However, I think this thesis will build a foundation that can bring us closer to a concrete answer to his question.

The same year, my grandmother, who is now a retired philosophy and Persian literature high school teacher, decided to volunteer to run philosophy workshops and focus groups for interested veterans in the same nursing home that I had visited with my school. The day she arrived at the door, the security guard laughed and said to her that none of the veterans had the "capacity" to understand what she was going to teach them. She argued otherwise, but they only laughed at her. She returned home and never got a chance to teach a philosophy class to those who might have been interested.

Anti-Oppression Task of Historical Recovery

It is not my intention to provide an answer that would satisfy all disability scholars, nor is it possible to do so. Naming my agency and subjectivity demands clarification. I am content

²² Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous, or Other Gases, and of Bacteriological Methods of Warfare (1925).

to call myself an anti-racist and Marxist feminist – a distinctly political and socially-grounded cultural identity. This does not rely solely on the culture of community at birth, but also speaks to what I have become as political subject and agent in my own adult political and cultural efforts. It is with considerable pride that I write this entry point. I am writing this part as a pupil and fighter against the current global onslaught. I recall with pleasure the helping hand that contemporary disability scholars extended in seeing my thinking around disability through its birthing process. The clarity of conceptualization and the warm hospitality of articulation with which they delivered their teachings provided me a starting point from which I have never looked back. Since then, through this period of intense interchange, I have been one of DS’ (emerging) scholars, bringing a critical input from my understanding born of living in a “third world” country and a capitalist/class-based society.

My critique of imperialist and nationalist class subjectivity is not a ‘post-colonial’ perspective derived from a reified form, institutionalized in North America, an advanced capitalist society. I came to North America with questions and memories that didn’t leave me alone as I immersed myself in DS literature. The disabled bodies that were etched in my memory started looking for themselves. The disabled bodies confined in institutional beds looked for their story in course-kits, textbooks, and articles, but they didn’t find themselves anywhere in there. And here I was, torn between “official” knowledge and what I had seen with my own eyes as disablement and disabled bodies. This niche, I figured, was not a product of negligence, but rather of a colonial tool aimed at erasing disabled racialized bodies who happen to be living in the “third world”. As a teenage participant in Iranian society, I tried to explore disability, race, class, and gender struggles in that oppressive context – to have a political existence as an active agent/self. Interestingly, these analyses found an urgent context with Western/White DS, as I had become an adult by the time I relocated to Canada.

Self-Consciousness

I have not collected the disabled survivors' stories in order to make a discovery or test a hypothesis; instead, I aim to reveal how social relations of race, class, and disability organize people's lived experiences in a specific historical and geographical context. By choosing to analyze the accounts, writings (online blogs and comments), memoirs, and testimonies produced by disabled veterans and civilians, I have come to concretely situate myself as a researcher. However, I am aware that I am a war survivor who has not been hit by chemical weapons, therefore I continue to think and reflect about my accountability as a non-WMD-target researcher in relation to a particular group, and I continue to explicate how I have come to be defined as a non-target. As such, I situate myself as a Middle Eastern woman who has survived the war with no *visible* injuries, grown up in Iran, gone through the educational system, observed post-war Iran, and today lives in exile.

Bearing Witness As Research

Inspired by Rachel Gorman, the contemporary disability rights activist and scholar, I explore the possibility of bearing witness to oppression as a research avenue. In other words, I have chosen to engage in witnessing, since it provides a context and corroboration for the stories of institutional and violent situational survivors who have told their stories in the community (even online). Gorman defines witnessing as an act that “involves politically conscious human beings who can analyze their own roles in the story, and also provide the critical context for understanding the power relations *in order to change them*” (Gorman, 2005, p. 8, [emphasis in the original]). Gorman (2005) insightfully observes that for the most part, concrete experiences of disabled people have been used as a metaphor for the non-disabled person's state of mind in the contemporary Western writing involving disabled characters. There is an absence of survivors' reports of war, environmental destruction, institutions, and locked wards in their own words. Witnessing the lives of Iranian disabled veterans and civilians as survivors of political violence, I concur with Gorman (2005) in her argument that research as witnessing can expose

the unequal power relations in “hidden institutions,” such as nursing homes (Gorman, 2005, p. 9). As I will discuss in more detail in Chapter Four, many of the disabled Iranian war survivors are forced to live in asylums/sanatorium (*asayeshgah*)/nursing homes very similar to psychiatric wards. Many of the mentally disabled survivors who have been injured by explosion-waves/shrapnel are held in psychiatric institutions that are usually called *The Centre for Psychiatry and Rehabilitation of* (insert the name of a martyr). Research as witnessing arises from an ethical obligation that urges us to admit that there are many people living in abusive conditions with no way of reporting it. Gorman (2005) argues that the result of institutionalization, or sometimes the purpose of it, is removing the inmates’ access to the outside world.

In the case of this research, my witnessing involves the things I have *seen* as a girl growing up in Iran pertaining to the living conditions of the disabled war survivors there, as well as the history of violence that I have discovered through the survivors’ own writings on social media as their only channel to speak with the outside world. Gorman (2005) asserts that in the process of witnessing, what the researcher sees and hears should be combined with her *understanding* of those unequal power relations. Only then can the unity of experience and analysis occur as I, the researcher, (re)present/report/narrate the disabled veterans’ and civilians’ experiences. The point of witnessing, as Gorman (2005, p. 9) suggests, is “be[ing] present in the experience/analysis;” in my case, both as an Iran-Iraq war-survivor, and in (re)presentation of survivors’ stories in this thesis.

I have conducted this study using the survivors’ own writings as proof of the violence they have endured. Imagine a different scenario where I would have had to search for official documents to prove the abuse that the disabled survivors have gone through in nursing homes? The first question is do such documents exist at all? And the second question is would the state or the nursing homes would have let me access those documents. If I was in Iran for the data

collection phase and I had asked the authorities for access to official documents, that inquiry alone would have likely been grounds for my arrest and political persecution. This is because the Iranian state perceives any questioning of the war and its survivors as a betrayal to the so-called “sacred” regime of the Islamic Republic of Iran (IRI).

In terms of accessing voices of the survivors, I need to mention that several popular social networking websites, such as Facebook, YouTube, and Twitter are filtered and inaccessible by the general public in Iran, including the disabled veterans and civilians²³. Therefore, all they have as a platform for speaking of their experiences is the comments’ section of the domestic news agencies’ websites that sometimes publish a piece on a new (oppressive) regulation/cut-back concerning the veterans’ welfare. I say domestic, because the government strongly opposes accepting any interview or invitation from the international news agencies, such as CNN or BBC. Herein lie the primary data sources for this thesis.

During the data collection phase of this research, I combined approximately five hundred comments that survivors have posted on different news agencies’ websites. I consider those long and expressive comments to be representative of the voice that I seek to witness.

Political/Ethical Commitment to Conduct an Emancipatory Research Through Reflexive/Relational Thinking and Acting

Like any graduate student, I have my own ethical concerns both as a researcher and as an Iranian woman war-survivor about conducting research that is about survivors’ stories. Herein, I have strived to conduct an emancipatory research project for the sake of those, whose stories I am narrating. By emancipatory research, I mean research that can make a difference in the lives of its subjects (Barnes, 2003), rather than just garnering a degree for its principal investigator. My ultimate goal in conducting this research is the global emancipation of disabled people as an

²³ Except the younger generation, who are more likely to have access to a Virtual Private Network (VPN) which conceals their location from internet monitors – a situation which almost certainly does not prevail among most ill and disabled survivors.

oppressed group. I attend to this goal in two ways. One way is being committed to conduct an emancipatory research. The other way is re-theorizing disability relations from the standpoint of the marginalized disabled people in the “third world.” I have attended to both these commitments by *consciously* using the reflexive/relational thinking and acting, which leads to political praxis (Bannerji, 1995; Gorman, 2005; Hande, 2017). I have done so by witnessing the oppression that the disabled war survivors have endured, *being present* at reporting this violence, and finally *understanding* the unequal power relations that affect their lives. This political/ethical commitment to conduct an emancipatory research through reflexive/relational thinking and acting, as a general orientation and way of proceeding, has framed my thesis journey throughout.

For re-theorizing disability relations, using the reflexive/relational method, I have *consciously* engaged with learning from/about the poor, working class, racialized/Middle Eastern disabled bodies, instead of reproducing the “normalized knowledge” or the status quo, which is bourgeois, white, and Western. This is what I mean by political praxis, consciously engaging in the immediate world, in order to changing the relations that rule our/their lives globally. Since this research has been conducted and embedded in DHM, I extensively deal with historicity, agency, consciousness, and struggle of the disabled veterans and civilians in Chapter Four and Five. In Chapter Six, I discuss the whole concept of political praxis stemming from having conducted this research both as a piece of knowledge and as a point of departure for future political organizing and acting.

When I started reporting what I had encountered in the hundreds of accounts that I read for this thesis, I faced a very serious ethical problem: how do you communicate other people’s pain? How do I convey their-story (history: his-story/her-story)? Why are they significant? What are you trying to do with them? And finally, how can I go beyond their immediate experience? I wanted to figure out how those people landed in hospital beds and stayed there for

years, often decades. I decided to invoke Bannerji (1995), Gorman (2005, 2016), and Hande's (2017) reflexive/relational method of going beyond the immediate experience and trying to understand how that experience has been organized through social relations and forms of consciousness extended from the past. This analysis is not my methodology, simply a tool to help make ethical sense of the accounts that I have collected, read, and analyzed. This tool is like a thread that leads from the particular to universal (Bannerji, 1995). Gorman (2005, 2016) argues that the reflexive/relational method is also a political praxis that helps the researcher to conduct an emancipatory "research that helps, not a research that hurts" (Gorman, 2000, p. 1). Thus, I have responded to my ethical concern by using the reflexive/relational method as *a tool that helps me justify* why and how I need to (re)tell these stories. The reflexive/relational method, not as a research method but as an ethical commitment, is one way in which this research could end up emancipatory and committed to doing something more than simply narrating people's experiences.

As confirmation, I returned to the works of Gorman (2005, 2016) and Erevelles (1998, 2011) as disability theorists, committed to emancipatory research and praxis. Erevelles's doctoral research was conducted in an institution in India that is a home for children with developmental disabilities. Gorman's doctoral work entailed several interviews with disabled artists active in the Toronto dance/theatre community. Both of them have been very careful in their reporting, in how they have made sense of disability oppression, discrimination, inaccessibility, dehumanizing praxis, and alienation. As an emerging scholar who is building on the foundation of their work, I am also committed to emancipatory research through reflexive/relational thinking and acting. To me, conducting emancipatory research is a process (not a one-time event), which I have engaged with, both intellectually and politically.

Moreover, we know from Paula Allman (1999, 2007), Ellen M. Wood (1995), and Himani Bannerji (1995) that experience acts as a medium between social being and

consciousness. I believe that if the act of retelling a story, regardless of how painful it is, raises *consciousness* in others (disabled or non-disabled) as an anti-oppression praxis, then it has to be done. If we don't tell such a story, we risk *becoming* educators who help the oppressor, and not the oppressed. That's why I concluded that the best way for conducting emancipatory research as political praxis is to use the reflexive/relational tool to tie the experience of disability to the larger global political agenda.

Concluding Remarks

Throughout this introductory chapter, I covered the three intertwined research problems, the purpose of this study, and its three overarching foci. I also discussed the research questions, and how I am going to answer them using the disabled survivors' words, as an authentic "voice," while fully attending to the social, political, and economic relations underlying their lives. This chapter indicated the significance of this study, and how I am approaching the problem of disablement in the "third world" both structurally and culturally. Further, I briefly discussed my research methodology, which includes my theoretical framework, data-collection method, the ethical commitment to conduct an emancipatory research, and the political agenda underlying it. I positioned myself within this research by historicizing my agency and contextualizing my consciousness as a Middle Eastern woman war-survivor who has been trained in DS for the past nine years. This chapter is meant to prepare the reader to follow the thesis, while at the same time, it begins to signal to the reader that this is an politically-significant piece in today's political climate, considering we live in a world where 100 people die from landmines every day. In the next chapter, we go through my theoretical framework, along with the methodology for sampling, collecting, and analyzing data for this thesis.

Chapter Two: Methodology and Theoretical Framework

This chapter presents the research methodology²⁴ for this thesis, while also encompassing the theoretical framework, sampling selection, data collection method, and data analysis. My overall theoretical framework is Marxist theory informed by geopolitics and a Disability Studies (DS) lens. Before elaborating on dialectical and historical materialism (DHM) as a Marxist framework (theoretical umbrella) for interpreting data, it is first necessary to explain what is meant by geopolitics and a DS lens. By geopolitics I mean politics, especially international relations, that are influenced by geographical factors. And by DS lens, I mean paying close attention to how social relations produce disability, or how social/economic relations mediate *mechanisms of disability production*, such as war. This chapter guides us toward answering one of this thesis' research questions: how can we read disability transnationally using DHM by engaging the dialectics of global politics?

The Marxist theoretical framework of DHM sheds light on the ways in which the world actually operates. Prevailing political and social systems largely function to protect the circulation of capital as it seeks new opportunities for the production of more commodities and profit. The international economic system operates according to the inherent laws of capitalism; ours has become a world of global capitalism (Allman, 2007). If we do not understand how this world works, how can we make changes in it? It is enormously important to understand that the phenomenon of globalization that has been produced by late capitalism is not an inevitable stage of human history. Instead, these changes are all within conscious human control. Nothing is beyond the horizon of democratic decision-making (Allman, 2007). We can change social

²⁴ Initially, I had decided to write up my case study and its report in one chapter. However, once I finished analyzing the data, I was overwhelmed with the amount of information I had gathered, which Pettigrew (1988, cited in Eisenhardt, 1989, p. 10) describes as "an ever-present danger of 'death by data asphyxiation'". Therefore, I decided to present the case study in one chapter (four) and provide its analysis in a separate chapter (five). This chapter is none of those chapters. Here I only explain 'how' I conducted the entire study.

relations, arrangements, and organizations – if we want to. But first we need to understand how the world operates. DHM is not just a theory, but also a way of thinking and conceptualizing.

Reading Disability through DHM: Politicization of Difference

In this thesis, I refuse to disarticulate culture from hegemony, reduce all political issues into cultural ones, or convert culture into a private matter. As Nirmala Erevelles argues, we can theorize a disabled body only if we situate it within the historical conditions that constitute its material reality (Erevelles, 2011), which means following the Marxist methodology of DHM. Marx believed that history is not just a combination of events that form the past. Instead, he argued that ideas have social origins and could be manipulated for political purposes (Bannerji, 2011, 2015). In the work, *The German Ideology* (Marx & Engels, 1932/1998), the foundational conception of DHM was set and constituted as a new method of social inquiry and of recording history (Bannerji, 2015). Marx defined historical materialism as a way to understand the material conditions of humans through history (Marx & Engels, 1932/1998). By understanding the material conditions of humans through history, Marx argued, human beings can come to understand their current social and political conditions. Marx criticized Hegel for “mystifying” social relations. For instance, Hegel gave an independent existence to the ‘state’, while Marx believed the state is just made up of people (Tucker, 1978). He developed DHM as a way to *de-mystify* human relations and understand history as a result of “sensuous activity of [hu]man[s]” (Marx & Engels, 1932/1998, p. 25). Marx believed that capitalism reduced all human/social relations to material relations of commodity production and exchange, despite any appearance that such relations might be intimate or personal.

Bannerji (1995, p. 18, 19) reveals that Marx perceived the *distinction* between “a sense of self or being, and the world that being inhabits” as wrong. Marx disagreed with both idealists and materialists, even though they each insisted that they respectively constituted independent

separate approaches. On the one hand, idealists had mastered the “theorization of cultural self, of the sense and imaginative cultural beings” (Bannerji, 1995, p. 18). On the other hand, the materialists theorized the world as constitutive of “organizations or structures.” Marx’s project was a combination of the two stances. For Marx²⁵ “the project consists of an introjective and constitutive theorizing of the two moments – of the self or consciousness as being in and of the world, and of the world as history and structures made by the self with forms of consciousness” (Bannerji, 1995, p. 19). In other words, Marx argued that humans (as material and cultural selves) make history and structures of their world with forms of consciousness extended from the past. Here, the use of the word, “introjective,” refers to the unity of the self and consciousness, meaning they affect, adopt, and constitute each other as two components in *one* relationship. As such, Marx’s understanding of self and consciousness did not involve a “dichotomy between the two.” Instead he theorized them as a unity - constituted by two components that are inseparable from each other. Marx, as he argues in the *Theses on Feuerbach*, believed that knowledge is not separate/separable from the physical body, and therefore not separate/separable from the material world (Marx, 1845/1976). Marx according to his own words was out to change the world rather, not just interpret it (1845/1976). In formulating the approach of DHM, he developed a new knowledge adequate for creating change “with a centrally-situated agent or subject, without whom no transformative politics would be possible” (Bannerji, 1995, p. 19).

From the standpoint of Marxist disability scholarship, the task is to use DHM to present a dialectical and reflexive understanding of disability, difference, subjectivity, and agency. The key in understanding DHM, and using it, is to understand everything as it relates to history and social structures, such as class and capital. This understanding includes social relations such as imperialism and social organizations such as slavery and colonialism. Unlike poststructuralists

²⁵ Karl Marx, "First Thesis on Feuerbach" in Marx and Engels, Collected Works vol. 5.

and postmodernists, for whom “experience” and “identity” are the ultimate destination around which they revolve and mobilize (Bannerji, 2000), I use the experience of veterans *only as an entry point*. This entry point manifests how and why that particular experience has been socially and politically organized in the way it has.

DHM helps to connect the personal experience to a much bigger picture comprised of the social organization of relations. Viewed from another angle, it also helps us understand how that bigger picture determines that specific experience in the first place. As such, DHM is useful because it grants us the necessary tools to draw the links between one story of disablement to the war, and from there to a larger organization/structure of social relations that have caused war in the first place. By causing war, I do not mean just the particular action of initiating military hostilities; rather, I am referring the entire *process* that predated the Iran-Iraq war, started it, and prolonged it for eight years.

War is only one example of what this thesis is exploring through DHM. DHM can help explain several other forms of violence that cause disability as well. For instance, Saudi Arabia and Iran cut people’s hands off if they are convicted of robbery. Ironically, in the case of Iran, there are many members of the state apparatus who steal the money made by selling the nation’s oil with absolute impunity (Abrahamian, 1982). They never get caught, and even if they are, they end up paying small bail and then walk free. This violence *of inflicting disability on lower-level/class criminals* occurs as a theocratic punishment according to the *ideologies* that states impose on their citizens in the form of law. Can the existing models in DS help us understand what happens in such a scenario? Probably not. However, DHM can, if equipped with a DS lens and global politics. Moreover, we know that disability is usually associated with being low-income (Oliver, 1983), for capitalist logic of making profit by exploiting labor-power is always an ableist barrier for disabled people to access proper employment. There is also a cultural taboo accompanied with a disfigured limb, a signal for past criminal activity. DHM can help us

understand how theocracy, class, and capitalist social relations cause a poor person to *become disabled due to poverty* (read occupation of a low class in the social division of labour). First of all, the Iranian and Saudi states are both ideological and capitalist states, for whom democracy and collective decision-making are alien concepts. In this political context, these states only serve the interests of the ruling class and not society more broadly, meaning the working class or poor people always remain poor. The judiciary system also serves the interests of ruling classes who are often corrupt and dishonest. So far, we can detect the role of class and ideology in this example and see the social relations behind *imposed disablement*. Here, the poor person who has been perhaps forced to steal, due to poverty, becomes even poorer because s/he acquires a disability that will likely make it harder to find proper employment. They often end up begging on the street or die of drug abuse.

Without DHM, we are left with the medical and social models, which mean dealing only with medical violence, social attitudes, and physical barriers blocking access for disabled persons. These alone are insufficient, thus requiring further exploration of DHM. Ebert (1996) describes historical materialism as:

a mode of knowing that inquires into what is not said, into the silences and the suppressed or missing, in order to uncover the concealed operations of power and the socio-economic relations connecting the myriad details and representation of our lives . . . [historical materialism] . . . disrupts “what is” to explain how social differences – specifically gender, race, sexuality, and class [and to which Erevelles (2011) has added disability] – have been systematically produced and continue to operate within regimes of exploitation, so that we can change them. It is the means for producing transformative knowledge (Ebert, 1996, p. 7).

DHM theorists of disability argue that the social construction of the disabled body emerges from “the specific ways in which society organizes its basic material activities (work, transport, leisure, domestic activities)” (Gleeson, 1997, p. 194). Historical materialism presupposes that labor is the core organizing force in history, for humans through their relationship to labor and within historical contexts “produce” their lives versus “just living their

lives” (Erevelles, 1998, 2011). Historical materialism presents the ability to map out the dialectical relationship of individuals to social structures as determined by their locations in the social division of labor. In turn, the social division of labor is determined by the social organization of the economy within specific historical contexts (Erevelles, 1998).

To use Marxist theory, it is necessary to give central attention to the capitalist social relations that dominate the world economic system. The Marxist framework sheds light on the ways in which the capitalist economy survives the worst depressions and recessions through its enormous flexibility to accommodate various shapes and means of profitmaking (Harvey, 2004). This happens through the *regeneration* of resources via stealing (dispossessing) them from the global south, and *redistribution* of resources through preservation of class-hierarchy at home (Harvey, 2004; O’connor, 2010; Mojab & Carpenter, 2011). Within this context, how is the disability of Iranian survivors produced and sustained with respect to their location in the social division of labor? Perhaps it should be considered whether their location in the social division of labor has determined their disability, rather than the reverse (Erevelles, 1998, 2011).

In the Iranian context of 1980, the younger generation who volunteered for frontline combat were mostly from working class, poor, and uneducated families who were either underemployed or unemployed right after the 1979 revolution (Ghamari-Tabrizi, 2009). This is not a phenomenon specific to “third world” countries; even in North America many young people join the military because they want to have a job, a solid income, and perhaps change their socio-economic status/class. As such, it is important to note that sometimes people go to war and become disabled only because their initial intention was to have a secure employment. Thus, *their disability is generated by their need to economically survive*. This is a clear indicator that disability is connected to economic and social relations.

At the same time, we need to pay attention to how war is a necessity for capitalist and imperialist states. First of all, we need to look at every phenomenon in its own historical

context. Marx's science is not transhistorical (Allman, 1999). For instance, we know that water boils at 100 degrees Celsius; we also know that this never changes, no matter in which historical era we try to boil it. However, social relations such as capitalism are extremely historically specific, meaning they *result* according to their circumstances and *pre-existing conditions*.

After historicity and the significance of understanding every relation and phenomenon in its own historical context, the most important step in grasping the dialectical conceptualization is the relation between *preconditions and results*. With this concept, Marx emphasizes that certain preconditions set the stage for the rest of a process to emerge. This is not the same as expecting certain pre-ordained results, according to some religions or metaphysical ideology. What Marx means, according to Allman, is that "preconditions...lay the foundations for and...develop into specific results. Certain results, in turn, become the preconditions for more highly developed, more complex, results" (2007, p. 5). Marx invites us to pay attention to the pre-existing attributes of different processes and relations in order to understand why and how they result in their eventual consequence. For example, for this thesis, there are two key pre-existing attributes to consider: ideology and class. These two are the pre-existing attributes for all three relations that we discuss here: nationalism, capitalism, and imperialism. All are embedded in class-based societies and ideological foundations. By class-based societies, I mean societies that are run on the lines of a capitalist economy, which is based on the internal contradiction between labor and capital. This relationship is not fixed, meaning we can abolish it. Marx's conceptual tools to understand this argument are *internal relations, dialectical contradiction/unity, form, and mediation*.

Marx avoids categorizational and linear thinking; instead, his unique paradigm of critical thought is based on *internal relations*. Marx's thinking is based on the pillars of *internal contradictions*. Categorizational thinking is a popular way of thinking, but not always sufficient, especially if we are dealing with complex phenomena. Categorizational thinking is based on

distinction(s) between different categories, such as different animals and plants, but is insufficient for studying a phenomenon *in relation* to another phenomenon. In such a case we might have to invoke Marx's dialectical thinking, for it reminds us that social relations should be studied *relationally* as opposed to categorically (Allman, 2007).

There are two ways of thinking relationally. One focuses on external relations, the other on internal relations. The first one is the most common in natural sciences such as chemistry and helps to understand how two phenomena interact and what happens as a consequence. For instance, a specific combination of oxygen and hydrogen results in water. So we perceive the resulting water as the product of the interaction between oxygen and hydrogen. This interaction has resulted in a new substance (water), which is able to continue existing with no connection to its constituents (oxygen and hydrogen).

On the other hand, internal relational thinking is much more complex, because in this case the *result* of the interaction between two internally related phenomena remains dependant on those phenomena and cannot exist independent of them. This is a core concept pertaining to Marx's dialectical thinking. Capitalism must be thought of as a relation. It is *the unity of two contradictions* and cannot live on its own independent of its contradictory components. Labor and capital are opposed to one another, yet simultaneously united in the relation called capitalism; this unity of opposites is the essence of dialectics. One of these two components (i.e., capital) is perceived as "positive," as it wants the relationship to continue; it makes profit by exploiting the other. Labor, on the other hand, is perceived as "negative" because it can abolish this exploitative relationship at any moment (the "negation of the negation" in Marxist terminology). Human emancipation, then, depends on *labor's decision to end this exploitation*.

Returning again to Marx's conceptual tools, he argued that relations are not neutral. For him, the state in a liberal/bourgeois democracy was not just a neutral entity that represents the people; instead, the state is a *socially organized relation* that functions to serve the interest of a

particular class (Allman, 2007, p. 9). Marx called this unity of contradictions *form*. *Form* is a result of an internal relation, and unlike the result of an external relation, it cannot exist separate from its constituents. Sometimes this form moves between the two contradictory components of the dialectical relation and gets them closer to each other. It might even move amongst its original constituent relation or other relations internally or externally, while always connected to its two opposite sources. Analyzing and studying the movement of a form, according to Marx, is called *mediation*.

Returning now to the question presented earlier: Is war a necessity for a capitalist state? Allman (2007) argues that poverty and environmental destruction are inevitable *results* of a *preexisting condition* called capitalism. If we start to look at poverty or environmental destruction as the *results* of *preexisting conditions*, namely capitalism, then we might be able to prevent them, if we change those pre-existing conditions. Inspired by Marx and Paula Allman, I argue that war is also *a form/result of preexisting relations* – namely capitalism, imperialism, and nationalism. In chapter one, we established that war is a necessity for imperialist states to regenerate resources; in a world with limited resources, this is only possible by keeping most people in poverty or taking over their resources using violence. This manifests in colonialist, nationalist, or imperialist invasions aimed at expanding territory and accumulating new resources through dispossessing invaded nations. Through a reliance on DHM, this thesis attempts to show that the Iran-Iraq war was not something that happened like an unavoidable earthquake; rather, it was socially planned, organized, and carried out by people. Therefore, disabilities that were created were the byproduct of weapons made by people and purchased precisely to kill and maim. In addition to the necessity of war for capitalist economies and nationalist states, there are other factors that have bearing on who gets killed/injured and who does not. DHM is a way of thinking that helps us to see what is not apparent at first sight, such as global class relations (i.e. imperialism). Using the analytical framework of DHM, this thesis explored how the racialized

disabled body is constituted within social relations of production and the consumption of transnational capitalism. As well, it foregrounded the implications of social/economic arrangements for determining which bodies matter or not. Thus, apart from problematizing why some bodies matter more than others, there are other related questions explored²⁶: how can we read disability transnationally using DHM by engaging the dialectics of global politics? And why is a transnational theory and praxis of disability necessary?

Using DHM can foreground the enabling conditions necessary for the transformation of exploitative capitalist and imperialist social relations that create and support the oppression of subjects of difference. In this regard, I reject claims by Mehan (1992) and Ladwig and Gore (1994), both liberals and poststructuralists, that the Marxist theory denies the validity of all individual experiences and reduces all explanations to a vulgar economic determinism. Instead, I join Erevelles (1998) and Ebert (1996) in arguing that human experience, knowledge, and truth cannot be understood in separation from the political economy of labor.

Jeff Hearn, in his critique of Marxism, questions the lack of ‘sex, gender, and sexuality analyses’ in Marx’s writings. He argues that the involvement of the concepts such as ‘woman and gender’ are political and that Marx certainly would have not understood the latter term as a critical lens, if he was still alive (Hearn, 1987). He contends that what Marx mainly focused on was economic relations constructed in their political essence, but he failed to look at these social relations from a gender-sensitive ontology (Hearn, 1987). That’s exactly why a Marxist-feminist movement has started to fill this theoretical gap. However, neither transnational feminism nor Marxist-feminism has ever included the “issue” of disability in their analyses. Rachel Gorman and Nirmala Erevelles are the only Marxist-Feminist theorists who have addressed this “issue”

²⁶ More questions could be what are the possibilities and limits of a more inclusive disability theory in explaining what material and historical conditions produce some bodies as mattering more than others? What is the impact of this invisibility on the actual lives of people who live with a disability? Will a new theory help us to reimagine the historical conditions within which ‘Other’ bodies can be made to matter?

in their works. This is why this thesis, developing on the path charted by them and informed by my *Middle Eastern Marxist-feminist consciousness and politics*, is a politically-necessary intervention in the DS discourse, for it re-theorizes DS from a “third world” disability standpoint that aims at “emancipation” not “reproduction.”

Data Collection Method

Case Study

The research method for the first prong of the thesis is the qualitative method of case study, which involves obtaining information from every possible source, locating a case under a magnifying glass, and striving to find out everything about that case (Yin, 1984). I am not in favor of doing case study research in the DS field for its own sake; rather, I advocate using a case study as a critical design to get to the bigger picture. Hamilton and Corbett-Whittier (2013) argue that case studies can “enhance our understanding of contexts, communities, and individuals” (p. 3). Throughout this phase²⁷, as researcher and witness, I created a picture of the case, a picture that others would understand (see Chapter Four). This picture is not supposed to be fixed; instead, it should be dynamic and interactive with the reader. The case is contextualized, and therefore, it moves in real time with a sense of self (Stake, 2013). I have made sure that the case study for this thesis tells a narrative with a sense of history, both past

²⁷ Initially, thinking about the Iran-Iraq war survivors, I thought I knew everything already because I had been carrying them in my mind for 30 years. However, I forgot that being trained in DS for nine years has provided me with new meanings for disability and disablement. After collecting my data and spending much time reading, pausing, reflecting, and again reading, I have come to realize that my understanding of both “disability production by war” and “DS” has changed after the data collection phase. Therefore, neither of them is the same after being exposed to the other. I believe that they now complement one another in my mind. I realized, as I was reading every sentence of every story that I thought I knew, that I had an insight that was being complemented from the DS side. For instance, in some of the stories I read this line that a few of the girl survivors had dropped out of school because their classmates did not like how they coughed in the classroom all day due to the adverse effects of chemical weapons. After being trained in DS, I can explain why this happens and I can perhaps propose a plan to prevent it because disability theories teach you how to have a relatively inclusive and accessible classroom for every student. Before being trained in the field, I only felt terribly sorry for the survivors, and I thought that children should try to “fit” their school. After reading this story during the data collection phase, I didn’t feel bad. Instead, I felt angry that an inaccessible classroom caused a child, a life without any formal education. Now I think *school should fit children* and not the other way around.

and future. Silverman (2000) calls this a “narrative documentary for the reader,” similar to a painting, where small details come together and constitute a whole concept/meaning (cited in Stake, 2013, p. 3). I sometimes felt that it was a very difficult task emotionally to get engaged with the stories, so I perceived that as a barrier. However, later on, I came to concur with Stake (2013) that dealing with the case study, you learn that it faces barriers sometime, but the case finds its way as we go forward and the information sinks in your head. I should say whenever I felt lost I went back to the research questions to guide the case study. Stake (2013) reveals that in case study research, everything should be aligned with the research questions, for they are the backbone of the study.

Why Case Study?

The significance of the case study method is in “its attention to the local situation” (Stake, 2013, p. 8). Every case study covers two aspects, as it is made up of two components: one is studying a particular case, and the other is the product of that study (Kemmis, 1980, cited in Stake, 2013, p. 8). Stake (2013) insists that every case study is focused on something particular in a particular situation. There are diverging opinions amongst case researchers about what to call the final result of the case study. Some case researchers prefer to call the final result “case report” (Lawrence Stenhouse, 1978 cited in Stake, 2013), while others prefer to call it “case study.” One recent observation reveals that researchers often call any type of study that they want a case study. Since the 1980s, case study research has become more officialized and “formalized” (Firestone & Herriott, 1984, cited in Stake, 2013).

In this thesis, a case study was conducted on the creation of disability in the Iranian veterans and civilians during the Iran-Iraq war. I chose this case because it is unique, yet typical at the same time. It is unique due to its geographical location in the Middle East as well as in the unique disabilities that were created by prohibited WMD provided by the global north to Saddam Hussein. It is typical in the sense that this war can be seen as an example/representative

of the “third world,” where thousands of people become disabled every year in armed struggles (Meekosha, 2011; Priestley, 2015).

Here, I have reconciled the demands of empiricism with those of scientific explanation to show that even one single case can demonstrate profoundly how things work in the bigger picture. Following the extensive literature on how to conduct a thorough case study, I started with a topical concern, namely “production of disability by violence.” I considered what Stake (2013, p. 10) calls “foreshadowed problems,” and I concentrated on my observations to interpret patterns of the survivors’ narratives. Eventually, I developed a new understanding of the *transnational creation of disability by the violence of class and ideology*. Immersing myself in the stories and living with them, while being equipped with DHM and a DS lens, gave me a new insight into the experience of disablement in the “third world.”

Sampling Strategy

My sampling strategy was purposeful *convenience sampling*. Patton (2002, p. 228) defines *convenience sampling* as “the practice of doing what’s fast and convenient.” Gentles, Charles, Ploeg, and McKibbin (2015) argue that whenever a researcher claims that their sampling is purposeful, they should also describe what this means in the particular context of their research. As such, the purpose of my convenience sampling was avoiding the sampling of hegemonic construction of disability and disablement in Iran, and instead, using the survivors’ own words, as opposed to investigating what the Iranian state says *about* it. Some of my data indicated ‘the experience of disablement’ and the rest explored the transnational creation of that disablement. With respect to the documents pertaining to ‘the experience of disablement in war’, I sampled only documents that have been produced by the survivors themselves, as opposed to the documents produced by the government. This is a conscious political praxis on my behalf as an anti-oppression task of historical recovery. *Conversely*, for the second part, I have relied heavily on the documents created by the Iranian, Iraqi, and American states in order

to explore their internal and external relations while discovering how they socially and politically organized the war.

How Many Units of Data?

Data collection in case studies usually involves methods such as archives and observations. We also know from Yin (1984) that case studies can include several levels of analyses in one single study, and that the case study method is designed to generalize ‘analytically’ as opposed to ‘empirically’. Citing Pettigrew (1989), Eisenhardt states that the number of cases that can be studied regarding specific research questions is usually limited. Therefore, it makes sense to choose cases that are unique or extreme to fill theoretical gaps and provide examples (1989, 2002). Case study can draw upon a combination of data collection methods, for inductive research is not limited to a particular set of methods. Conducting the case study, I read all stories, video transcripts, and online comments with a DHM lens, expecting relations and processes to emerge.

Qualitative data are useful in the sense that they provide a deep understanding of the dynamics underlying the relationships, whether that relationship is a correlation, causation, or dialectic. The data collection and analysis should continue until theoretical saturation is reached. This is the point where the rate of learning new things drops down to almost zero. This happens when the researcher starts to 'see' the themes that have occurred before. Gentles, Charles, Ploeg, and McKibbin (2015, p. 1772) believe that within a single case, 25-50 units of data sources should be collected and analyzed, even though the number still depends on the complexity of the research problem and “the depth of data collection from each unit.” Few of my data sources that included the survivors’ authentic voice were/are available online; some of them were only written and published in hardcopy in Iran.

Sourcing Data for the Case Study

The Tehran Peace Museum website, for instance, revealed that the institution is in possession of several rich sources of data relevant to this research. Therefore, I contacted them to see if I could purchase the documents, since the documents met my sampling criteria (most of them have been written/produced by the veterans or civilians themselves). The museum offered to provide the materials free of charge in line with its mission of commemorating the war as a campaign, “sacred defense” in an “imposed war²⁸.”

Accessing the Survivors

The data coming from the survivors is an entry point into a larger investigation. Theirs is a voice that the thesis prioritizes. To answer the research questions, access to the victims of chemical warfare in Iran was a necessity, but due to personal security concerns, traveling to Iran to interview the target population was not possible.²⁹ Therefore, I decided to use the survivors’ stories to (re)tell what happened to them, in their own words. The intention was that the thesis becomes a medium by which silenced voices can reach an international audience. I argue that honouring disabled survivors’ experiences of war, “in their totality, toward the non-ideological production of knowledge, carries radical transformative qualities” (Haghgou, 2014, p. 54).

A renowned historian of the Middle East, Fariba Kashani-Sabet, argues that the history of the region is intertwined with the history of wars and armed conflicts, which are the prime cause of disablement in the region (2010). She says that the number of survivors’ accounts, especially those of disabled veterans, is scarce within the official history of the region. If brought forward, their experiences could shed light on the social consequences of these wars – going beyond just documenting the occurrence of conflict (Kashani-Sabet, 2010). This thesis

²⁸ For more information on the Iranian state’s use of ideological language, see for instance Farzaneh, 2007; Haghgou, 2014; Ghamari-Tabrizi, 2009; Katouzian, 2009; Rajaei, 1997).

²⁹ I was imprisoned in Iran at the age of 15 on the grounds of not complying with the suppressive civic laws of the nation. Since I left Iran, I have been involved in exposing the crimes against humanity of the Iranian regime by human rights activism in different fronts. As much as I want to interview the survivors of chemical weapons, I am certain that upon my arrival in Iran I would be arrested again.

relies on such rare accounts and memoirs pertaining to the Iran-Iraq war in order to understand the war from the survivors' perspectives.

Residents of the "first world" usually *hear* about the wars in the Middle East through media outlets that are funded and run by "first world"- based owners. This means that the voices of the powerless are rarely heard – only those of the powerful. This power imbalance conceals the reality that is experienced by those whose lives are affected most. For instance, we know that rape is a weapon of war (Coomaraswamy, 2003; German, 2008); however, do we usually hear the voices of those who survive rape in wars? The "war on terror" is another example. The mainstream media usually romanticize the illegal invasions of Iraq and Afghanistan or to cover the news about American veterans and the problems they face once back in the U.S. But, they more or less never cover an Afghan or Iraqi woman's voice, who has been injured, shot, or raped by American soldiers during the American invasion of Iran and Afghanistan. I strongly argue that for us, educators and feminists, these questions should sit at the center of our political praxis.

In line with the precepts of DHM, the focus was on two particular sets of relations, nationalism and imperialism, because they both encompass capitalism (read class and ideology). These two sets of relations have contributed to the creation and sustenance of disability among Iranian veterans and civilians. To trace these relations, it was necessary to explore how imperialism and nationalism produced and sustained disability' and 'how the Iranian state "managed" the disabled population during and after the war. Therefore, my data have been constitutive of the survivors' voices, as well as the documents that indicate how the parties involved in the war organized it to happen and why. In this thesis, I invite the reader to look at war, not as a thing that suddenly just occurs, but as a *socially-organized process that is structured and run*.

To trace nationalism and imperialism in the transnational creation of the Iran-Iraq war,

survivors' stories alone are insufficient because we need to reveal how these relations are organized. Therefore, further data were included: selected passages from U.N. Security Council Resolutions (United Nations, 1987) and documents from the U.S. National Security Archives pertaining to the Iran-Iraq war that have recently become declassified and available for public-access through George Washington University (NSA Archives, 2015)³⁰. These documents reveal the illegal arms trades between Saddam Hussein and the U.S. (see also Friedman, 1993; Hiltermann, 2007; McGovern, 2013; Murray & Woods, 2014; Timmerman, 1991). The documents also confirm that the United States government had knowledge of Iraq's illegal and massive use of chemical WMD against the Kurds and Iranians years prior to the U.S. invasion of that country in 2003. To unveil the imperialist social relations behind the war, I collected and analyzed official sources that prove the chemical WMD trade between Iraq and chemical weapons manufacturing companies in the U.S., France, and West Germany in Chapter Four.³¹

To unveil nationalism in Iraq's case, the official statements taken from Saddam Hussein's private meetings with his generals quoted in two official accounts of the Iran-Iraq war were used to show Hussein's nationalist motivations for starting and prolonging the war.³² To cover nationalism and theocracy in the Iranian case, I have included pieces of Ayatollah Khomeini's ideological speeches in declaring *jihad* (holy war) against Iraq in 1980 and encouraging everyone to engage in the war and therefore go to "heaven" (Farzaneh, 2007). Khomeini's speeches, along with the historical accounts of the war written and analyzed by credible historians, expose how the state tried (and still tries) to export its Shi'a revolution to the rest of the world and therefore prolonged the war for eight years (Ghamari-Tabrizi, 2009; Abrahamian, 1982; Rajaei, 1997; Katouzian, 2009). Of course, this is not the only source that would indicate the problem of theocratic-nationalism in the case of Iran. As well, the fact that

³⁰ See Appendices One through Four

³¹ For the full account of how the West armed Iraq see: (Murray & Woods, 2014) and (Timmerman, 1991).

³² For the full account of Hussein's Sunni nationalist agenda, see: Murray & Woods, 2014, p. 205-240; Timmerman, 1991; Al-Khalil, 1990.

more money is spent on the militarization of the country in order to export its revolution rather than on providing care for the disabled veterans reveals a lot about this state. Fully exploring that issue is outside the scope of this thesis, but it does provide an avenue for future investigation.

To demonstrate the many administrative hurdles faced by injured survivors seeking care, I have included data from the website of the state-run institution responsible for veterans' affairs in Iran, the Foundation of Martyrs and Disabled Veterans Affairs (*bonyad-e-shohada-va-janbazan/isargaran*). The claims made by the state concerning the financial and medical care it provides are then compared to what veterans have stated in their online comments about the help they receive. The Foundation administers "care" for disabled veterans and civilians and uses their disabled bodies as cultural constructs to legitimize ideological sacrifice for the "divine" state³³. Additionally, the Iranian state uses an unprecedented measurement system to determine how much social/medical assistance disabled people and their families are allowed to receive according to the "severity" of their disability, ranging from 5% to 90%. The higher the percentage disability, the more money one can access (see the veterans' comments, for example Farhangnews, 2014). This issue is explored in Chapter Four and Chapter Five.

Data

My data is comprised of the content of a range of books, websites, visual arts, reports, documentaries, published interviews, eyewitness accounts, and veterans' and survivors' blogs, all of which are detailed in Appendix Six. The strategy for data collection in this case study followed the method suggested by Bourgeois and Eisenhardt (1988): dividing the data by source. As such, I read all the memoirs in one period and then watched and transcribed the documentaries/videos smuggled out of nursing homes and uploaded on YouTube. Subsequently,

³³ This concept is explored further in Chapter Five.

I reviewed approximately 500 comments left on several domestic Iranian news agencies' websites, all of which are in Farsi. In the last stage, I translated those comments and analyzed them. Dealing with each group of sources separately "exploit[ed] the unique insights possible from different types of data" (p. 13, cited in Eisenhardt, 2003). Initially, I had not planned to collect data from the comments section of the news agencies and the state-sponsored veterans' foundations websites. But as Eisenhardt (1988) argues, the researcher has the freedom to make adjustments during data collection, or even to make adjustment to the data source. Case study experts argue that it's legitimate to alter or even add new data or data collection methods to your case study, especially if your intention is to build a new theory (Eisenhardt, 2002). In this type of approach, the goal is to understand the case as deeply as possible. The task is not simply to produce a summary report, but to facilitate the emergence of a possible *new line of thinking*. Therefore, any effort which aids in better understanding the case is legitimate. The online comments provided an opportunity to hear many more voices than was initially expected. The comments are actual complaints and concerns, coming especially from those who do not have a loud voice in the society. Since many of the veterans are immobile due to the physical restrictions/barriers of the outside world, such as the lack of elevators, personal support workers, and curb cuts, they either stay home or locked up in institutions. This means that going online and expressing their concerns, if they have access to an Internet connection, is sometimes the only way for their voices to be heard.

In case study methodology, the produced report should be examined by the researcher critically several times against the documents to make sure the information presented in the report is valid (Yin, 1984). Following the data collection stage, I therefore went back to the literature and checked the new results and insights that had emerged against the literature. Relationships between different concepts, constructs, and stories began to emerge in the course of this process. Simultaneously, I juxtaposed the seemingly similar stories and looked for

differences. Eisenhardt (1989) argues that such a comparison can “break the simplistic frames” (p. 11). This practice works both ways, meaning I also juxtaposed the seemingly different stories and looked for similarities to gain a more sophisticated understanding of the case. Eisenhardt (1989) believes that “[t]he result of these forced comparisons can be new categories and concepts which the investigators did not anticipate” (p. 11). After extensive note-taking on the new concepts and categories that emerged, the challenge was then to select the most appropriate way to report back the insights. The initial problem that then arose was how to safely separate data from results, as the two appeared very intertwined.

How to Separate Data from Conclusions?

Eisenhardt (1989) reveals that usually the studies that get published provide a lot of information about their data collection methods, possible fieldwork and research sites, but almost nothing about how data analysis leads to results. This aspect is key for research credibility, because it renders the research trustworthy and believable. The truth is there is no unanimity for how to plan the analysis of a case study. However, there is a procedure, which can smooth the transition between data and results: extensive write-ups for every single unit of data in a within-case analysis, even when dealing with a huge amount of data (Eisenhardt, 1989, 2002). Case study analysis often involves detailed case study write-ups. Even if these write-ups are pure descriptions, they are significant in moving from raw data to fully-formed new insights (Gersick, 1988; Pettigrew, 1988, cited in Eisenhardt, 1989, 2002).

The case study experts such as Eisenhardt (1989, 2002) emphasize that there is no fixed format to do case study research, as it differs from case to case, but the point is to become “intimately familiar with each case as a stand-alone entity” (p. 12). This immersion is helpful, for it permits new patterns of information to emerge for the researcher before s/he pushes for generalizability, which is the ultimate goal of most researchers.

One tactic is to select categories or dimensions and to look for within-group similarities

coupled with intergroup differences. Dimensions can be suggested by the research problem or by existing literature, or the researcher can simply choose some dimensions. In my case study, I translated them into the following categories:

- 1) The ideological rhetoric of revolution, war, and recruitment
- 2) Theocracy or fighting for “God”
- 3) Production, trade, and consumption of WMD
- 4) Production of disabled bodies
- 5) Immediate treatment/care/hospitalization/expenditure
- 6) Documentation of damage by local, national, and global response teams
- 7) Comprehension or making sense of what happened
- 8) Long-term care/adjustments
- 9) Questions of class and financial hardship
- 10) Imposition of U.N. Security Council sanctions and the resulting lack of necessary medications
- 11) Home care and the free labor of women
- 12) Tokenization of disabled bodies through cultural nationalism
- 13) Peace museum: “museumization” of disabled bodies and the politics of display
- 14) Commemoration of war and martyrdom
- 15) Iran and the Middle East’s future: how many more wars? Is peace ever possible in a class-society?

The Case Study Analysis and Developing a New Model for DS

This case study analysis is utilized for the development of a new model/theory to push the current state of DS forward. During the reading and write-up stages, I pushed beyond initial impressions, especially using DHM, geopolitics, and a DS lens. Each of these is very structured and diverse from the others. Following Eisenhardt’s (1989) suggestion, I looked at my data from

different angles to “improve the likelihood of [the emergence of] accurate and reliable theory,” which is key to this research. We also know that “tying the emergent theory to the existing literature enhances generalizability and theoretical level of theory building from case study research” (Amaratunga & Baldry, 2001, p. 9).

Eisenhardt (1989) argues that a theory emerging from a case study should be more than just compatible with the data; instead, it has to be a theory “with a close fit with the data”(p. 13). For this part, which involves induction, I engaged in theory-building from my single case study. Induction has been a controversial topic in scientific thinking since the time of Aristotle. Induction is also known as “Hume’s problem” and dates back to Kant (1783/2004, cited in Bendassolli, 2013) in qualitative research design. Some advocates of case study research design argue that the case study work aims at producing theory, whether or not the findings are generalizable (Hammersley, Gomm, & Foster, 2009). Supporters of induction, as a means of scientific thinking and design, have also argued that the goal of induction is not to predict the bigger picture, but rather to *explain* it (Chalmers, 1999; Losee, 2001). Other proponents claim that the case study method can conceptualize and uncover causal relationships that could not be ‘seen’ otherwise (Hammersley, Gomm, & Foster, 2009).

Opponents of the method, by contrast, have argued that it is not “scientific” to build a theory based on one single case for there is no “empirical” evidence. They argue that without invoking metaphysics, “how do we attest to the truth of universal laws, which establish necessary (non-accidental) connections between events, based on observations of singular cases only” (Quine, 1975, p. 317, cited in Bendassolli, 2013, p. 3)? According to Bendassolli (2013), induction assumes a leap from singular observational statements to general theoretical statements. Even though philosophers of science have tried to devalue induction, it is one of the foundations of qualitative research that takes us from deep observations to theory (Bendassolli, 2013). There have been scholars who have talked about building theory from a case study, but

they have ended up mostly advocating for it, rather than explaining how to do it (e.g., Glaser & Strauss, 1967, cited in Eisenhardt, 1989). Eisenhardt (1989) defines case study as “a research strategy, which focuses on understanding the dynamics present within a single setting” (Eisenhardt, 1989, p. 4). Case study, then, can lead to a type of theory that Eisenhardt (1989) calls “emergent theory” (p. 4).

At this point, it is necessary to explain why I perceived the need for the emergence of a new model in the field. I first realized that there is little known about the phenomenon of “disability production by the violence of capital (class and ideology), especially war” within DS. Current perspectives seemed inadequate because they have very little experiential substantiations, or they conflict with each other. Therefore, it was not the serendipitous findings that suggest the need for a new perspective, but my own observations combined with the data I have collected. The data that I have collected, read, and analyzed did not accord with the current disability models in DS. Eisenhardt (2002, p. 22) suggests:

[i]n these situations, theory building from case study research is particularly appropriate because theory building from case studies does not rely on previous literature or prior empirical evidence. Also, the conflict inherent in the process is likely to generate the kind of novel theory, which is desirable when extant theory seems inadequate [...] In sum, building theory from case study research is most appropriate in the early stages of research on a topic or to provide freshness in perspective to an already researched topic.

I concur with authors like Strauss (1987, cited in Eisenhardt, 2002) and Van Maanen (1988, cited in Eisenhardt, 2002) who are more concerned with a rich, complex description of the specific cases that evolve under study, rather than with the development of a *generalizable* theory.

Strength of Theory-Building from Case Study

This creative process usually arises from witnessing contradictory research-driven evidence juxtaposed against the current literature (Cameron & Quinn, 1988, cited in Eisenhardt, 1989). A new theory is likely to be born while trying to reconcile the new evidence with the

current literature. There is a false belief that theory building from case studies is limited by the researcher's "preconceptions." In fact, quite the opposite is true; the constant necessity of dealing with contradictions is likely to revolutionize the researcher's thinking and help them to come up with a less subjective innovative induction rather than a repetitive deduction (Eisenhardt, 2002, p. 16). As such, this emerging theory has the potential to stand alone and be independent from the previous literature, which makes it very useful for new fields such as DS, and for when a new outlook is needed.

Internal and External Validity of the Emergent Theory with DHM

Throughout this research, the usefulness of DHM has become particularly apparent, for it helped to understand why emergent relationships did or did not hold. DHM is particularly useful for building theories from case study research because it illuminates the relationships underlying apparent connections between concepts. This is significant, for it enhances the internal validity of the results. According to Reige (2003, p. 80), internal validity in a "case study research lies in establishing phenomena in a credible way," usually through discovering some sort of a relationship, while external validity means being "concerned with the extrapolation of particular research findings beyond the immediate form of inquiry to the general." Eisenhardt argues (1989), the theory-building process is so intimately intertwined with material evidence collected in the case study. If theory-building is done properly, the actual *evidence will be a direct response* to the emerging theory and vice versa. This means that the theory will be in all likelihood mirroring reality (Eisenhardt, 1989). It is worth quoting Eisenhardt (1989, p. 18) on what she perceives as strong theory-building research:

...[S]trong theory-building research should result in new insights. Theory-building which simply replicates past theory is, at best, a modest contribution. Replication is appropriate in theory-testing research, but in theory-building research, the goal is new theory. Thus, a strong theory-building study presents new, perhaps *framebreaking*, insights (my emphasis).

It is important to note that this thesis is a qualitative research project; as such, we are not looking for variables to form a hypothesis. The goal is to find answers for the research questions that guide our exploration. Within-case searching tactics are quite likely to lead to new findings if the researcher keeps an open mind (Eisenhardt, 1989). Moreover, combining all of the overall impressions and concepts, it is quite possible that relations and processes start to come to the surface. Eisenhardt (1989, p. 18) calls building a new theory at this point a “highly iterative process,” for it involves comparing the emerging frame with the data and vice versa in order to become certain of the right fit. The key is looking at data from profoundly different angles. In the case of this thesis, I compared my case study to other similar cases of “disability production by the violence of class and ideology (e.g., relations such as capitalism, nationalism, and imperialism)” to ensure that I still see a similar frame emerging.³⁴

The data analysis process involved identifying recurring dialectics as the first transposition from empirical to theoretical, which is considered to be the “first inductive gap” (Bendassolli, 2013, p. 9). Relations (e.g. nationalism) and processes (e.g., disablement) were extracted by (re-)reading every word from the online comments and (re-)looking at every picture and document, scenes from videos, and even a single sentence in a memoir. In detecting the structures of violence and social relations, I perceived them as reemerging, rearranging, and finally reflecting a more abstract concept. This is what can lead from visible to invisible, from evidence to explanation, and from case to theory.

My theory-building process was not a synthesis of observational statements, nor a description of the bigger picture. Rather, I went beyond induction, where phenomena can be explained. My data analysis and interpretation specifically included: incorporating theoretical

³⁴ For instance, there are children in India who are put in huge pots right after birth in order to grow up with tilted legs. The perpetrators who do this to children force them to beg on the streets as disabled children in order to provoke people’s pity (Srivastava, 2014). This is another case that cannot be explained by the medical or social model of disability because it involves several more factors than just attitudes and barriers. This is a blatant violence of ideology, capital and class that can be explained in the transnational model that this thesis is proposing.

references and DS literature; documentary review; explanation of the narrative structure of text; contextualizing and interpreting the meaning of image and sound; and DHM analysis of documents and testimonies, in order to expose what the Iranian, Iraqi, and American nation-states conceal/ed.

Dialectics in Data Analysis

In this study, I did not just look for causality or correlations. Instead, to stay true to the Marxist method of inquiry, I went beyond what is apparent and examined my data dialectically. Marx believed that phenomena are ‘processes’ rather than discreet ‘things’ and that every phenomenon is mediated by relations and forms of consciousness in extended circumstances from the past. I adopted this way of thinking, dialectically examining what constitutes reality at any given time and space, and throughout the thesis, I tried to convince the reader to shift from binary, oppositional, and linear thinking to dialectical thinking and historical materialist understandings of contemporary social relations (Allman, 2007). While immersed in the collected data, I discovered several relations and processes as a way of analyzing data deductively according to an existing framework (DHM). Thus, I used both inductive (allowing dialectical relationships and processes to emerge from the data) and deductive (relying on previous analytical categories, DHM reading, and engaging global politics accordingly).

How to Report the Results

Every case study leads to a report. According to Stake (2013), the case study report is “a summary of what has been done to try to get answers, what assertions can be made with some confidence, and what more needs to be studied” (p. 11). In developing the report, I drew on other theories of disability which I have reviewed (see Chapter Three) in order to analyze and make my point (see Chapter Six for a thorough description of the emerging theory). The report is a modified version of the data that makes a complex problem an understandable one. The

report allows the researcher and audience to ask questions and examine the validity and reliability of the research (Yin, 1984). Eisenhardt (1988) suggests that we should “react” to whatever we discover rather than “sift out what may seem important” (p. 539). As part of the process, I kept extensive data booklets to record my internal thoughts to every piece of every story, document, or an online-posted comment.

Sometimes I found myself collecting and analyzing data at the same time, which is to be expected in research that aims to build theories from case studies (Eisenhardt, 1989). Notes and a running commentary helped in analyzing the data. Van Maanen (1988, cited in Eisenhardt, 1989) suggests “field notes are an ongoing stream-of-consciousness commentary about what is happening in the research, involving both observation and analysis” (p. 539). Eisenhardt (1989) suggests that the first step in building a theory is *sharpening your theoretical constructs*. First, it is necessary to define constructs precisely and then, building evidence from the case study, enhance, and complete it. The key is generalizability. The constructs should be as precise as possible so in the future scholars can fit their cases into the proposed frame. Tables are also helpful in “summarize[ing] and tabulat[ing] the evidence underlying the construct” (Miles & Huberman, 1984; Sutton & Callahan, 1987, cited in Eisenhardt, 1989, p. 14). It is necessary to also develop definitions and measure for the proposed constructs. In this case, my new TDM has several constructs, which I define thoroughly in Chapter Six. An illustration of the constructs beneath social relations that organize the process of disablement is presented below.

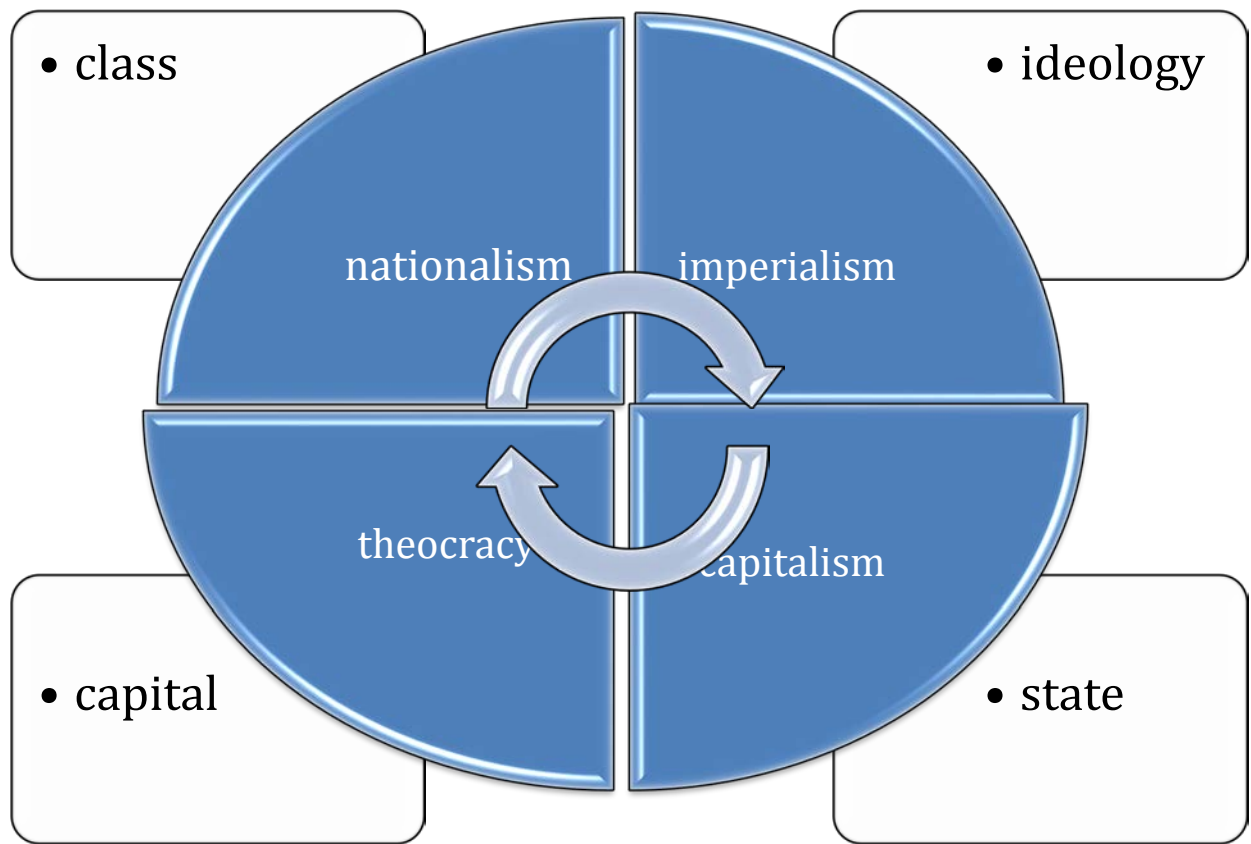


Figure 1: The Emerging Theory embedded in DHM

This illustration is showing how the “emergent theory” is founded on DHM and has four important constructs: *class*, *nation-state*, *capital*, and *ideology*. At the core of the model there are two arrows that indicate the dialectical (always in motion) nature of the emergent theory. The circle has four components, which demonstrates disability relations in the transnational context. These four relations by which disability is produced and propagated are *nationalism*, *capitalism*, *imperialism*, and *theocracy*. In Chapter Six, I will discuss this model more thoroughly.

According to DHM, the dialectical relationship between labor and capital leads to a relation called *class* (Allman, 2007). The *state*, on the other hand, is an organized structure made up of people that serves the interest of the ruling class, meaning the *capitalist*, *nationalist*, and *imperialist* powers. *Ideology*, as it is being used here, should also be defined, for often people confuse Marx’s definition with Lenin’s (Allman, 2007). Ideology according to Lenin is a set of beliefs³⁵ held by a certain group of people to serve the interest of the ruling class (Hassanpour, 2015). For Marx, however, ideology is a concept or a set of beliefs that conceals reality (Bannerji, 2015).

³⁵ This set of beliefs and/or values is rooted in material practices and/or social orders and are not just limited to ideas.

In the figure below, *violence of war* is examined through the DHM lens, meaning it is considered as a *relation* and a *process* rather than an event, thing, or phenomenon. It then makes the transition to the final result, which according to DHM is called *form*. How violence creates disability is a *mediation* that leads to a form called disability. The small circles around violence represent the *preexisting conditions* that cause violence. In order to prevent violence, it is necessary to step back and first abolish the preexisting conditions that cause violence. For instance, if poverty causes disability, then we have to go beyond fighting poverty to understand what kind of a socio-economic system requires poverty to sustain itself? This forces us to think about distributing wealth equally so as to ensure that one person's poverty does not lead to another's enrichment. The historical circumstances extended from the past should be changed, not just the apparent violence.



Figure 2: Violence of Class and Ideology

This smart-art is showing how violence of class and ideology, as a process and a relation, results in proliferation of disablement. Here, I illustrate the examination of violence through the DHM lens and how it makes the transition to the final result, which according to DHM is called *form*. How violence creates disability is a *mediation* that leads to a form called disability. The small circles around violence represent the *preexisting conditions* that cause violence. Through this smart-art, I am trying to convey that war per se is a necessity for its preexisting condition, which is the capitalist system. Therefore, in order to prevent wars from happening, first we need to address the violence of capitalist exploitation.

Defining the emerging constructs and gathering evidence for them are both fundamental

aspects of building a strong theory from a case study. Very much like every emerging lines of thinking in any field of research, thinking of similar cases that confirm the emerging relations increase the researcher's confidence in the case. In my case study's transition to theory, I could not conduct other case studies to confirm the emerging theory because that would have made the project too large for a dissertation. However, such cases have been mentioned already, such as the *limb amputations as punishment for petty theft in Iran and Saudi Arabia* and *raising children captive in a pot in India to make them disabled beggars ready to be exploited*. In all of these cases, we can detect the component of violence based on class and ideology, meaning that a particular disability was created as a result of exploitative economic relations. For example, if a child is born with a disability and that disability is caused by the mother's malnutrition during pregnancy due to poverty, then TDM can help us understand it.

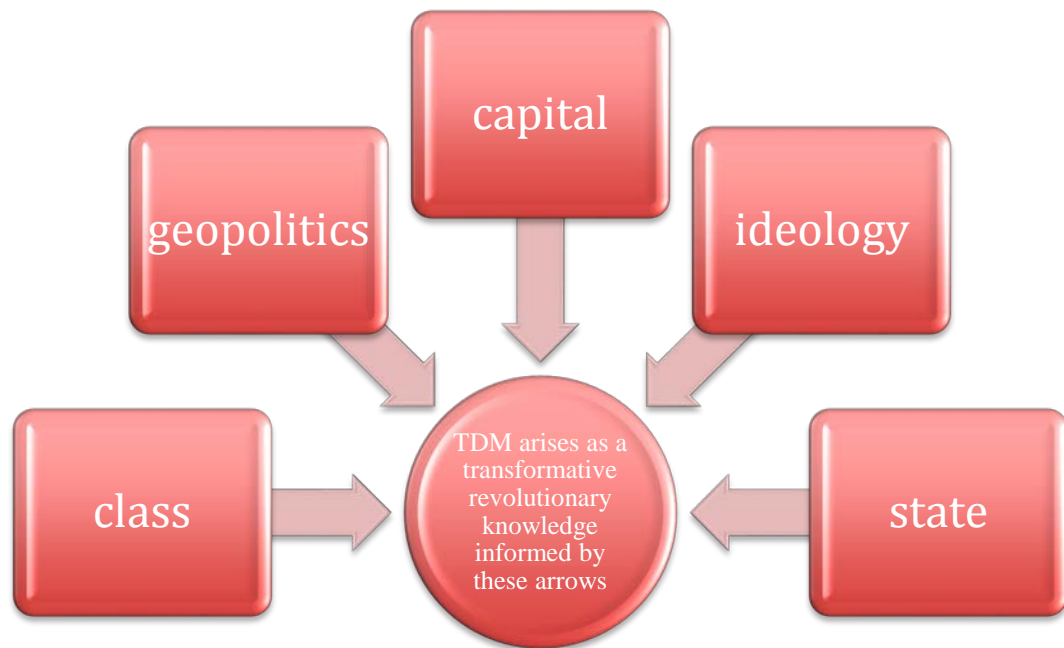


Figure 3: TDM, Transformative Revolutionary Knowledge

The emergent theory or TDM arises as a transformative revolutionary knowledge that is informed by geopolitics and the ways in which the violence of ideology and class in a capitalist society is enacted by nation-state.

This model has its own shortcomings and is just the first step toward a radical way of thinking about acquired disabilities. In order to ascertain whether it can explain the process of

acquiring a disability, it is necessary to ask a few questions:

1. Is there a human activity involved in producing a particular disability? If it's purely environmental, for instance, then it does not fit this model. Note that even environmental disasters such as flood and fire could happen as a result of global warming, a phenomenon which seems environmental but is caused by human activity (Foster J. B., 2000; O'Connor, 1989). Although in certain cases it can be difficult to decouple the human contribution from natural causes. For instance, in the case of a hurricane, the production of disability could be mitigated with stricter building codes; additionally, climate change has been shown to contribute to the frequency and intensity of major weather events. It is worthwhile pointing out that climate change per se is a man-made phenomenon, the effects of which (e.g., global warming) could be reduced through more expensive, clean energy alternatives (Milani, 2006; Sumner, 2003). On the other hand, climate change disasters can actually be avoided by corporations/factories producing less materials, and individuals consuming fewer materials. This would reduce environmental pollution that has been identified as the main cause of global warming (Foster, 2000, 2007). However, we know that the capitalist system is based on ultimate profit-making by encouraging ever-increasing production and frivolous consumption (Foster, 2000, 2007; Harvey, 2004; O'Connor, 1989). As such, the world's dominating economic system—capitalism—does not allow for reduction of damage to the environment, which in turn will reduce the human contribution to “natural” disasters that produce disability (Foster, 2000, 2007; Harvey, 2004; O'Connor, 1989). Another example could include “sick building syndrome,” where workers experience chronic illnesses such as headaches and respiratory problems due to under-ventilation. Replacing undersized or aging

mechanical equipment could eliminate this problem; however, a large capital cost would be incurred to replace such equipment and running costs will be higher. Obviously, economic factors play a key role in not addressing these issues, which lead us back to economic relations, which produce disability. Both of the above examples illustrate that although on the surface, certain disability-producing mechanisms may appear to be “natural,” there is almost invariably a human contribution. This is the result of not taking the steps, which would eliminate/mitigate the rate of disability production due to a consideration for economic factors. Therefore, the proposed transnational disability theory can explain disabilities that are produced by seemingly “natural”/environmental disasters/mechanisms with a *human contribution* driven by economic, political, historical and social factors.

2. Is there unequal power, as prevails in a system of class hierarchy, between those who cause the disability and those who become disabled?
3. What kind of economic (read also social) relations are involved in the case? Are they exploitative, like capitalism or imperialism?

If there are cases in the future that are a close but not perfect fit for the model, scientific thinking allows us to refine or extend it to become a more comprehensive one.

A substantial part of theory-building research is to constantly compare the emergent theory to the existing literature (Eisenhardt, 2002). This is the task of the next chapter.

Concluding Remarks

Throughout this chapter, I discussed the thesis’s theoretical framework, sampling selection, data collection method, and data analysis. I clarified that the theoretical foundation of this study is DHM informed by geopolitics and a DS lens, while its data collection method is case study and building theory from case study. Additionally, I defined and discussed in detail

several dialectical conceptualizations and constructs, introduced by Marx, which are key to the DHM analysis of the case study and the proposed disability model. For the first prong of this thesis, the case study, I identified the data sources, sampling strategy, and the rationale behind it. Finally, I discussed the methodology underlying the second prong of this thesis, building theory from the case study, as well as its theoretical constructs, credibility, and validity.

In the next chapter, we go through a selection of the existing disability theories/models and discuss their shortcomings. The job of the next chapter is to tie the existing literature to the emerging TDM. By introducing the existing approaches to disability, I invite the reader to become aware of four geographical and historical gaps in DS. Subsequently, I discuss the existing DHM approaches to disability by Gorman (2016) and Erevelles (2011), and then go about filling out those gaps by setting the foundation for my contribution that strives to cross DS' borders and take the reader to somewhere other than the U.S., U.K., Canada, and Australia. Finally, I discuss the concept of “commodity-fetish” and set the stage for discussing different forms of disability-fetishization by exploitative and ideological relations that we discuss in Chapter Four and Five.

Chapter Three: Literature Review and Setting the Foundation for TDM

In this chapter, I review different approaches to DS, such as the medical model, the social model, postcolonial, post-modernist, post-structuralist, post-humanist, medical-anthropological, and dialectical and historical materialist (DHM) theories. As well, I survey the major DS scholars, their proposed theories, contributions, and limitations. By introducing the existing approaches to disability, I invite the reader to become aware of four geographical and historical gaps in DS. These gaps, in the current popular literature, are: a) a lack of historical materialist understanding of disability and disablement; b) a lack of discussion on how disabilities are created; c) a lack of discussion on how disabilities historically have been produced by unequal power-relations between the two constructed “first” and “third” worlds (e.g., war, poverty, environmental destruction, slavery, indentured labor, unsafe working conditions, colonialism, imperialism, theocracy, nationalism, poverty, unethical research/treatment, and etc.); and d) the ignoring and erasing of the disabled residents of the “third world”³⁶ and their experiences of disablement. This chapter guides us toward answering two of this thesis’ research questions: Why is a transnational theory and praxis of disability necessary? And how can we read disability transnationally using DHM by engaging the dialectics of global politics?

My goal here, relying on definitions from a variety disability scholars, is to deconstruct the power imbalance between the “first” and “third” worlds, their inner intricacies, roots, and required existence in the first place. Furthermore, I discuss the attempts that have been made to widen the scope of this field to address the aforementioned gaps. Those are theorists with more inclusive approaches to DS, such as the DHM model proposed by Rachel Gorman and Nirmala

³⁶ It should also be noted that “third world”/majority-world/developing-world/global-south is not a homogenous concept, for it is comprised of several states, several lands, several nations or even state-less nations (e.g., Kurds, Palestinians) where people speak several different languages and practice several different cultures, customs, or religions. But they all have in common being overpowered by Western Europe and North America. In fact, beyond national and international boundaries, there is a commonality between them: they are all spaces of extreme exploitation and violence under global capitalist social relations (Erevelles, 2011).

Erevelles. They have started to (re)theorize disability on a global scale by trying to unveil “the ways in which representations of subjects in disability rights and culture movements have disallowed a focus on disablement caused by war, imperialism, and environmental destruction” (Gorman, 2016, p. 8). After introducing their approach, I clarify briefly what kind of contribution I am making to the field. In the final section, I define the concept of “commodity-fetish” introduced by Karl Marx and expanded by Robert Young (2009) and Nirmala Erevelles (2011). Expanding on this conceptualization is particularly useful in understanding how race and disability are both fetishized at both the discourse level and in the material world. This discussion will set the foundation for the model proposed (i.e., TDM) for the advance of DS in Chapter Six.

Prevailing State of DS

From the offset, it is important to clarify two features relevant to the discussion on the prevailing state of DS. First, the biggest players right now in this field are social constructionist theorists (those affiliated with the approach known as the social model of disability) employing either a cultural or material lens). Second, currently the most disputed DS model is the medical theory/model. What follows is a review of the primary existing narratives in the field of DS: the medical model; the social model; the approach which considers it necessary to employ the medical model in some cases; postcolonial disability studies; postcolonial cultural themes; DHM; and those approaches which fetishize disability and race.³⁷

Medical Model

The medical model is a method of approaching disability based on “curing” or “fixing” disabled people. Medical model proponents (mostly healthcare professionals) locate disabled

³⁷ By no means does this list encompass every distinct theory in DS. It is a selection of perspectives chosen to demonstrate gaps in the field and certainly has its own inadequacies. Nor do I claim that the interpretation of each theory presented here necessarily reflects what the author intended it to mean. Therefore, I apologize in advance to every DS scholar whose work has not been presented comprehensively in here.

people's limitations in their impairments, rather than in the barriers that are imposed on disabled people by the surrounding society. These barriers are both physical, such as inaccessible environments and lack of accommodation, as well as psychological, such as other people's attitudes towards the disabled person, which can range from staring to pity or even disgust (Oliver, 1983). Medicalization of disability, or the medical model, locates the problem in the individual rather than the outside world, and then tries to fix the individual. One consequence is that people with a disability often become extremely powerless in the medical infrastructure, such as hospitals or psychiatric wards.

The medical model grants enormous power to doctors to exert control over their patients' lives, and the rationale for this delegation of power is the assumption that doctors are "experts" concerning people's bodies (Oliver, 1983). The medical model, as Bircher states, is based on cure or prevention and moving individuals closer to a state perceived as "normal." Furthermore, in the medical model, healthcare providers are to define who is an independent person, understood as someone who is able to self-care, but not necessarily *having control* over his/her physiological as well as psychological life (2000).

Bircher (2010) argues that the medical model plays a significant role in the marginalization of people with disability. He suggests that doctors aim to "cure" or "treat" disabled people in order to earn money or gain recognition, both of which lead to the empowerment of doctors, but not necessarily of their patients'. The medical model, or the medicalization of disability, gives healthcare providers control over the lives of people with disabilities, because often disability is confused with illness (Oliver, 1983, 1990; Barnes & Oliver, 1997). As a result, doctors constantly try to move disabled people toward the condition of "normalcy." Thus, in a society where the medical model is dominant, society tries to normalize disabled people, instead of accepting every person the way they are (i.e., embracing diversity).

Social Model

Another way of understanding disability is the social model. Two decades ago, the social model emerged as a radical move within conventional disability models of the day. Now, it is the new orthodoxy. Social model proponents argue that disability is a social construct generated by a society which utilizes research models such as the medical theory as a means of locating an impairment in the disabled individuals themselves, rather than detecting it somewhere in society (Oliver, 1992). DS scholars first emerged as critics of the medical model (and of essentialist biomedical theorists) and perceived it as a deficient (Garland-Thomson, 1997; Linton, 1998; Oliver, 1990). Social model proponents believe that disability is a long-term social state that is incurable and that “medical intervention, at best, would be inappropriate, and at worst, oppressive” (Oliver, 1983, p. 56). This can bewilder doctors when they encounter disabled people who reject their imposed treatment (ibid). What disabled people demand from society is not treatment nor cure, but an acceptance of their condition, a state of affairs in which “experts” do not try to restore them to what they “should” be. Some professionals use the phrase “people with disabilities” rather than “disabled people” to acknowledge that there is a *real person* that exists before disability. Oliver (1992) defines disability as a social oppression and a long-lasting struggle for disabled people.

Social model proponents problematize the concept of curing and treating impairments. Rather than finding limitations within disabilities, they see the problem as being that society systematically and constantly devalues people with disabilities and considers their lives a personal tragedy (Barnes, 2003). They claim that the real tragedy, meanwhile, is living in a society that discriminates, oppresses, and degrades the people who are identified by physical and cognitive barriers (Barnes, 2003). The social model supporters approach disability as “a sociopolitical phenomenon rather than approaching it with a commonsense or “biomedical

slant” (Michalko, 2009). They analyze disability as an ideological construct that is used as an oppressive category to create a binary between normal and abnormal, productive and unproductive, or healthy and disabled/ill (Erevelles, 2011). DS scholars, whose approach to disability is a political-economy one, have added the *social and racial division of labor* to our current understanding of disability (Erevelles, 1998, 2011; Gorman, 2005; Russel & Malhorta, 2002).

The opponents of the social model of disability have critiqued it in recent years, accusing it of continuing to treat the human body as an *object* that is passive and acted upon by the world, rather than as an active subject. Poststructuralist phenomenologists especially, such as Paterson and Hughes (1999), Shildrick (2009), and Titchkosky, (2007), have critiqued the social model for having a binary between disability (the social construction of difference) and impairment (the biological manifestation of difference). This is similar to the sex and gender binary in Women’s and Gender Studies. They claim that the social model actually “concedes the body to medicine [and biology],” and that “the impaired body is part of the domain of history, culture, and meaning” (Hughes & Paterson, 1997, p. 326 cited in Erevelles).

The other problem with this model is a void of the voice and plight of mad people (Gabel, 1999; McNamara, 1996; Wilson & Beresford, 2002, as cited in Nabbali, 2009).³⁸ Adding to the conundrum is the fact that it totally dismisses other axes of oppression such as gender, sexual orientation, class, age, and race that people with disabilities might be dealing with (Barnes, 2003). Dan Goodley (2013) states that “For some, such as Tom Shakespeare (2006), the social model ha[s] become a shibboleth; a dogmatic totalizing epistemology against which all disability research was expected to judge itself. Any deviation from the materialist

³⁸ “While ‘mad’ is still the subject of much controversy, it has been reclaimed lately by such groups as Mad Pride to collectively move beyond the pathological – thus normative and individualistic – implications of phrases like “mental illness” [see Harper, 2005; Burstow, 2015]. It is therefore a useful term to retain, especially for this discussion, as it shifts our focus from marginalized individuals to questions of institutional and social organization” (Nabbali, 2009, p. 54).

social model risked being dismissed for watering down the politics of disability (Oliver 2004; Barnes 2012)” (p. 4). Many scholars have demonstrated that the social model of disability, in spite of its emancipatory nature, has never attended to psychiatric oppression and the unique features attached to it in its agenda (Nabbali, 2009). There are opponents who argue the social model of disability fails to address several issues in DS, including “mental illness.” Essya Nabbali (2009) states:

[C]ritics of the social model of disability claim that this framework is not able to fully embrace the entire intersections that are created as a result of the juncture between disability and other constructs, such as age (Zarb & Oliver, 1993), gender (Smith & Hutchinson, 2004), class (Williams, 1983), sexuality (Samuels, 2003), and age-of-onset and/or type of impairment (Chappell, 1998; Hughes & Paterson, 1997; Tew, 2002). (p. 55)

Furthermore, Russel and Malhotra (2002), both political economy DS scholars, argue that the social model of disability is inadequate for several reasons. First and foremost, its proponents treat the environment surrounding the disabled person as “neutral,” as if this environment has not been designed and created by human beings with individual, social, cultural, and political subjectivities. They perceive the source of the problem of oppression of disabled people as being rooted in the discriminatory attitudes of other people. They imply that if we change those attitudes, suddenly we will have a world with equality and social justice with no disability oppression. Russel and Malhotra argue that this model makes invisible the structural barriers and inequalities that are created by concrete social relations and modes of production. Russel and Malhotra articulate their position as:

...the view that disability is a socially-created category derived from labour relations, a product of the exploitative economic structure of capitalist society: one which creates (and then oppresses) the so-called 'disabled' body as one of the conditions that allow the capitalist class to accumulate wealth. Seen in this light, disability is an aspect of the central contradiction of capitalism, and disability politics that do not accept this are, at best, fundamentally flawed strategies of reform or, worse, forms of bourgeois ideology that prevent this from being seen... (2002, p. 2).

On the other hand, the popular DS literature opposes materialist³⁹ analyses of disability by labeling them as ableist. Materialist analyses are not new to disability studies. Several British DS scholars, who are also among the founders of the social model of disability, have utilized this framework extensively (Barnes, Mercer, & Shakespeare, 1999; Morris, 1991; Oliver, 1990; Thomas, 1999). However, I do not count them as DHM theorists of disability because their materialism has either been ahistorical or mechanical, as opposed to historical and dialectical (See Gleeson (1999), whose analysis is not dialectical). For example, Gleeson (1999) attributes the aggression of the job market toward disabled people particularly to the competitiveness of the market in general. He implies that a less competitive market will end the oppression of disabled people. This analysis, as Gorman (2005) as well as Russell and Malhorta (2002) argue, fails to consider the *processes* in which the labor market is structured to operate as an axis of the capitalist system. This approach is what they call *mechanical* historical materialism.⁴⁰

There is a new wave in DS that disfavors materialist analysis of the body or disability. This new wave dismisses the materialism of DS by heavily drawing and relying on the works of phenomenologists, such as Merleau-Ponty, and posthumanists, such as Foucault, Derrida, Butler, Haraway, Deleuze, Guattari, Agamben, Hardt, and Negri, to formulate an embodied subjectivity of the disabled person. Nirmala Erevelles (2011, p. 27) describes their theorization as follows:

In these theorizations, the disabled subject appears as the irregular and contingent effect of shifting signifiers producing disorganized collections of hybrid associations/assemblages that morph into an unstable and transgressive Body-without-Organs (BwO) (Campbell, 2009; Goodley & Roets, 2008; Koppers, 2009; Shildrick, 2009). No longer marked as object, these transgressive theories of embodiment fiercely embrace a form of contra-aestheticism (Siebers, 2010) that mocks the normal, rejecting disability's limited role as prosthetic in identity politics, and engaging in the more transgressive political act of "coming out crip or crippin'" (McRuer, 2006, p. 71).

³⁹ Here I mean analyses and approaches that trouble the notion of producing disability and damaging bodies by violence (e.g., electroshock, war, unsafe working conditions).

⁴⁰ For a complete discussion on mechanical historical materialism, see Gorman, 2005, p. 140.

Conscious of the danger of invoking an ableist aesthetic, I join Erevelles (2011) in arguing that these theorizations are exciting; however, we need to also angle the analytical frame purposefully toward considering the transnational geopolitical and historical contexts that allow and want people to *become* disabled.

Given that the social model is inadequate and deficient in its failure to include every disabled person and any disablement under its umbrella, can we afford to completely dismiss the medical model?

Can we afford to dismiss the medical model?

The social model of disability and many other dominant perspectives in the field oppose the medical model or any type of rehabilitation model as they consider them part of a “normalizing” ideology (Goodley, 2013). This process fails to embrace disability as human diversity and instead tries to “normalize” everyone to a “known condition” or status quo. I argue that dismissing the medical model completely can create two theoretical and practical problems. One is shaming and problematizing a disabled person who decides to go through the rehabilitation system (e.g., physiotherapy) and return to their former state, that is, their state before the disability was acquired. For example, imagine a war veteran who has come back from the battlefield and decides to receive treatment and rehabilitation services to (re)integrate into the society.

The second problem is being denied the right to access medical treatment and healthcare. This problem is particularly pronounced in countries with expensive or no healthcare. Most of the countries in the global north have a universal healthcare system, with the exception of a few, most notably the wealthiest country in the world: the U.S. However, when we talk about the “third world,” that is, where 80 percent of the world’s disabled population live (Priestley, 2015), the problem of dismissing the medical model multiplies. The field of DS has been selective in

citing disability related knowledge that is produced around the globe (Goodley, 2013). The “majority world” (global south/third world) also produces DS literature, especially around *rehabilitation* (Priestly, 2015). In fact, the medical model is imperative in the “developing world,” for there are many parts of it which lack doctors, nurses, healthcare, or medication – making the medical model the dominant one in considering disability. This urges us to think a little differently about “disability in the majority world.” One important disability theory that helps us understand disability and disablement in de/neo-colonized countries (mostly the former colonies of Europe) is called the “postcolonial lens.”

Postcolonialism and DS, or “Postcolonial DS”

As is evident, it is almost impossible to include every single thinker of this school of thought in this section; therefore, I have selected a representative few as a means of introducing the postcolonial approach.

Postcolonial disability scholars investigate the relationship between disability and colonialism; disability and development; and finally, disability, colonialism, and development. Postcolonial DS scholars have attempted to address the unequal power relations between the Western world (Western Europe and North America) and the rest of the world; between the global south and the global north; between former colonies of Western Europe and Western Europe; and between the “third” world and “first” world.

Tsitsi Chataika

The collection of interdisciplinary analyses *Disability and Social Theory*, edited by Dan Goodley, Bill Hughes, and Leonard Davis, draws from a diverse body of literature. A chapter of this collection, written by Tsitsi Chataika, is titled, “Disability, Development, and Postcolonialism.” In it, the author tries to unpack the unequal power relations between the global south and global north by problematizing the stereotypes, oppression, the “us and them

phenomenon”/“Self and Other,” and tries to occupy a niche between global north and global south in disability research. Chataika (2012, p. 263) defines global north and global south as:

[T]he broad division of countries in relation to resources and power. Global North states are usually known as ‘developed, high income, thriving, or first world countries’. Global South nations are located in Africa, Central and Latin America, and most of Asia, and are usually referred to as ‘developing, low-income, failing, majority world, or third world countries’ (Stubbs, 1999).

There are three main intertwined aspects/branches to Postcolonial DS: Postcolonialism, development, and disability. Chataika argues that when we discuss these three aspects independent from each other, we miss the dialectical relationship that exists between them through historical trajectories. She strives to find a way to connect the two ends of this spectrum (global south and global north) by possible pathways that could be paved through DS scholarship. She argues that by building “communities of trust” and providing a platform for researchers in the global south, we might be able to bridge the gap between the two unequal-in-power ends of the disability knowledge production axis (Chataika, 2012). She calls for a focus on the Indigenous knowledge, habitually overlooked or ignored by privileged global north scholars and scholarship, that may be able to enrich our understanding of Postcolonial Theory, development agendas, and DS simultaneously.

Building on Edward Said’s (2004) notion of humanism, Chataika puts forward a new disability theory that she terms *critical postcolonial disability studies research*, in which the postcolonial locations of disability are prioritized and theorized. She calls for collaborative research between the global north and global south that is grounded in the needs of the global south and pushes toward a development agenda based on mutual benefits (Chataika, 2012). She believes that the ‘decolonization’ of disability research is only possible by “reclaim[ing] the academic, intellectual, and cultural spaces, which ultimately lead to the re-emergence and upholding of indigenous knowledge” (Chataika, 2012, p. 265). Hers is an

emancipatory/decolonized research agenda that, she argues, is possible by a critical postcolonial disability studies research which emphasizes relying on the Indigenous knowledge to make changes in the lives of Indigenous/colonized-disabled/underdeveloped communities by themselves, and no one but themselves (see also Smith, L. T., 1999).

Unlike many other scholars, Chataika insightfully observes that the global south also includes parts of Africa and Asia that have *not* been colonized by Europe, such as Iran. But she never discusses how people become disabled in this region. It is key to talk about how disability is produced in the “third world” because disabled people there form 80% of the world’s disabled population (Priestley, 2015).

Chataika asks: How can we create a dialogue between two worlds as they are fighting? The retort to her should be: How can we build communities between two worlds when those who live in the “third world” are being killed and disabled as we speak?

The global south and global north are not fixed concepts. They are, indeed, constructs that are sustained by much economic and political effort. I argue that producing disablement is also part of the effort to keep the power imbalance between these two constructed worlds. Therefore, how can we talk about the two worlds and ignore disability production by violence in the “third world”? We need to remember that 95 percent of weapons that are used in armed conflicts in the global south are manufactured in the global north (Southall, 2002).

Anita Ghai

Another prominent Postcolonial Disability theorist, Anita Ghai (2012), drawing upon Postcolonial Theory as discussed by Edward Said, Ghayatri Spivak, and Hommi K. Bhaba, focuses on disability in India: how it is produced, managed, lived, ‘viewed’, and sustained. She has taught us how to ‘look’ at disability in a postcolonial society like India. She reminds us that the social model of disability might not be useful in looking at disability and postcolonialism,

because many disabled people in the postcolonial societies just want to survive (meet their most basic needs such as food and shelter), never mind claiming ‘autonomy’ and ‘rights’. She has discussed the concept of “decolonizing disability” in research and praxis by introducing her readers to how disability is viewed, lived, managed, and judged in India by Indians specifically (Ghai, 2012).

Ghai argues that an adequate theory of disability should be conceptualized in a way that interrogates ableist hegemony while problematizing colonialist and imperialist ideologies at the same time. She suggests that a critical conversation is needed between DS and postcolonialism to re-engage the relationship between the White European/center/Self and the racialized/periphery/Other by learning how to unlearn privilege and “normative” hegemony. This conceptualization, Ghai argues, is the very same binary that exists between the able-bodied and the disabled in Indian society, which manages to define the disabled as the “Other” within the hegemonic discourse of *normalcy* (Ghai, 2012).

Clare Barker and Richard Murray

Two other prominent Postcolonial Disability theorists, Barker and Murray (2010), in their analysis of global disability, state that DS discourse has been absent in the postcolonial literature, seeking to globalize itself and its research methodology from epistemological paradigms to ontological frontiers of the ‘*disabled orient*’ (Barker & Murray, 2010).⁴¹ DS, their argument says, has problematically applied its theories and research methodologies to disability throughout the globe, whilst ‘only’ producing itself in the “first world” academia. “Cross-fertilization between the two research fields” of postcolonialism and DS seems essential and ethically necessary (Barker & Murray, 2010, p. 1).

We need to ask which countries and parts of the world are included in our research, and

⁴¹ This understanding is inspired by Edward Said’s *Orientalism* (Said, 1978).

also how people in southern parts of the world live disability differently (Lopez and Murray, 1996; Barker and Murray, 2010; Bruke, Degeneffe and Olney, 2009). Western corporations employ people in southern countries to make western needed commodities in unsafe factories where the employees risk becoming disabled. Postcolonial Disability theorists argue that in order to protect their economic and political interests, northern countries are not afraid to launch wars, invade lands, and steal resources through armed conflicts. All these invasions happen under the guise of democracy. Yet this is not all. The northern countries even dump their contaminated nuclear waste in the southern lands. For instance, France dumps its nuclear waste in particularly poor Indian villages with permission from the Indian state and renders several people disabled/ill every year (see Anand Patwardhan, 2002). Northern countries also promote the arms trade just to sell their manufactured weapons and make profit in all forms (Southall, 2002). Therefore, there is an urgent need for an alternative contemplation of DS that would cover the power imbalance between the two worlds (Lopez & Murray, 1996; Barker & Murray, 2010; Burke, Degeneffe & Olney, 2009).

Helen Meekosha

Meekosha is a prominent disability scholar who has touched upon disability and neo-colonialism; (briefly on) disability and war, conflict, and the arms trade; unpaid/under-paid labor; exploitation of the global south by global north; and overall, the production of disability by the global north in global south. Meekosha defines the global north and south as:

The 'North', the global metropole, refers to the centres of the global economy in Western Europe and North America. Many of the countries of the North were the imperial powers that colonised other parts of the globe and have remained major centres of global capitalism since the formal end of European empires [...] this group of countries is the centre of economic and political decision-making, is the home of almost all major transnational corporations, is the world centre of technology and disposes of massive military power[...] 'Southern' countries are, broadly, those historically conquered or controlled by modern imperial powers, leaving a continuing legacy of poverty, economic exploitation and dependence. (Meekosha, 2011, p. 669)

Intellectual Crisis. Helen Meekosha notes that DS is produced and consumed in the global north without concern for including global southern scholars and their work in the paradigm of disability knowledge (Meekosha, 2011). This is poignant and imperative, since it questions the reason for DS' existence in the first place (Meekosha & Soldatik, 2011; Goodley, 2013). Meekosha and Soldatik (2011) report that the five-volume *Sage Encyclopedia of Disability* has never bothered to include one entry from Indigenous people in postcolonial societies, let alone mentioned imperial and colonial violence. One recent exception is "McRuer's discussion of the disability protests in Mumbai at the Fourth World Social Forum (2006, 42–48)" (p. 671). Another obstacle is that sometimes the global south's disabled people are forced to self-censor and remain silent just to avoid violent repercussions (Meekosha, 2011). This is often caused by the nationalist and ideological violence that they experience in their home countries under theocratic and/or dictatorial regimes. Meekosha (2011) puts forward the need for a new DS theory that she terms *southern disability studies*, which recognizes colonialism and neocolonialism as "disabling" processes. To analyze disability in a global framework, she suggests one should take into account the power imbalance between the south and the north. She emphasizes the need to understand the experience of Indigenous disabled people in postcolonial societies, such as Australia and include their lived experiences in the process of DS epistemology (Meekosha, 2011). Meekosha argues that DS was constructed as a field of knowledge to include the thoughts of researchers only from the global north with no mentioning of theorists or experience of people in the global south, which makes it almost impossible for someone to study and understand the experience of Indigenous people in Australia, for example. This is what, Meekosha calls the "one-way transfer of ideas" (Meekosha, 2011, p. 668). This, she argues, is an academic colonization of the field of disability that excludes 600 million disabled people who live in the global south. Meekosha, like few other

disability scholars, has recognized the absence of disabled Indigenous bodies and their knowledge of their own disability in the field of Disability Studies and has called it “ an intellectual crisis for this field” (p. 667).⁴²

Racialized Disabled Knowledge. The other issue is the production of impairment in the global south by neocolonial war and violence, which has its roots in the global economy concerning resources, Meekosha suggests (2011). Control of the land and sea, and in general, controlling natural resources, is a strategy used by all colonial and imperialist forces. One way of exerting this control is through the possession and deployment (or threat of) massive military-power (Meekosha & Soldatik, 2011). This is the most destructive tool used to sustain the power imbalance between the south and the north, but DS never cites researchers/scholars from the global south who can tell us about this violence.⁴³ Racialized disabled bodies have not had the “epistemic privilege” (Razack, Smith, & Thobani, 2010, p. 67) to tell their stories in this field and contribute to this important realm of knowledge which was generated to include bodies that are often discriminated against in the first place (McRuer, 2010; Meekosha, 2011). Meekosha (2011) has long argued for the globalization of DS as a field of knowledge, which fights exclusion and oppression.⁴⁴ She insightfully observes that the “universalizing and totalizing tendencies of disability studies scholars have pushed the experience of people from the global south to the periphery” (Meekosha, 2011, p. 667).

Multiple Oppression. It seems safe to conclude that disabled people in the “third world” experience double oppression by being racialized, disabled, under imperialist violence, and being “voiceless” or, perhaps, as Arundhati Roy puts it, “silenced or preferably unheard.” If DS, as ontology, imposes its structure on the global south without considering the power imbalance that produces disability, it would fall into the poignant and imperative trap of “normalization”

⁴² Indigenous people in the postcolonial societies such as Canada, Australia, India, etc.

⁴³ Bridging this gap is his thesis’ primary goal.

⁴⁴ Note that for Meekosha, the global south is only the former colonies of Europe.

which should be a nightmare for this realm of knowledge that fights “normalcy.” Meekosha (2011) warns the readers not to deny global southern peoples’ agency and states:

The consequences of the dominance of the metropole results in a number of textual moves. There is a tendency to talk of universals in disability studies. *Disability & Society* [as the most famous disability journal] in its notes for contributors states ‘Contributors should bear in mind they are addressing an international audience’. But, in practice, if research is conducted in the metropole there is no need for any geo-political reference, whereas if you are writing from the periphery it is necessary to specify your location. (Meekosha, 2011, p. 670)

As I understand it, for Meekosha, the global south encompasses only the former colonies of Europe. Therefore, she does not engage the global politics that produce disability in places that are under imperialist power of the global north but which are not or were not occupied by Europe (e.g., Iran). Meekosha briefly mentions the occupation of Iraq without digging deeper through the nationalist and imperialist relations that produce disability through violence in the Middle East region.

The glaring question her argument prompts is what about the racialized bodies in the Middle East who happen to live in fertile lands which were not part of some European colonial empire but which still possess abundant natural resources that have made them the target of imperialist violence (this is where even the geography of disability becomes important)?

It is important to consider that countries in the Middle East are constantly affected by the presence of the U.S. and its allies in the region, which is always justified by suppressive political agendas (e.g., white supremacy, economic exploitation, modernity projects, and etc.) under the guise of exporting “democracy” to the Middle Eastern countries (Chomsky, 2008). People in the Middle East suffer on both ends: resisting their own suppressive/nationalist states on the one hand, and U.S. empire-building on the other. It is worth mentioning that Middle Eastern women, particularly, experience multiple oppressions stemming from the nationalist/ideological agenda of their oppressive states, the racist imperialist violence of the

global north, and suppressive patriarchy within their own communities (Bannerji & Mojab, 2003) – not to mention the care-giving role they are often expected/forced to take on in the care of their disabled spouse or child (Erevelles, 2011).

The Postcolonial Disaster Theme

Anthony Carrigan

Another salient theme which has emerged in Postcolonial Disability Studies is the concept of “natural disaster” and/or “human-made disaster,” along with recovery efforts in the presence of disability and death. In this regard, Anthony Carrigan (2012) investigates the intersection between DS and Postcolonial Theory in the context of Pacific nuclearization and its catastrophic outcomes. He relates the concept of *social vulnerability* to “natural disasters” and how they affect colonized populations caught in unequal power relations. Disabled people also fall into the category of social vulnerability when it comes to “natural disasters” and recovery efforts (Carrigan, 2010). Additionally, Carrigan’s research examines how fictional representations of postcolonial disaster can help globalize disability theories while pushing for a deeper analysis of the connection between postcolonial crisis interpretation and disability. What would be informative for projects like this, I suggest, is a potential discussion of militarized crisis capitalism and its relevance to “natural” disasters.

Mark Priestley and Laura Hemingway

Mark Priestley and Laura Hemingway (2006) conducted a comprehensive study of disaster, disability, and death (inspired by the concept of ‘necropolitics’ in Achille Mbembe’s postcolonial sociology) aiming at globalizing the concept of disability (i.e., disaster can happen to anyone anywhere at any time). Priestly and Hemingway press for the construction of more inclusive communities that are also responsive to post-disaster recoveries, in which disabled people remain the most vulnerable population. They observe the historical continuities of

violent exclusions in conjunction with human-made disasters and post-disaster recovery efforts. Priestly and Hemingway (2006) refuse to ignore the disability subject position's resistance against complete erasure, and simultaneously, politicize the concept of post-disaster recovery efforts. The authors, in favor of the social model of disability, conclude that "more attention should be paid to the social model approaches, particularly in understanding global links with poverty, and that disabled people's organizations should be resourced as agents of disaster recovery and preparedness" (p. 23). It brings to mind the image of CNN anchor Anderson Cooper looking in disbelief at what Hurricane Katrina had done to New Orleans and telling his audience that what he 'sees' does not look like America, but the "third world" (Erevelles, 2011).

Rejecting Political Economy and Class Relations: Cultural Theme

Post-structuralists, post-humanists, post-conventionists, and post-modernists separate culture from power hegemony, reduce all political issues into cultural ones, and convert culture into a private matter (Bannerji, 1995). What makes post-structuralist, post-humanist, post-conventionist, and post-modernist approaches to disability similar is their disengagement from political economy as well as their depiction of human difference (e.g., race, sexuality, disability, and etc.) as a social construction/fiction. Erevelles (2011, p. 19) states that "[...] political economy plays [a critical role] in the social construction of difference and [that it has] implications for the actual living conditions, and, concomitantly, the actual embodied existence of disabled people living within the social/political context of transnational capitalism." Engaging the political economy of difference in our analysis can place us in a critical contention with poststructuralists, for they focus on disabled body within its local context (not as part of the global). Dan Goodley (2013, p. 4) states:

Looking back over the last decade it is possible to recognize the emergence of critical disability studies that are less centred around the materialist imperative and open to a host of theoretical developments including postconventionist (Shildrick 2009); postmodernist (Corker and Shakespeare 2002) and post-structuralist (Tremain 2005).

Each of these persuasions emphasizes the *cultural*, discursive and relational undergirdings of the disability experience [emphasis in mine].

For poststructuralists, the materiality of disability pride and preventing impairment can never happen at the same time for they see them as opposites. Another problem with poststructuralist, postmodernist, and postconventionist views is that they never look at disability as a socially-organized material condition on a global scale; instead, they look at disability as a constructed metaphor/fiction/construct/perception on a local level.

The poststructuralist, postmodernist, and postconventionist disability scholars never historicize disability. They never ‘see’ disability in relations to other differences, such as race, geographical location, precarious immigration status, and class on a material level. Poststructuralist view of disability is invariably based on discourses that constantly change by assuming that people always have a ‘choice’ to perceive themselves as disabled or non-disabled. This can only happen if we forget that even “choice” is a bourgeois concept that is always mediated by social relations (i.e. when your home is being bombarded by F-16 fighter planes, you have no “choice” but to die/get disabled). Poststructuralists do not dismantle social relations and therefore fall abysmally short of a proper scrutinization of the capitalist social relations including class that produce disability through imperialist and ideological wars.

Prominent mainstream disability studies scholars, such as Titchkosky (2011), Shildrick (2007), Petterson and Hughes (1999), and Garland-Thomson (1997), have noted the problems of *uncritically* engaging the *humanist subject*. However, in their own work, they offer an indictment of heterosexual and non-disabled embodiment that continues to foreground the *bourgeois non-racialized disabled subject* with the “material” freedom to offer a more deviant reading of disabled subjectivity (Erevelles, 2011). In other words, there is an implicit assumption in their work that their disabled subject is White and middle-class, who has a real freedom to choose how s/he wants to perceive her/his disability. This is a dangerous assumption,

because it erases racialized poor bodies from the “third world” who are often forced by circumstances to fight imposed wars/armed-conflicts and become disabled as a result. As such, for this racialized working-class third-world disabled person, disability is more than a metaphor, cultural construct, or a wrong perception. For this person, disability is a concrete condition to live with for a lifetime, probably with minimal care. Picture an Iraqi woman, who is being bombed by an American F-18. Does she have a choice of not becoming “materially” disabled? Does she have a choice not to die? Even choice per se, as used in the disability literature, is a bourgeois concept, as we often forget that choice is mediated by social relations. As such, when we talk about an autonomous disabled subject, we need to also think about non-Western, poor and racialized subjects who are often victims of nationalist and imperialist wars. If we as disability educators erase them, then we are using education as an ideology that serves the interest of a particular class/color. We need to create a knowledge that is transformative not oppressive.

B. Ingstad and W. S. Reynolds

Another cultural (apolitical) approach to DS is the medical anthropological perspective. For example, Ingstad and Reynolds (2007) have contributed to DS by studying disability in several global communities from a medical anthropological perspective. Medical anthropologists usually have engaged in conducting case studies, that are considered to be particularly useful for DS, for they have been paving the path for a better understanding of human body within particular times and spaces. However, their analyses are restricted to local contexts and describing the local, rather than connecting the local to the global (Erevelles, 2011). Therefore, I categorized them under the cultural theme. Medical anthropologists familiarize us with many different disability cultures across the globe from an African tribe to an Indigenous clan; however, they never inform us about the ways in which disability is

produced globally through colonial and imperialist violence extended through history. Nor do they connect the local picture to the global structures within which the world operates. That said, I acknowledge that studying the intersection of disability and culture sheds light on the ways in which disability is perceived by different cultures, but it doesn't demystify the social relation behind its creation. Knowing how different cultures live their disability is very important and interesting, but it never helps us to prevent the violence that has created their disability in the first place.

Mark Sherry

Cultural Theorist, Mark Sherry (2007), in an article titled "Intersecting Gender and Disability Perspectives in Rethinking Postcolonial Identities: (Post)colonizing Disability," deconstructs the terms disability and postcolonialism. These terms are interchangeably used between the two fields and, intentionally or unintentionally, reinforce the normative hegemony by which disability becomes an adverse, unwanted, and undesired state of being. Sherry calls for a more careful theorization of disability and postcolonialism by researchers, especially in deploying words such as exile, diaspora, apartheid, and slavery; and the experiences of disability such as deafness, psychiatric illness, and blindness. Sherry warns readers that postcolonialism should not be used as a metaphor for oppression. Neither should disability be deployed to describe the experience of oppression under colonization. Mark Sherry urges DS to approach various forms of resistance in more complex ways in order to illustrate the apparent link between different forms of oppression such as racism, sexism, and ableism. Sherry explicitly mentions that he acknowledges the material conditions in which people with disabilities in post/neo-colonized nations live, but he fails to go further than problematizing the notion of a rhetorical connection between postcolonialism and disability (Sherry, 2007).

Robert McRuer

The prominent queer theorist Robert McRuer's critique of only-identity-and-state-based arguments in DS put forth by numerous disability scholars, such as Rosemarie Gerald-Thompson, Tobin Sieber, and Paul Longmore, marks a significant shift in DS discourse (McRuer, 2010). McRuer questions the DS discourse in the U.S. for being overly American-based and Americanized, meaning it never crosses U.S. borders to take into account “non-American bodies.” In his recent article, “Disability Nationalism in Crip Times,” McRuer consciously walks the reader down an awakening path by arguing that many DS arguments’ genealogical location is the American geopolitical territory; In fact, many have never crossed the frontiers of the U.S.

McRuer, in his profound piece “Crippling Guantanamo,” warns readers, including DS scholars, that justice and prosperity for one region/nation might be obtained as a result of devastating another (McRuer, 2010). McRuer points out that while the current geopolitical order stops targeting disabled bodies in the U.S., it simultaneously attacks them in a different location on earth. McRuer calls for an emergency state in DS discourse for the “re-cognition of bodies beyond boundaries, bodies not (yet) legible according to the terms of canonical claims” (McRuer, 2010, p. 14). Admiring a special issue of *Wagadu: A Journal of Transnational Women's and Gender Studies* on “Intersecting Gender and Disability Perspectives in Rethinking Postcolonial Identities,” McRuer makes it clear that he wants to build upon an emergent line of questioning in the field that Pushpa Parekh and her colleagues have proposed. They interrogate why certain phenomena such as poverty, environmental trauma, and war are never a concern for DS. McRuer (2010) endorses this new way of thinking and invites the disability scholars to (re)imagine the discourses of ability, disability, and the binary between them in the global contexts.

Dan Goodley

Post-humanist disability scholar Dan Goodley (2013) also argues that a new version of DS, or ‘disability and social theory’, should arise. He claims that we need a “global critical disability studies that is mindful of connecting across nation-states that recognize specific socio-historical conditions of oppression alongside wider considerations of the globalization of disablism” (p. 639). The question in response concerning the phenomenon of ‘globalization’, then, is whose job it is to police circulation of capital and check the expansion of the American empire? What about prevention of disability proliferation as a result of globalization? In other words, a theory that aims to connect nation-states should first be mindful and responsive to the problem of globalization, which does not mean closeness of the nations but imposing one nation’s agenda on others. Imposing one nation’s political agenda on other nations could be as simple as the military and political-economic *presence* of that powerful nation in the other’s geographical and economic spheres (e.g., free trade agreement, International Monetary Fund, etc).

DHM Reading of Disability

Undertaking a historical-materialist analysis of disability and race, Erevelles distinguishes her position from other scholars, such as Titchkosky, 2011; Shildrick, 2009; Petterson and Hughes, 1999; Goodly, 2014; Garland-Thomson, 2009; and Oliver, 1990. She theorizes the relationship between disability and race by stating that disability has been fetishized in the global context as a transgressive difference, a phenomenon which has obscured the ways in which the sources of its production can be detected (2011). She along with Rachel Gorman, have questioned disability production in the “third world” by “first world” imperialism and U.S. imperial expansion (see Erevelles, 1996, 1998, 2011; Gorman, 2016). Erevelles states: “I deploy the term ‘Third World’ [...] to expose how the social, political, and economic

conditions of global capitalism produce spaces of extreme exploitation and oppression in both the imperialist states and their former colonies” (Erevelles, 2011, p. 122). Erevelles argues that the violence of imperialism not only creates disability, but also masks the socio-political and economical impacts of creating disability in these contexts.

Erevelles pays particular attention to the transnational context of the wars in Iraq and Afghanistan (components of the so-called “war on terror”) by asking why there has been little outrage at and protest against the devastating accounts of death, destruction, and disability in Afghanistan and Iraq? Why have they appeared but briefly on television before their permanent and complete erasure (2011)? Erevelles calls this silence a political response, which is extremely troubling given the unemotional response from both people of color and disabled communities in the United States. What about the silence from both “third world” feminism and feminist DS scholarship on the topic of ‘disability and war’, in addition to the missing and ignored statistics on disability at the time of war?

Erevelles specifically includes “third world” women in her discussion to indicate that they not only become disabled in these imposed wars, but also end up looking after the disabled members of their family. This is the case because the world’s patriarchal structure demands women’s unpaid and underpaid labor at all times. Erevelles (1996, 2011) argues that every discussion about disability should be located within the historical contexts of colonialism, post/neo-colonialism, and current imperialism by showing that the material conditions of caregiving actually supports a conceptual link amongst class, race, gender, and disability. That is how most disabled people’s caregivers end up being poor/working-class racialized women.

Disabled people are often expected to be “productive,” which does not mean that a person’s skills or ability to produce goods that satisfy another person’s needs, but rather that person’s ability to respond to the exploitative demands of global capitalism to increase profit.

Therefore, an economic concept such as productivity, Erevelles argues, is not a “transhistorical” concept but an historical construct to satisfy transnational capitalist economy (Erevelles, 2011, p. 139). This is a dreadful logic to operate under for disabled/vulnerable people because they often have to deal with physiological impairments that do not allow their employers extract excessive surplus value from their labor power. Disabled people are often constructed as individuals, who cannot be employed (Prince, 2009), a notion which has its roots in the definition of labor power in the capitalist context. Labor power is measured in accordance with the competitive labor market in the capitalist economy. Scholars in the area of DS have already critiqued how ableist society has constructed disabled people as defective citizens incapable of contributing anything to society (see Charlton, 1998; Garland-Thomson, 2009; Russell & Malhorta, 2002).

Erevelles (1996, 1998, 2011) engages the dialectics of global politics and proposes that historical conditions organized by social relations of production/consumption actually enable material violence to produce disability. Her focus is mostly on how disability gets fetishized in global contexts, meaning how sources of ‘disability production’ get masked. One indication of this problem is that we always start the discussion in DS with an already-acquired-disability. In this way, we ignore the ways in which that particular disability has been acquired. She believes that disability production is a global phenomenon that relates to the bigger picture of global politics and political economy. She suggests that we should read disability ‘globally’ considering the web of social relations extended from the past that produces disability through violence.

Thus, she maps out the historical continuities and discontinuities that exist between racism, sexism, dis/ableism, and heterosexism embodied and enforced in the eugenics practices of the early twentieth century and the contemporary contexts of the “third world” and imperialist

states (1998, 2011). Erevelles warns that there are repercussions for the invisibility of disability in the global context, and she offers her own global disability theory and praxis – the *transnational feminist disability studies perspective* (2011). She proposes that the transnational feminist theorist, Chandra Mohanty’s historical-materialist approach to understanding women’s lived experiences in relation to transnational capitalism, neo-colonialism, and class-based patriarchal nationalism might be useful for defetishizing the social relations of disability in a global context.

Erevelles disagrees with ‘cultural’ readings of disability via the example of Nazi Germany. She argues that Nazism cannot be read merely as an accepted/standard ideology, but rather an ideology that stemmed from a particular social and economic organization/order that depended on degradation of certain racial and disabled bodies to sustain that order. I concur with her argument that the exact same thing is happening in the Middle East under the imperialist powers who justify and rationalize their military presence in that region in order to sustain the power imbalance between the global north and global south.

Rejecting Apolitical, Idealist, and Mechanical Difference

For poststructuralist theorists, nothing occurs outside of discourse, and everything including human experience is mediated by language, meanings, and imaginaries. They focus on the disabled embodiment in the context of the local, and in this process, overlook the historical conditions that render some bodies invisible and worthless in the global context (Erevelles, 2011, p. 20). Poststructuralists and posthumanists DS scholars eschew socio-economic structures, metanarratives, and experiential. Unlike them, I believe that we live under *historically*-oppressive social relations such as patriarchy, racism, sanism, heterosexism, and ableism all embedded in the violent economic structure of capitalism. My problem with poststructuralist and posthumanist views is that they rarely look at disability as a historically and

socially organized material condition on a global scale. Instead, they look at disability as a constructed metaphor/fiction on a local level, something that denies sameness outside of economics, something that is individual and discursive (Corker & Shakespeare, 2002; Tremain, 2001). This is to say that different categories of identity, such as race, gender, and disability *do not* exist in the outside world and are socially constructed. Simultaneously, this is to deny that the disabled embodiment cannot and does not exist out of the capitalist economy and the global class relations. Humanists/posthumanists scholars hardly historicize disability. They hardly ‘see’ disability in relation to other differences, such as gender and class at a material level. Erevelles (2011, p. 165) argues, “[w]hile poststructuralist theorists have been helpful in deconstructing humanist norms, they have not been able to explain why these normative structures persist.” Therefore, a DHM analysis is needed “to connect ideological constructions of difference to the economic conditions and social relations supported by capitalism.” (p. 164)

An adequate study of differences is not limited to just studying cultural differences within and among disabled communities throughout the world. Instead, a thorough transnational disability study should be embedded in DHM and research the embodied differences that are socially imposed and organized by people through material modes of production. This is because capitalism, which is the dominant economic system in the world, is also a political system, as well as a social web, that polices capital around the globe through free trade agreements, International Monetary Fund (IMF) loans, the arms trade, and war (Wood, 1995).

Cross-cultural analyses are adequate only if they include a comprehensive analysis of transnational capitalist social relations between the “first world” and “third world,” which includes studying the ways in which disability is proliferated through wars; studying how the global north is implicated in producing disability in the global south; and finally how nationalist/ideological forces (such as nation-states) in the “third world” are also implicated in

this production. What has been left unquestioned in the popular knowledge produced by DS is the historical and economic conditions that situate *becoming* disabled in a violent context of social and economic exploitation.

There is a need for an inclusive model that will take into account the whole world and its disabled inhabitants. However, conceptualizing disability in its own context is not easy because southern countries are often stuck in civil war (e.g., Syria), nationalist/ideological wars (e.g., Yemen), genocides (e.g., Palestine and Kurdistan), and/or imperialist wars (indirectly occupied by U.S. and NATO in the case of Iraq and Afghanistan) – contexts in which disability, mutilation and injuries are propagated on a massive scale. Moreover, there is an alternative type of “third world” within the “first world” – what Frantz Fanon calls “internal colonies” within the imperialist states – which is home for refugees and immigrants of color, mad people, poor LGBTTTQI persons, the working class disabled and racialized, or in other words, the “Ghetto” (Erevelles, 2011). The U.S., in pursuing its imperialist agenda, has started and run quite a few wars in the Middle East region, and as a result has produced death, captivity, injury and disability. I call this *disabling imperialism*.

The U.S. imperialist discourse has used different narratives to not only justify erasing Indigenous peoples’ rights and autonomy, but also demonstrated its dominance as “paternal,” “moral,” and “necessary” (Konkle, 2008, p. 11). The U.S. government has made much good use of this narrative of “civilization versus savagery” when attacking other sovereign nations to take over their land and resources; and since the U.S. would have no attachment to the invaded land, it would just drop its universalized idea of “democracy” either metaphorically or literally onto the targeted country (Konkle, 2008). Blatantly, if anyone from the sovereign nations protests or denounces the idea, it would just show their “unfit-ness” for this morally superior idea.

Harvey (2004) cites Hannah Arendt’s engaging argument that imperial expansion by

violence is often accompanied by tyranny at home. The U.S. has been masking its expansionist tendencies under humanitarian intentions (Chomsky, 2008), but it is not clear how far it can go in deceiving its own people, some of whom, nevertheless, at some point, supported the Vietnam War. Harvey (2004) adds that the U.S. has been using different strategies/excuses, such as establishing democracy or *overthrowing* it, in sustaining its militarized empire. American hegemonic discourse has deployed double standards around the popular idea of democracy in the sense that it is conducted/performed/achieved/manipulated/imposed/fabricated differently on American soil as opposed to foreign lands, such as those of the Middle East. Additionally, the U.S. has blatantly failed in its democratization and nation-building attempts. Its rhetoric of democracy and its manipulation of the Islamic practice of veiling and certain feminists to *advance its own interests in the region* is not a secret to anyone (Qutami & Qutami, 2013).

Nepveux and Beitiks (2010, p. 237) state:

The Global North/First World's power has been always depicted as a power to name, to save, to heal, and to grant "life itself" to the Third World. The imagined Southern body is not only starving but disabled: a stomach bloated from kwashiorkor, a body disfigured in inter-ethnic conflict, or a fragile body weakened by AIDS. Development policies and charitable campaigns have imagined the African body as always, in a sense, disabled.

Kashani-Sabet (2010, p. 4) argues that DS, as an academic field, "has made slow inroads into Middle Eastern scholarship." For me 'transnationalizing disability' is not only globalizing it throughout the whole world, but also digging deeper through the material conditions that disabled people live under in the nations that are often oppressed by their own theocratic/nationalist/ideological states as well as by the imperialist violence of the U.S. and Western Europe. I aim to bring to light the dependency of DS as a colonial tool to the nation-state, very much invested in the imperialist projects of the "first world."

Environmental Destruction, Global Ecological Apartheid, Capitalism, and Disability

We established at the beginning of this chapter that one of the shortcomings of popular DS discourse is its lack of discussion on how disabilities historically have been produced by unequal power-relations within and between the two constructed “first” and “third” worlds created by capitalism, imperialism, the politics of nation-building/nationalism, and other ideological social relations, both gendered and classed. One imperative result of such violent relations is environmental destruction. This does not mean that scholars and activists from other disciplines have not discussed the link between environment and health thoroughly, however. In fact, environmental and climate scientists, ecologists, environmental sociologists, and environmental political scientists and activists have long argued that environmental devastation is not a mere unrelated accident of history but an intertwined, inherent feature of the capitalist system (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Foster, 2000, 2006; McKibben, 2005; O'Connor, 1989; Zalik, 2008) and that it causes health issues (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Goldman, 2005; Grech, 2009; Murray & Lopez, 1997; WHO, 1997; Zalik, 2008)

John B. Foster (2007), the author of *Marx's Ecology: Materialism and Nature*, posits that the capitalist economy has intrinsic necessities/features to it such as war, imperialism, class exploitation, and ecological destruction. He warns us against the uncontrollability of the capitalist system in the near future resulting from what political-economy scientists calls “system’s destructive creativity” (Foster, 2007). He argues that ecological destruction is embedded in the logic of capital to make profit at any cost for as long as it takes to exhaust all available resources on the planet. He further argues that capitalism has taken over the planet as a dominant world economy, undermining not only the modes of production and consumption, but

also the conditions of living for all species (Foster, 2000, 2007). In recent years, a new regime of monopoly-finance capital has come into effect and has fostered neoliberal economic restructuring. This new regime is not only endangering life on earth; for some, it “is removing such basic ecological conditions of human existence as access to clean air, drinkable water, and adequate food” (2007, p. 5).

Capitalism is a war on the environment, a hunt for energy sources and new ways to exploit nature and accumulate profit (Austin & Phoenix, 2005; Foster, 2000, 2007; Milani, 2006; O’Connor, 1989). This war is also a class war against the poor and those who resist the existing social and economic order. This structural incoherence with nature, Foster (2007) argues, has been known since the industrial revolution and the rise of capitalism as a system of class and *imperial expansion*, both in size (Harvey, 2004) and ideology (Mojab & Carpenter, 2011).

Global Ecological Apartheid and War

Foster, in his article *Ecology of Destruction* (2007), informs us of what he calls “global ecological apartheid,” which refers to the destruction of the world, especially the global south, by wealthy nations of the global north. This “ecological imperialism,” Foster argues, is evident in Washington’s refusal to commit to limiting its greenhouse gas emissions which are generating climate change. A recent example is President Donald Trump’s refusal to remain in the *Paris Climate Agreement*. Furthermore, Austin and Pheonix (2005) argue that the United States is not only fighting for empire building/expansion in the oil-rich regions of the world, but also is fighting a war against the planet. This is because it is next to impossible to separate the class and imperial expansions, as essential features of the capitalist system, from destruction of the planet (Austin & Phoenix, 2005; Foster, 2000, 2007; O’Connor, 1989).

James O’Connor (1989) argues that the primary cause of environmental destruction in

our time is war. He reminds us that the most devastating wars in history, that is World Wars I and II, were launched and fought by capitalist and imperialist nations, either among themselves or to suppress liberation movements in the “third world.” For example, Nazi Germany for six years between 1939 and 1945 devastated Europe and the Soviet Union, while Japan destroyed large areas of Southeast Asia and China, and the United States detonated two nuclear weapons over Japan. Another factor that has arisen as a problem in the nuclear era is the continued testing of nuclear weapons, which continues the degradation of the atmosphere (O'Connor, 1989).

Furthermore, after the horrors of the WWII ended, the U.S. rose as a global military aggressor, destroying the environment from Vietnam to Central America with weapons, toxic pesticides, and chemical fertilizers. The most recent anti-environmental assaults that have been initiated by the U.S. Empire have been the ‘war on terror’, as Austin and Phoenix (2005) posit. They claim that the invasion and occupation of countries such as Iraq and Afghanistan is profoundly linked to U.S. energy policies as a capitalist and imperialist state. Anna Zalik (2008) informs us that the imperialist wars that are fought for oil are not only a socio-political problem, but also a serious ecological disaster.

Class struggle

Bray, Kenny, and Chughtai (2008), as members of the Oxfam civil society organization in India, in their report, *Rethinking Disasters: Why Death and Destruction is not nature's Fault But Human Failure*, point out that the poorer people are, the more fundamentally they are affected by environmental disasters. They indicate in their report that poor people are much more dependent on natural resources and, therefore, are hit the hardest by climate change-linked famine and floods. They claim that if warming of the oceans continues, 50 million Bangladesh citizens could become homeless (Bray, Kenny, & Chughtai, 2008).

Ecological destruction does not affect every inhabitant of the earth to the same degree.

People in the “third world” will be affected the most by climate change, especially those who earn a living by farming or fishing. The worst impacts of climate change that affect the people in the “third world” include further famines, floods, crop damage and falling yields, water shortages, and disease (Bray, Kenny, & Chughtai, 2008).

Health Problems

The World Health Organization report, *Health and Environment in Sustainable Development, Five Years after the Earth Summit* (1997, p. 29), states: “In different ways and to different degrees each of the disease and disability categories [...] owe their presence to one environmental factor or another.” Shaun Grech (2009), a postcolonial disability scholar, argues that in the “third world,” poor people are more vulnerable to environmental changes, even if they are caused by “development” or “economic growth.” For example, he argues, “[...] development itself may contribute to impoverishment and disablement. For example, the privatisation of water often makes it unaffordable to the poorest and consequently imposes serious risks of impairment, such as river blindness and other water-borne diseases” (p. 4). Overall, Grech argues that the poorer people are, the more vulnerable they are to health problems, disability, displacement, and dispossession, for their survival is dependent on natural resources.

In addition, Austin and Phoenix (2005) posit that the capitalist system is embedded in class struggle and an anti-environment stance, which indicates that the poorer (i.e., subordinate class/working class) you are, the less important your health is to the capitalist system. They argue that in the capitalism system, there are three imperative logics. One is expanding the reach of its tentacles to the remotest places on earth in order to exert control over labour power and natural resources to advance production. The second is striving to maintain that control over production and consumption by creating more consumers and expanding markets in search for

further capital accumulation. Austin and Phoenix argue, “Expanding the scope of capitalist production imperils environmental assets. Ecological impacts such as polluted air, soil, and water arouse public concern” (p. 5). The third logic is eliminating the waste of production and consumption, or in other words, shrugging off the responsibility and imposing the negative costs onto public. The result of all three of these logics is environmental degradation and public health problems, which are carried out by pumping volatile waste into water sources and toxic gasses into the atmosphere. Hence, the capitalist system and its last stage, that is imperialism, “permi[t] the perpetuation of social and environmental harm without the appearance of intention” (p. 6).

Michael Goldman (2005, p. 141), on the other hand, problematizes “the privatization of ‘global public goods’ from atmospheric space and global warming, to public water supplies, their depletion, and subsequent health problems.” Besides, Murray and Lopez (1997) published a report called *The Global Burden of Disease and Injury Series: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020* which indicated that “the first estimates of the proportion of mortality and disability [...] can be attributed to certain risk factors for disease, including tobacco, alcohol, poor water and sanitation, and unsafe sex (p. 2).

Can TDM Help Us Shift Our Analysis of Disability to Grasp the Reality of Environmental Destruction?

In Chapter Two, we conceptualized transnational disability theory as an approach that accounts for any disability-production mechanism that involves a *human contribution* driven by economic, political, historical, and social factors. We established that TDM can be used as a way to understand unequal power relations, such as prevail in a system of class hierarchy, between those who cause the disability and those who become disabled. We also came up with several constructs for the new theory such as class, nation-state, capital, and ideology embedded

in violent/oppressive/exploitative social relations, such as nationalism, capitalism, imperialism, and theocracy in the transnational context. It should be noted, however, that while certain disability-producing mechanisms may appear to be “natural,” there is almost invariably a human contribution (Lopez & Murray, 1996; WHO, 1997; Zalik, 2008). This can be the result of not taking steps which would eliminate/mitigate the rate of disability production due to a consideration for *economic* factors. In this section, we learned that ecological destruction and its resultant health problems are not neutral phenomena, but are rather an aspect of class war, resulting from unequal power relations between a certain class of humans and the rest of the species. Therefore, environmental destruction, just like war, is a violent process that is planned and inherent to particular social relations and modes of production and consumption, as opposed to being accidental and unavoidable. Nevertheless, there are neutral environmental phenomena that are created without human intervention or violence.

Furthermore, we need to be clear about what we mean by violence. In this thesis, wherever I use the word violence, I include the unequal power relations which define the world’s dominant economic system (i.e., capitalism), not just emotional or physical violence. I argue that we know the capitalist system is ultimately premised on profit-making through the encouragement of ever-increasing production and frivolous consumption (Foster, 2000, 2007; Harvey, 2004; O’Connor, 1989). As such, the world’s dominating economic system – capitalism – does not allow for reduction of damage to the environment, which in turn will reduce the human contribution to “natural” disasters that produce health problems/impairments/disability (Austin & Phoenix, 2005).

There is also a prevention factor involved that could, in the long run, save people after a disaster has already happened but not the planet from complete destruction. For example, in the case of a hurricane, the production of disability could be mitigated with stricter building codes;

additionally, climate change has been shown to contribute to the frequency and intensity of major weather events. Jennifer Sumner (2003, p. 1) argues that climate change disasters can be avoided by “learning new ways of engaging with the world that prioritize the environment, support community sustainability, and provide an inspiration to others who are also facing global challenges.” To this list, John B. Foster and James O’Connor add producing less and consuming less. This means that corporations producing less and individuals consuming less. This would reduce the emission of greenhouse gasses that have been identified as the main cause of global warming. The speed of climate change and its effects (e.g., global warming) could be reduced through more expensive, clean energy alternatives (Foster, 2000, 2007; Milani, 2006; O’Connor, 1989).

I acknowledge that my approach to disability, throughout this thesis, covers only the social and economic relations that produce disability, and it fails to account for “natural” (non-man-made) ways in which disability can be produced (e.g., such as earthquake, flood, or other severe weather events that are not caused by global warming). Although in certain cases, it can be difficult to decouple the human contribution from natural causes.

I argue that my approach to disability, TDM, has a great potential for scholars to study disabilities, impairments, and health problems that are produced by environmental factors or mechanisms. I believe that TDM’s emphasis on the political economy of health can be a step forward for DS to address the problem of impairment more radically, just like a lot of environmental sociologists, scientists, and activists have already done. It is obvious that disability prevention has already been discussed in several fields such as public health and environmental sciences, so why is it such a taboo to also talk about the prevention of impairment in DS?

Addressing the Contention: Prevention of Impairment, Disability Pride, and

Ableism

One dangerous pitfall in approaching disability prevention is the danger of being swallowed by the relentless discourses of eugenics, slavery, sterilization, and euthanasia. Helen Meekosha (2011, p. 3) states:

For the most part, disability writers and researchers, fearing a return to the medical model of disability, understandably avoid the issue of the prevention of impairment (Michalko 2002, 182). There are of course exceptions to this prevailing trend (Kaplan-Myrth 2001; Barker 2010) but, within the northern discourse, prevention has primarily been limited to discussions of bioethical concerns, such as the prevention of intellectual disability (Parmenter 2001, 282) and prenatal diagnosis (Shakespeare 2006, 2008)[...] The prevention of impairments as social products on a global scale as a result of, for example, war and environmental pollution, calls for a global perspective by disability scholars that specifically incorporates the role of the global North in ‘disabling’ the global South.

This huge controversy in DS over the problem of “prevention of impairment” is not between the supporters of the social model and others. Instead, it is a conflict between poststructuralists, post-humanists, and post-conventionists and those with a historical materialist approach to disability.

Poststructuralists, post-humanists, and post-conventionists problematize the idea of damaging the human body by arguing that disability is not an adverse condition to avoid, but a possibility to desire. I understand that the concepts concerned with “repairing” or “fixing” people’s bodies should be approached with tremendous caution. Though some are shocked to discover, the reality is that eugenics was practiced up until 1970s in the “civilized” societies of the West (e.g., Sweden). This means that disabled people have struggled and resisted for more than a century to criminalize practices such as eugenics. Nevertheless, it is worthwhile mentioning that there are also covert forms of eugenics such as modern psychiatry that is practiced as a “legitimate branch of medicine.” (Burstow, 2015, p. 1) Prominent antipsychiatry theorists such as Bonnie Burstow have made it clear that modern psychiatry is a form of

eugenics that is still practiced with enormous support from nation-states. As such, violence has been a factor in disability-production in the “first world”/global north as well. In fact, medical interventions have been known to bring about disabilities in patients, especially from psychiatric assaults, such as Electro Convulsive Therapy (ECT) (Burstow, 2015). The problem is that medical interventions and their associated violence are almost never theorized as disability-production violence by people who self-identify as disability theorists, even though they often lead to disability. It is important to note that there is a clear distinction between people who self-identify as disability theorists and people who primarily identify as anti-psychiatry theorists (Burstow, 2015). While anti-psychiatry theorists such as Bonnie Burstow have been clear that medical interventions such as ECT create disability, disability theorists mostly perceive disability as a “desired” state of being, and therefore dismiss any resistance to violent disability-production mechanisms such as ECT.

For example, problematizing psychiatric “treatment” by antipsychiatry theorists gets shut down in the popular DS discourse, for it is perceived as “ableist.” In other words, the social model theorists resist any discussion that problematizes the creation of disability, for according to the social model, we are expected to “desire” disability as a way of being, not an adverse condition to endure. When antipsychiatry theorists such as Bonnie Burstow problematize “desiring” memory loss that happens as result of ECT and psychiatric drugs, they get accused of perceiving memory loss as an adverse condition. Is it not an adverse condition? I argue that it is an adverse condition that can be prevented by the abolition of the psy apparatus, which is rooted in eugenics ideology, the capitalist system, and power imbalances (see Burstow, 2015). If memory loss can be prevented by the abolition of an abusive system of psychiatry, then perhaps we should refuse to celebrate memory loss and instead abolish the power imbalance that gives birth to new impairments and damages.

Having stated all this, I understand why it is important to embrace ourselves after the damage has already been done. I argue that it should be up to disabled people to perceive our/their disability as “pride” or “lack.” It should be up to us/them to make sense of who they/we want to be/become after acquiring a disability. The job of disability theorists is to problematize oppressive systems/relations/organizations such as war, slavery, or psychiatry, for they produce impairment out of their victims’ powerlessness. However, we know from DHM that every situation has to be studied in its own historical context. People who end up in psychiatric wards become prisoners of systematic abuse; as such, they have no “choice” to stop the violence of ECT that causes brain damage in them. Therefore, accusing them or their allies of ableism just because they problematize the damage that has been done to them is oppressive, not emancipatory.

Thus, power imbalances cause disability in both constructed worlds. I do believe that disabled people should be proud of their/our disability, but what if my disability is created by your drone-attacks? What if my disability is created by the sheer power-imbalance that exists between us?

To present an indirect response to the contentious question asked by Robert McRuer (2006): “What is it like to desire disability,” I echo Nirmala Erevelles’s response to that question by emphasizing that we certainly can desire disability and welcome it, providing it is not produced under transnational capitalist exploitation of southern global bodies, especially women. Nor that it is produced by violent imperialist wars that render racialized bodies disabled or dead. As such, where there is not a power imbalance in generating disability through violence, then I argue we not only can welcome disability as a way of being, but we can also desire it as a radical possibility. I join Goodley (2013) in arguing that “in deed the fact disability absorbs the fetishized and projected insecurities of the precariously ‘able-bodied’ suggests that

disability studies scholars are in a key position to challenge a host of oppressive practices associated with dominant hegemony of able society.

Now let's discuss the fetishization of disability as one example in which the power-imbalance in the socio-economic/class system produces disability. In Chapter Five, we discuss the same phenomenon in different geopolitical relations.

Commodity Fetish and Current Disability Theory as An Example of Fetishization

Marx defined fetishism as follows:

“As against this, the commodity-form, and the value-relation of the products of labor within which it appears, have absolutely no connection with the physical nature of the commodity and the material relations arising out of this. It is nothing but the definite social relation between men themselves which assumes here, for them, the fantastic form of a relation between things. In order, therefore, to find an analogy we must take flight into the misty realm of religion. There the products of the human brain appear as autonomous figures endowed with a life of their own, which enter into relations both with each other and with the human race. So it is in the world of commodities with the products of men's hands. I call this the fetishism which attaches itself to the products of labor as soon as they are produced as commodities, and is therefore inseparable from the production of commodities” (Marx & Engels, 1867, p. 67).

As soon as an object is produced and exchanged, it becomes a commodity (Marx & Engels, 1867). Marx argued that a commodity gets fetishized when it is looked at without any social and historical context, (i.e. when the worker who is oppressed and exploited by the bourgeoisie to make that product is ignored). For instance, commodity fetishization happens when we look at a table in a furniture store, and we just ‘see’ the table as a neutral commodity without thinking about the worker who has been oppressed and exploited to make it. To explain further, we could cite the example of clay or wood statues in ancient African religions that were made to represent gods or spiritual powers. Those objects served as substitutes of and synonyms for their god. This process is called fetishization (Erevelles, 2011). ‘Fetishization of disability’ in the global context has always been the object of my curiosity. According to Erevelles, when historical and social relations that create disability are overlooked, disability gets fetishized

(2011). While DS focuses on the contemporary attitudes and barriers that turn impairment into disability, it ignores the historical, political, and economic contexts that produce disability (2011).

“Romanticization” as a Form of Fetishization of the Disabled Body

Erevelles claims that the romanticization of DS in general has prevented us from seeing the roots of the ableist tradition in the global context. It seems that understanding disability as a local issue only satisfies the dominant powers in the social relations currently prevailing in the world. Erevelles argues “the very category of disability operates as a commodity fetish that occludes the violence of the socio-economic system” (2011, p. 67). She states: “The only way to rid ourselves of this violence is by changing the economic relations of production” (Erevelles, 2011, p. 54). Erevelles analyzes the role of disability in the U.S. invasions of Iraq and Afghanistan, arguing that the bodies of Iraqi and Afghan civilians that have become disabled through war have been neglected, while the role of disability in the U.S. soldiers has been consistently romanticized in the media. Erevelles considers economic imperialism – which produces yet devalues disability – as the new eugenics. She points out that struggle and negotiation are always at play to fetishize concepts, objects, or subjects (2011).

Commodifying Disabled Labor Power or Fetishizing Disablement?

There are conditions in which disability is produced – such as commodifying people – to gain profit. Therefore, it is not disability that produces discrimination; rather, it is discrimination that produces disability in the capitalist system (Gorman, 2013, personal communication).⁴⁵ By reclaiming the political economy of disability here, I do not aim at theorizing disability as a state of “lacking” something; instead, I am trying to foreground the materiality of the human flesh and the oppressive social organization of difference in transnational contexts. Erevelles argues

⁴⁵ [Professor Rachel Gorman mentioned this sentence during a class discussion in April 2013]

that we should be able to decentralize the particular differences as a single source of oppression (2011). She recognizes the concept of class not as a social-construct/fiction or identity category but the relation you have to the means of production, which is often determined in accordance to your color, race, disability, and financial resources. Erevelles puts forward that difference is an act of production, but certainly not in the production of social justice in a socialist context, but a production of bourgeois/liberal democracy for the capitalist market (Erevelles, 2011).

Fetishization takes place when we refuse to ‘see’ the social relations that produce a commodity (Erevelles, 2011). Another Marxist disability scholar, Rachel Gorman, disagrees by claiming that the only commodity in the Marxist definition of commodification is labour power, and that in fact, race and/or disability cannot be commodified but only fetishized (2013, personal communication).⁴⁶

Marx wondered why gold is perceived as more valuable in the capitalist context and what determined its exchange price. He theorized that the object of exchange gets its value from what it is exchanged for, not for its inherent value (Marx & Engels, 1867). As such, the value of gold, he argued, is based on the labour power that is needed to take it out of the earth. Marx believed that in the capitalist context, human beings are perceived as the means of making capital instead of workers who are exploited through social relations created by certain challenges and negotiations, which he calls *class struggle* (Erevelles, 2011).

According to Marx’s Labour Theory of Value, in the capitalist realm of production, there are things that have use-value. Marx defines them as things that people need to use, such as shelter, clothes, and food. Marx argued that in the capitalist context, labour power becomes a commodity and its value is determined based on the compensation for its exchange. He argues

⁴⁶ [During a class discussion in April 2013, Professor Rachel Gorman mentioned her ideas around commodification and fetishization of race and/or disability, however it should be noted that I only wrote my own interpretation of professor’s ideas, and it might not reflect what exactly Professor Gorman meant]

that the exchange value for labour defines labour's value; and this value is what one pays when purchasing a commodity (Erevelles, 2011).

Moreover, Marx argued that in the capitalist system, labour's value is always more than the compensation (wage) that is paid for it. Thus, the difference or surplus value gets extracted by the employer as profit, i.e., labour power becomes a special commodity (Marx & Engels, 1867). As it is evident, the capitalist system makes profit by exploiting workers. The faster the worker is, the more will be the profit that the employer makes out of exploiting that worker. Therefore, the concepts such as efficiency and productivity that are used in today's economy have been historically determined to serve the bourgeoisie (Young, 2009). Marx introduces efficiency and productivity as historical constructs that are generated in relation to the extraction of surplus value from the commodity of labor power. This is why employers always look for a worker who produces more in less time. Because then, they extract more surplus value from his labour by paying the same wage, which is always less than its actual value (Young, 2009). As such, commodities are exchanged for not they are actually worth, but for *the time a worker will need to produce them*. This is exactly why gold is expensive, because it takes a lot of time for a miner to excavate and extract it from rocks.

Disability and Race as Commodity Fetish

Erevelles (2011) discusses the concept of race as a commodity fetish, as theorized by Robert Young. Young argues that race has been a tool in the post-humanist literature to deny *sameness*. He claims that race, exactly like the commodity labour-power, is to be measured by its use value (Young, 2009). In the capitalist context, Young argues that race is very useful since it creates a racial hierarchy in the working class that enables the employer to access even cheaper labor generated by the racialized body (Young, 2009). The commodifying practice is evident when racialized labour power is exchanged for less, because the only value in the

capitalist system is labour power (Erevelles, 2011). Moreover, according to the capitalist logic – accumulation for extended production – the racialized body is used even more to *produce cheap labour* (Erevelles, 2011). So, the use value of race in the capitalist context is to be able to mask the very oppressive and exploitative social relations that create this commodity in the first place (Young, 2009). Young calls this phenomenon – borrowed from Marx – a commodity fetish inseparable from the production of the commodity (Young, 2009).

Finally taking up both concepts by Marx and Young, Erevelles develops her own concept, the fetishization of disability (Erevelles, 2011). She argues that disability, along with race, has use-value in the capitalist context. She argues that the problem begins when disability is seen as a natural phenomenon rather than an historical event definable only through oppression and struggle produced by social relations (Erevelles, 2011). Erevelles refuses to consider disability a normative concept of lacking something; instead, she argues that disability, exactly like race, has been a commodity fetish to obscure the oppressive social relations that produce it in the transnational capitalist context (2011). Erevelles eventually concludes that the concept of “other” (i.e., not male, heterosexual, bourgeois, healthy, European) is produced by the capitalist system in order to gain profit from cheaper labour that is extracted by discrimination against the disabled and/or racialized body. A quick look at the political economy of disability reveals why the transnational capitalist system is in favour of producing disability as it has always been in favour of *producing racialized subjects to exploit them as labourers for less exchange value* – the African slave trade over the Atlantic and the Indian indentured labor system in the Caribbean stand as examples.

Labour power in the capitalist system is purchased for an exchange value, the lesser the exchange value, the higher the profit. During plantation slavery, the exchange value for Black slaves was much less than the status quo payment for the same job done by white workers

(Young, 2009). The same discrimination has been applied to disabled bodies, because the capitalist economy purchases the labour power of a worker with impairment for less, and by doing so, *produces disability*/difference amongst workers in the global context (Erevelles, 2011). This can be understood if we look at different examples around us. These examples include sheltered workshops, subminimum wages, and financial exploitation of disabled people. Sheltered workshops or sheltered work settings, also known as affirmative industries, training facilities, or rehabilitation centres, are referred to segregated spaces that amass a massive number of disabled people to exploit their labour power (The National Disability Rights Network, 2011). These settings often claim that they provide a “transition opportunity” for disabled folks to become rehabilitated and prepared for the general (competitive) labour market. However, in the best of these situations, not only do they fail in providing a meaningful experience for workers with disabilities, but also the jobs are often menial, tedious, and repetitive (ibid). The sheltered workshops are isolating and segregated, as they only employ disabled people and pay them below the federal minimum wage, although “legally”, through *the Section 14(c) of the Fair Labour Standards Act* (ibid). The National Disability Rights Network conducted a study about isolation and exploitation (i.e., sub-minimum wage compensation⁴⁷) of people with disabilities in the American labour force. The study reported that:

Sub-minimum Wage Reinforces a Life of Poverty for People with Disabilities. Labor law exemptions for employers of people with disabilities have created jobs that pay as little as 10% of the minimum wage with most workers earning only 50%. Reports on sheltered workshops often show that workers take home about \$175 each month, while those working in traditional jobs take home about \$456 each week. Few workers receive health or other employment benefits typical for the average American worker, and since workers do not have a voice, there is little opportunity to improve their conditions. Yet

⁴⁷“[S]ection 14(c) of the Fair Labour Standards Act allows employers to pay individuals less than the minimum wage if they have a physical or mental disability that impairs their earning or productive capacity” (The National Disability Rights Network, 2011, p. 6).

their employers are reaping the benefits of their labors. (The National Disability Rights Network, 2011)

These examples clearly indicate that the capitalist system produces disability by exploiting disabled bodies as laborers *for less exchange value* and more profit.

Another example of fetishization of race and/or disability is how the global northern countries outsource their mass production and manufacturing. Most large manufacturing corporations outsource their production processes, meaning they prefer to produce in “third world” countries where the minimum wage is much less than that of their own countries. The residents of the “third world” accept work in sweatshops in order to financially survive. Thus, corporations (e.g. Nike, GAP, H&M, Apple, etc.) *buy racialized labour for less* and profit by exploiting them much more than white workers in the “first world.” Many racialized workers in the “third world” become disabled due to injury and unsafe working conditions (Abberly, 1987; Erevelles, 2011; Gorman, 2005, 2016; Meekosha, 2011).

Inspired by W.E.B. DuBois, Michalko suggests that we might feel like a problem in our society if we are disabled, or if we are racialized (2009). Sometimes, being different from others is not “having” a problem, but “being” the problem. What about being racialized and being disabled and living in the “third” world all at the same time? Then, according to Erevelles, we would be “run[ning] the risk of almost complete erasure” (Erevelles, 2011, p. 122). The truth is that we never talk about “third world” residents’ disabilities because their misery has become so “naturalized” that we do not even notice it as a “disablement” problem rising from poverty and exploitation. Gorman observes that only in the global north have people been permitted to claim their disabled identity as a “disabled subject,” while the disability of the people in the global south appears as a “natural” state of affairs. Gorman (2016, p. 9) argues:

Despite the fact that all of these violations [in the Middle East] are about disablement, political claims are [only] made in the context of the UN General Assembly, the International Court of Justice, and the International Criminal Court, *not the UN*

Convention on the Rights of Persons with Disabilities [my emphasis].

Concluding Remarks

This chapter is a critical review of DS' current literature. In this chapter, I have critiqued most of the existing approaches to the problem of *disablement on a global scale*. Additionally, I have identified four major intellectual and political gaps in DS and the attempts that have been made to fill them up. As well, I have reviewed two DHM approaches to DS by Rachel Gorman (2016) and Nirmala Erevelles (2011), hoping to set the foundation for my contribution that strives to cross DS' borders and take the reader to somewhere other than the U.S., U.K., Canada, and Australia. Finally, I have discussed the concept of "commodity-fetish" and set the stage for discussing different forms of disability-fetishization by exploitative and ideological relations that we discuss in Chapter Four and Five.

Now that we have laid the foundation for the project of disablement of every body and not just "white" and "bourgeois" bodies, let's read a real life example of the living conditions of 800,000 disabled people in the "third world" in the next chapter. By the end of the next chapter, it should be clear what is meant by "people who are already dead to us" (Razack, 2013 quoted in Gorman, 2016, p. 10). I believe that the next chapter's case study can take us beyond modernity's projects of European colonialism-slave trade and capitalism-imperialism. Reading the case study, you will witness how some people are erased from humanity's radar. The next chapter, to put this another way, is about "those who continue to inhabit the uninhabitable [and] are so perversely outside the Western bourgeois conception of what it means to be human that their geographies are rendered – or come to be – inhuman, dead, and dying" (McKittrick 2013, p.7 cited in Gorman, 2016, 8).

Chapter Four: Introducing the Case Study

In this chapter, I present a case study of disablement among the Iranian survivors of the Iran-Iraq war, both veterans and civilians. The word “disablement,” as used here, covers two stages: First is the acquisition of disability due to the violence of war; second is living with that disability under conditions of inadequate care. This chapter depicts an important case of disablement in the “third world” and invites the reader to witness the two important processes of “acquiring” and “living with” a disability under inadequate care in a class-based society, ruled by a theocratic state. This chapter sets the stage for a deep understanding of what happens in a war in which weapons of mass destruction (WMD) are used.⁴⁸ It gives the case study a comprehensive context in which relationships emerge and guide us toward answering two of this thesis’ research questions: How is the “first world” implicated in the production of disability in the “third world” (i.e., capitalist and imperialist agendas)? And How are nationalist/ideological forces (such as the state) in the “third world” also implicated in the production and maintenance of disability (i.e., through the instrument of religious nationalism)?

This case study is singular, but it has its own subsections, groups, occasions, and many other aspects that we discuss in this chapter (Stake, 2013). Stake (2013) reminds us “[a]ny case would be incomprehensible if other, somewhat similar cases were not already known. So even when there is no attempt to be comparative, the single case is studied with attention to other cases” (4). I explore this case while keeping others in mind, such as the creation of disability in Hiroshima and Nagasaki after the U.S. nuclear attack, and the study of disablement in Vietnam due to the use of Agent Orange by the U.S. forces. These are extremely important cases to discuss, theorize, and understand from a DS lens for two main reasons: First, to prevent future

⁴⁸ “See the following tables for a complete survey of the human costs of war. For the victims of chemical weapons, see Shahriyar Khateri and Mohammad Heidarian, *Ja`nba`za`n-e shimia`i: Ta`rikhcheh, a`ma`r, khadama`t (Veterans Exposed to Chemical Weapons: History, Statistics, and Services)* (Tehran: Ja`nba`za`n Engineering and Medical Sciences Research Center, 2004), 14.” (cited in Ghamari-Tabrizi, 2009).

wars and conflicts that would certainly result in more disabilities; and secondly, to bring disabled bodies under a magnifying glass in DS and make them matter.

We know that each case should be studied as a complex entity located in its own physical, political, ethical, social, economic, and aesthetic contexts. The case study will not only illuminate that particular case, but it will also shed light on the contexts in which the case is taking place (Stake, 2013). In this chapter, I first provide the transnational context in which the Iran-Iraq war took place. Secondly, I specifically discuss the use of chemical WMD by the Iraqi state with the support of other nation-states. Additionally, I review the UN Security Council Resolutions that were ratified following the UN expert council's investigation. Subsequently, I provide the eyewitness accounts of two survivors of the horrors of the chemical attacks on Sardasht, Iran's Kurdistan, and Halabja, Iraqi Kurdistan. Finally, I discuss the current situation faced by survivors and the quality of care and acknowledgement they received from both the Iranian state and the global community. I do this by invoking the survivors' own voices through their memoirs and comments published on the websites of the domestic Iranian news agencies. This thesis' main objective is to prioritize the disabled survivors' voices that have been silenced and generally unheard. As such, this chapter includes several real-life narratives of struggle to survive with dignity after living with disability for 18-28 years.

The Iran-Iraq War: A Historical and Geographical Sketch

The Iran-Iraq war stretched from September 1980 to August 1988 and claimed more than two million lives while leaving approximately one million people disabled/injured (Mikaberidze, 2011; Hiro, 1991; Murray & Woods, 2014; Haghighi, 2014; Katouzian, 2009). Why Iraq attacked Iran could be summarized in three reasons. First, Iraqi leader Saddam Hussein, known simply as Saddam by people in the Middle East, was afraid of the Iranian revolution that resulted in the assumption of power by a Shi'a hardliner extremist regime, for he considered it a potential threat to a Sunni-majority Arab world (Katouzian, 2009). Long before

the Iranian revolution, Saddam had a dream of constructing a Middle East superpower state composed of only Arab nations, who were and continued to be mostly Sunni, so as to dominate Iran as the superior power of the Persian Gulf region (Timmerman, 1991). However, this dream had been deeply compromised by his 1975 surrender to the Shah, the last Iranian monarch (Katouzian, 2009).

The other reason for Saddam's attack was that he had suppressed the Shi'a majority in Iraq for years and was afraid of a possible "insurgency" inspired by the Iranian revolution. The two nations also had a long history of border disputes, which urged Saddam to invade *oil-rich* Southern and Southwestern regions of Iran while the latter was still unstable from a regime-change [my emphasis] (Murray & Woods, 2014; Rajaei, 1997). The Iraqi dictator hoped that by invading Iran, he would put an end to Iranian oil production and bring the regime's economy to its knees (Ghamari-Tabrizi, 2009). Saddam had the full support of the U.S.-oriented North Atlantic Treaty Organization (NATO) as well as the Soviet-aligned Warsaw Pact (ibid). However, he had completely underestimated the patriotic and religious sway held by the new Iranian government (Katouzian, 2009).

The world was in shock as it watched hundreds of thousands of Iranian volunteers (mostly teenagers) mobilized and sent off to combat (Ghamari-Tabrizi, 2009). The ideological mobilization continued even after they had already reached the front line. For instance, at the evenings, soldiers were supposed to take part in particular classes called *aghidati* (ideological), which amounted to a brainwash class aimed at keeping the youth in a fighting spirit. Ayatollah Khomeini, who had long cherished the dream of having a world run by Shi'a ideology, overtly spoke of exporting the revolution to other parts of the world, especially to neighboring countries (Ghamari - Tabrizi, 2009). In Iran, desperate to demonstrate its superiority to domestic political parties and internal organizations, as well as to the international community, the new regime retaliated against the Iraqi invaders and took back all the lost territories by May 1983

(Abrahamian, 1982). At this point, Saddam Hussein moved towards peace, but the Iranian regime rejected his offer and went on the offensive. The period between 1983 and 1988 is known as “The War of Attrition,” with the popular chant of “War, War, Until Victory” (Abrahamian, 1982; Murray & Woods, 2014). I remember hearing these ideological slogans as a child in Iran.⁴⁹ Indeed, the war at this point for Iran was not just a matter of fighting with Iraq; it was also about implementing its ideology of exporting the so-called Islamic revolution all over the world, especially the rest of the Middle East (Haghighi, 2014). Encouraging supporters to chant the slogan, “rāhi quds az baghdād mīgozarad” (The Road to Jerusalem Goes through Baghdad), the Iranian regime stayed true to its ideological commitment to expand (Katouzian, 2009).

The regime stood up to the imperialist forces that had affected not only Iran before the revolution, but also the region as a whole. Khomeini’s militant ideology stripped everyone of their identity, no matter the cost (Katouzian, 2009). A number of sources have claimed that powerful Arab nations in the region, along with several Western powers, supported Iraq with loans, military equipment, satellite imagery, and chemical weapons that were used against the Iraqi Kurds, as well as Iranian civilians and soldiers (Hiltermann, 2007; Hanieh, 2013; Katouzian, 2009; Murray & Wood, 2014). By 1984, Saddam altered his goal from occupying Iran outright to one of preventing Iran from any further invasion of Iraq. He bought and used chemical WMD against Iranian troops which were extremely damaging, leading to thousands of deaths and injuries (Katouzian, 2009). To run the war of attrition from 1984 to 1988, Iran depended on “nationalist sentiments, revolutionary zeal, and the *Shiite cult of martyrdom* to their utmost limits to compensate for their complete isolation” [emphasis mine], while Iraq

⁴⁹ The other thing that has never left my memory is the bodies of the killed soldiers (martyrs) being brought into the cities, every single day, and carried around with very disturbing noises coming out of huge megaphones. This was to remind the nation of the disaster that was going on in the battlefield, as if they didn’t already know. People suffered a lot, especially in the southwest provinces, such as Khouzestan, which borders Iraq.

relied mostly on loans, credits, and weapons from Western and Arab powers (Katouzian, 2009, p. 344).

Homa Katouzian, a contemporary historian, describes the Iran-Iraq war as follows:

Large population displacements took place both in the war zone and elsewhere, growing numbers of people temporarily leaving the main cities to escape the bombing, some of them coming back to see their houses ruined and some of their dear ones dead, maimed or shell-shocked. Nothing as horrific as this had been experienced by the country in recent centuries. It soon became a 'rose garden of martyrs' in name as well as fact, and the flower of its youth destroyed by landmines and mustard gas (2009, p. 344).

Thus, millions of drafted soldiers and volunteer militia, along with the Revolutionary Guards, participated in the war. But just like any other war, not all of them came back intact. Hundreds of thousands were injured and/or permanently disabled. Tens of thousands, including unarmed women and children, were exposed to chemical WMD and needed long-term treatment. Those injured/disabled permanently were called *ja⁻nba⁻z*, which means those who “are willing to sacrifice their lives” (Ghamari-Tabrizi, 2009, p. 109).



Figure 4: Photo of An Iranian soldier

An Iranian soldier wearing a gas mask during the Iran-Iraq War
Adopted from https://commons.wikimedia.org/wiki/File:Chemical_weapon1.jpg

Disability and Realpolitik: Violating International Law with Impunity

“Iraq deployed almost 1,800 tons of mustard gas, 140 tons of tabun, and 600 tons of sarin. Of the approximately one million people exposed to mustard gas, 100,000 required medical care, and today 75,000 continue to be chronically ill” (United Nations, 2003, p. 57). The Canadian Centre for Treaty Compliance states that even before groups of experts were deployed by the UN to investigate the use of chemical WDM in Iran, there were already numerous reports confirming their use in the war between Iran and Iraq. Growing evidence in 1982 and 1983 suggested that chemical WMD were being used against Iranians by Iraqi forces. On March 8, 1984, Iran officially filed a complaint against Iraq and asked for an investigation. This happened exactly one day after the International Committee of the Red Cross issued a report that chemical WMD were being used in the Iran-Iraq war. The Canadian Centre for Treaty Compliance has since revealed that UN Secretary-General Javier Pérez de Cuéllar was under tremendous pressure not to take any action, such as deploying an investigatory group of experts to the war zone. The U.S. was hoping that Iraq would defeat Iran, so they could pretend that Iraq had not used any illegal weapons (Littlewood, 2006).⁵⁰ Nevertheless, despite realpolitik, Pérez de Cuéllar decided to take action and embarked upon an investigation. The Canadian Centre for Treaty Compliance states: “He did this not under the authorization provided by Resolution 37/98 D, but because he felt he was ‘duty bound to ascertain the facts’ given the humanitarian principles embodied in the UN Charter and the moral responsibilities

⁵⁰ “Commercial sales of munitions list items to Iraq required State-approved licenses. Since 1980, U.S. policy prohibited licensing sales of munitions list items to Iraq, except when the items were for the protection of the head of state. The policy was based on the rationale that the United States should not aid either belligerent in the Iran-Iraq War. According to State officials, the exception for protection of the head of state was used to sell Iraq items that would not increase Iraqi military capability and items that had low risk of being diverted to the Iraqi military. Between 1983 and 1990, State approved 19 license applications, mostly for sales of communication devices, valued at \$48 million and disapproved 25 licenses valued at \$2.6 million. However, according to State officials, 4 of the 19 licenses approved in July 1990, valued at \$43 million, were revoked immediately after the Iraqi invasion of Kuwait on August 2, 1990, and no items were shipped. In two of the approved cases, the Iraqi military was the end user. The cases were approved because an Iraqi Air Force official, along with a civil aviation official, certified that the equipment would be used at civilian airports.” (Kelley, 1994, np)

vested in the Secretary-General's office" (Littlewood, 2006, p. 14).⁵¹

Four scientists from Europe (i.e., Spain, Sweden, and Switzerland) and Australia were selected and dispatched to Iran between March 13 and 19, 1984. Their unanimous opinion was reflected in a report on March 21, 1984 indicating, "weapons, in the form of mustard gas and the nerve agent, tabun, had been used in Iran" (Littlewood, 2006, p. 14). The story did not end here. In 1985, the UN Secretary-General had to respond again to the continued use of chemical WMD by Iraq. He sent doctors specializing in toxicology to Europe, where some Iranian veterans and civilians had been hospitalized. Iran had sent some of its injured citizens to Belgium, the U.K., and the Federal Republic of Germany. Iran requested another investigation on February 12, 1986. The UN Secretary-General met with the UN Security Council (UNSC) on February 14, 1986 and suggested another dispatch of expert council immediately.⁵²



Figure 5: A Photo of the Victims

Figure 5: June 28, 1987 was the first time that Saddam Hussein had used such warfare against Iranian civilians. A quarter of Sardasht's 20,000 population of that time are still suffering from severe illnesses as result of the attack.

Adopted from <https://commons.wikimedia.org/wiki/File:Sardashtchemic.jpg>

⁵¹ See Appendix Two, United Nations Security Council, *Report of the Specialists appointed by the Secretary-General to investigate allegations by the Islamic Republic of Iran concerning the use of chemical weapons*, S/16433, 26 March 1984, p. 2.

⁵² See Appendix Four, The UN Secretary-General's Investigation Mechanism (UNSGIM): Missions during the Iran-Iraq War and in Iraqi Kurdish areas.

On February 24, 1986, the UNSC ratified Resolution 582, “which deplored the carnage of the war and the ongoing violations of international humanitarian law and other laws of war, ‘in particular, the use of chemical weapons,’ in violation of the Geneva Protocol” (Littlewood, 2006). It’s interesting to note that even though Iraq had accused Iran of using chemical WMD against Iraqis, Baghdad did not let the team also go to Iraq for investigation. Thus, the team was dispatched only to Iran and stayed there for five days between February 26 and March 3, 1986. Their official report was issued to the UN Secretary-General on March 6 and stated that Iraq had used chemical WMD, such as mustard gas and nerve agents, against Iran on multiple occasions, indicating a blatant breach of the 1925 Geneva Protocol (Littlewood, 2006).

Moreover, in 1987 another investigation was launched after the Secretary-General himself offered Baghdad, at times, to look into its allegations that Iran had used chemical WMD against its troops. The investigation teams visited both countries and once again confirmed the use of chemical WMD on Iranians. However, this time the team claimed that the Iraqis were also exposed to chemical WMD.⁵³ It’s interesting to mention that the *Economist* magazine, on August 6, 1988, commented on the UN report (quoted in Littlewood, 2006, p. 16):

[t]he Iraqis produced nine gassed soldiers and some grenades which they said they had captured from the Iranians, but the report’s careful wording leaves open the possibility that the grenades were Iraqi and the soldiers were injured when handling their own side’s weapons. The US State Department has, in the past, said that the Iranians are also guilty—but that they use gas less frequently and generally in retaliation for Iraqi attacks. The Americans have not produced evidence’. [...] ‘Gas Explosion in United Nations’, *Economist*, 6 August 1988, p. 51’

Another incident worth mentioning is that Iraq did not let the UN expert council enter the country to investigate the use of nerve gas in Halabja. Even though the Halabja massacre was so obviously done by the Iraqi state on its own Kurdish population and had killed 6,000 in a matter of minutes, Iraq continued to call it “a domestic issue”. This time, ten states asked the

⁵³ See Appendix Four, United Nations Security Council, Report of the Mission dispatched by the Secretary-General to investigate allegations of the use of chemical weapons in the conflict between the Islamic Republic of Iran and Iraq, S/18852, 8 May 1987, p. 19.

UN Secretary-General to launch an investigation in Iraq, but “according to Jonathan Tucker, the Iraqi government refused the request by claiming that ‘[t]his is a question of sovereignty...and therefore I do not think we are going to accept that’” (quoted in Littlewood, 2006, p. 16). To understand what exactly the UN expert councils had witnessed in the Iranian survivors, let’s take a look at the excerpts from the UN inspectors’ report issued in 1987 and 1988, found in UN Security Council Resolutions S/18852 and S/19823 (see Appendix Four):

“[...] we saw the effects of mustard gas on a peasant family, particularly a mother and her two small daughters ages two and four years...”

“[...] we had a distressing experience of witnessing the suffering of the four-year-old child less than two hours before her death...”

The members of the Council are “[d]eeply dismayed by the unanimous conclusions of the specialists that there has been repeated use of chemical weapons against Iranian forces by Iraqi forces, that civilians in Iran also have been injured by chemical weapons and that Iraqi military personnel have sustained injuries from chemical warfare agents...”

“[in] Iran I was able to determine that patients had been affected by chemical weapons. A considerable number of those affected had been civilians.”



Figure 6: A Photo of the Victims

Figure 7: The victims of chemical attack during the Iraqi military's attack on the Iranian town of Sardasht on June 28, 1987. Almost all of them are still suffering from injuries she sustained in the attack.

Adopted from https://upload.wikimedia.org/wikipedia/ckb/6/61/Photo18_2.jpg

Sardasht: Iranian Kurdish and Azerbaijani Genocide⁵⁴

According to official reports, Iraq launched 30 chemical attacks against Iranians (Azerbaijani and Kurdish) in border towns and villages. The main attacks took place at: Sardasht (28 June, 1987); villages around the city of Marivan (March, 1988); villages around the cities of Sarpol-e Zahab, Gilan-e-gharb, and Oshnavieh (May–Jun, 1988) (Karami, 2012). The Kurdish- and Azerbaijani-populated Nesaardireh Village in western Iran was chemically bombarded in 1988 by Iraqi planes. Nesardireh has 1,200 chemically injured disabled veterans. In this village, there are no clinics or hospitals. Every disabled veteran who dies is never celebrated like a martyr. Every year, approximately ten disabled people affected by chemical WMD die (Fashnews, 2016e; Asriran, 2011).



Figure 7: A Photo of A Child Victim

Figure 9: Saddam Hussein used chemical warfare against Iranian civilians.

Adopted from and with the courtesy of <http://komalainternational.org/wp->

⁵⁴ See: The Age, 2006.

Halabja: The Iraqi Kurdish Genocide

In 1988, the biggest Iraqi chemical attack took place against a tiny Kurdish village on the Iran-Iraq border, Halabja. Saddam perceived the people of Halabja as “disloyal” to him, and therefore bombed them with chemical weapons, leading to the death of 5,000 to 6,000 civilians, including unarmed women and children. An international court in The Hague declared the attack on Halabja to be a genocide against the Kurdish population.

An international journalist wrote:

For years before this particular atrocity, only a handful of London-based reporters and regional specialists (including myself) condemned Saddam. Ours were lone and isolated voices. Most Western media organizations lapped up the deliberately misleading agenda set by lobby briefings and the White House and State Department, Saddam was ‘our son of a bitch’...(quoted in Katouzian, 2009, p. 349)



Figure 8: A Photo of Halabja Victims

Figure 8: Iraqi-Kurdish victims of Saddam’s chemical weapons attacks at Halabja in 1988. Many Iranian (and Iraqi Kurdish) civilians and Iranian soldiers were exposed to chemical weapon during the war. Despite the brutal rapacity of these actions, Western lobbies continued to support Saddam Hussein right up to 1990.

Adopted from and with the courtesy of http://www.iranchamber.com/history/articles/pan_arabism_confrontation_iran.php

Eyewitness Accounts (English translations of the original Farsi)

Below, I provide two survivors' testimonies about how the chemical attacks took place in Sardasht. One belongs to an Iranian civilian woman and the other to an Iranian veteran man. They are presented in order to paint the real picture of what happens during a chemical attack. I believe these accounts take us beyond the fetishized-accounts of 'disability and war' that we are used to hearing from the mainstream Western media.

Eyewitness Testimony⁵⁵ of Farideh Shafa'i (Shafai, 2016)

It was June. Schools had just closed. A few months before that, we had received threats that there might be a chemical attack on Iran by the Iraqi army. Even in schools we had procedures in place to practice with the kids, but actually we, ourselves, didn't know what a chemical attack looks like. I myself taught my students what to do in the event of a chemical attack, but once we were bombed, I couldn't even use any of the tips. While the attack happened, we were at my sister's home. I used to have three daughters, Shabnam 7-years-old, Shahla 4.5-years-old, and Nahid 2-years-old. We were only 50-100 meters away from the point that was hit by the bomb, so we ran to the basement to take shelter below the ground, which is a terrible thing to do in post-attack, as opposed to going to heights, which could have been very helpful. After half an hour, they announced, "The steam of the chemical bomb has settled down, come out of your basement." As soon as we came out of the basement, I felt that there was a curtain in front of my eyes. They told us to wash our eyes and mouth, but there was no water inside the taps then. I washed my eyes with the water I had saved on the side. My kids were crying that the tears were a miracle that prevented them from going blind. Those who didn't wash their eyes or did not cry faced the worst conditions in the future. Everywhere was crowded and nobody knew anything about the other one. I felt worse every moment. I lost touch with my surroundings. When I opened my eyes, I was in the hospital. After I was treated for a bit, they discharged me. The hospital was full of patients and there was no empty spot for my kids or me. As a result, we just went home.

After treatment I was able to open my eyes, and right at that moment my heart stopped, for I saw my children whose skins had burnt. From inside my lungs, I felt a burn and my eyes were burning as if there was a fire inside. Experiencing so much pain in my respiratory system and eyes took me back to the hospital. They took us to a clinic to transfer us to Tabriz. My husband said that after he took me inside the hospital, he went back to bring our daughter, Shabnam, inside. As much as he looked for her, he could not find her. At this moment, a child called him and said, "Dad, I am Shabnam." The head of the child had become so large and so black that she was unrecognizable to her father. My husband recognized her by looking at her shirt. The painkillers that they had given my children and me had caused us to lose touch with the intensity of the symptoms. In Tabriz, we were treated somewhat, and then they transferred us to Tehran

⁵⁵ This is my translation of Farideh Shafai's eyewitness testimony which I accessed at <http://www.mashreghnews.ir/news/595875/از-جهان-مردم-صدام-شیمیایی-جنایات-ندارند-خبر-صدام-شیمیایی-جنایات-از-جهان-مردم>#ref=tnews

by a chopper. We were hospitalized in *Baghiatollah* hospital along with my two older daughters, Shahla and Shabnam. My youngest died after four days in the hospital. They sent Shahla to *Mofidi* hospital, and for five days, she was kept in ICU.

I had lost my vision. After 12 days in Tehran, we were sent to Spain. Our problems were not limited to vision; we were also dealing with respiratory, skin, and mental problems. Shahla's clothes had stuck to her body, due to the intensity of the chemical burns. In Spain, we all got better. However, in Spain just like Iran, people were not sure how to deal with chemical burns. As such, they tried several experiments on us to see which one works better, same as trial and error.

In 2011, a few other disabled civilians/veterans and I went to The Hague to represent our case and fight to condemn the bombardment of my town – Sardasht. A businessman from Holland who sold 1,100 tons of chemicals to Saddam Hussein between 1984 and 1988 was sentenced to 17 years in prison and given a large fine. He never paid the reimbursement by claiming “poverty,” which was never believed by the Iranian victims.

His doctor told my husband that we shouldn't go back to live in Sardasht, since it is a small town with very limited medical facilities. Instead, we should be living somewhere with enough treatment facilities. We went to Tehran. It was not easy. The closest airport was Urmiah airport that had not opened yet and was under construction, so we had to take the bus with small children. I was devastated for a year. I really pulled myself together for the sake of my kids and my husband, so I could protect them and care for them. Every time I remembered how my little girl perished before my eyes and how my other daughters were suffering from skin and eye problems, I forgot my own pain. The chemical weapons' injury is not a contagious illness, but Shahla and Shabnam couldn't play with other children. Since the moment other kids learned that they were chemical victims (*shimiayee*), they stopped playing with them.

To feel better, I decided to go back to school and resume teaching. I went to a school in Urmiah and explained to them what I had gone through, and they accepted me. The first two years I was a teaching assistant and a substitute teacher. After two years, I joined the administration as a staff member, and then I got a class of my own as a teacher. As I felt better, I was able to help my family more – my husband and my children. After a few years, I gave birth to a baby girl who was a gift from God. Right now, my daughters have gotten married and have their own children. I still cannot believe that God empowered me so much that I could bring my kids back to life. Unfortunately, my husband has had a stroke and is not feeling well. The side effects of the chemical attack remained in my body. Ten years ago, I learned that I had uterus cancer and now I have gotten breast cancer. Since 2013, I have been receiving chemotherapy. Other people responded to chemo after five sessions, but I received 12 sessions due to the complication arising from my chemical poisoning. People see me as an example of resilience. I am glad that I resisted all these years and remained strong, despite everything that I went through. During the attack on Sardasht, 70 civilians were killed right away and 2000 civilians were injured/disabled. I am a 70%-disabled civilian, and I cannot believe that there are still people who don't believe that Saddam Hussein has used chemical weapons against us. The world knows that the moment they acknowledge this catastrophe, those who supported Saddam will have to compensate the victims and be condemned in international courts. [Sardasht's soil is still polluted from the chemical substances, which has rendered farming impossible for the residents (Asriran, 2011; BBC Persian, 2005)].

Eyewitness Account of the disabled veteran, Ramezanali Kavooosi⁵⁶

They took us to a mansion that had been confiscated from one of the army personnel of the previous regime during the revolution. I told them no matter how big this place, it is still a home and not a hospital or a nursing home that provides proper care for people like us. Anyhow our life started there. Every person had a companion with him; usually his father or brother who had given up on his career/job and ended up caring for his loved ones. We were 20-30 disabled veterans. Each shift had only two nurses to care for us all. The nurses only managed to give us our medication, change our bandages, and change our urine drainage bags. Everything else was our companion's responsibility.

My injuries had not gotten any better, while I discovered that I had gotten a bedsore too. The reason was living with a numb body and lying down all the time. Bedsores are very common in people with spinal cord injury. Due to damage to the nerves, it is difficult for the patient to feel anything, therefore if they don't move enough in their bed they will get a bedsore, which is very difficult to heal for the above reasons. My brother was the one who shifted my body every two hours to make the blood flow under my skin everywhere and prevent future bedsores. Since I had lost all my senses below my neck, it was not even easy for me to sleep on my back, as it is in spinal cord injuries that have only affected below the waste.

As time went by, I felt better. Usually during the changing of my bandages, I didn't feel anything, but recently I started to feel the coldness of disinfecting liquid on my skin. Then I started practicing to sit on a wheelchair, and everyday I stayed longer than the day before. My dizziness also disappeared slowly. We didn't have enough wheelchairs for everyone, and the ones that were available were old and damaged. I used to follow the news of the war and blame myself for being far away from the battlefield. I asked the staff to transfer me to hospital so I would get better care, but they kept telling me that hospitals were at full capacity. I felt like a ball that they were passing from one place to another. Finally, after many negotiations, they transferred the previous cohort of disabled veterans to a hotel, and transferred us to their beds instead (Kavooosi, 2009).

The Current Situations of the Disabled Iranian War Survivors

The Iranian state estimates that about four percent of the population is disabled (Moore & Kornblet, 2011; WHO, 2011). According to the Iranian veterans' own words, their immediate caregivers (usually their wives), and their children face financial hardships accessing medication and adequate care every day (see their own words at Entekhab.ir, 2016; Defapress, 2016; Fashnews, 2016a, 2016b, 2016c; Golestani Bakht, 2013; Quds Online, 2015; Samimi, 2014). Research examining the needs of caregivers and family members has shown that care remains gendered and that entire families experience disablement, because disability expands across the

⁵⁶ This is my translation of a part of Ramezanali Kavooosi's blog which I accessed at <http://mighat61.blogfa.com/post-10.aspx>.

family members (Burke, 2004, cited in Zavirsek, 2009). Iranian veterans in particular, and Iranian people with a disability in general, complain about inaccessible buildings, streets, curbs, and pavements (Hallajarani, 2014). They cannot go outside their homes because they cannot get around due to inaccessible buildings and the lack of ramps. If there is a ramp, they often lead to a body of water without a bridge (Goodrich, 2013). Unfortunately, many disabled war veterans are afraid to voice their discontent with the economic and social conditions that they are forced to live under, because the oppressive Iranian state immediately would silence them by cutting their minimum welfare benefits and may even imprison them before they voice their complaints publicly (Soleiman nia, 2012).

After 28 years, Iran is still haunted by the effects of chemical weapons (Wright, 2014). There are 800,000 disabled Iranians with injuries and severe health problems, who have received no acknowledgment whatsoever from the international community (MehrNews, 2012). There are many veterans in Iran who must live with post-traumatic stress who then often “face marital maladjustment, which predisposes them to sexual disorders.” (Ahmadi et al., 2006, p. 5). Moreover, the number of “mentally disabled” veterans (with acquired brain injury due to shrapnel shells or explosion shocks) and those who must deal with post-traumatic stress is increasing (Samimi, 2014). A phenomenological study conducted by Najafi Mehri, Ebadi, Heravi Karimooi, Foroughan, and Sahraei (2012) suggested, “victims of mustard gas experience fatigue differently from patients with acute and chronic diseases” (p. 185). And poignantly, “[d]ue to the occurrence of late respiratory complications of mustard gas exposure, 20 years after this incident, the number of chemically injured victims has been reported to be at least 45,000 people” (Ghanei & Harandi, 2008, as cited in Najafi Mehri et al., 2012).

Reflexive/Relational Ethics and the Survivors' Lived Experiences of Disablement⁵⁷

Not as a research method, but as part of my research axiology or ethical commitment conducting this research, I adopted the reflexive/relational approach that Himani Bannerji (1995), and following her Rachel Gorman (2005), have developed for dealing with people's lived experiences. Bannerji argues that any specific story can be an entry point into a sophisticated understanding of the social relations that determine those experiences in the first place. She persuades us to go above and beyond every lived experience in order to understand it in its entire historical context. Bannerji emphasizes that every network of relations should be thought of in its intertwined relationship with other networks. This is important because it helps us to connect people's oppressions and struggles to each other in order to unveil the specific in the general, and vice versa. This thesis is a knowledge production project emphasizing marginalized experiences as significant for pushing DS toward a transnational prospect. However, it is committed to not resting at the site of the specific experience and revolving around that experience as the final step. Rather, inspired by Bannerji (1995, 2011, 2015), I want to understand people's particular experiences as a site for learning about the relations that constitute those experiences in the first place, as well as a means of *mobilizing* in order to transform those relations.

Disablement, as an individual or collective experience, should be studied in its own context. In Iran, like many other societies, disability is associated with a sense of tragedy and shame. In other words, the disabled person and his/her family are expected by society to

⁵⁷ Before discussing the real-life examples of disablement during and after war, I need to explain certain terminology that is used by the survivors. One is the word *Bonyad*, which means "foundation" in English. The survivors use this short form to refer to *The Foundation for Martyrs and the Disabled Veterans Affairs*. The other important term is *darsad*, which means "percentage" in English. Since the Iranian state measures veterans' disability by a percentage system and allocates their social welfare accordingly, the percentage that the veterans receive remains very important to them. The percentage can determine whether they might get their medication for free, receive financial help every month, receive home-care (e.g., a personal support worker or nurse), or whether their children can get into university with special privileges through the quota system. Usually, veterans who have received a certain percentage from the foundation use that percentage when introducing themselves (e.g., "I am a 15% veteran"). As such, they mention that "percentage" as part of their identity, usually when they leave a comment online or when they are interviewed.

experience grief and shame (Goodrich, 2013). In the public's view, having acquired a disability through war is different from other kinds of disability, whether congenital or acquired. This is largely due to the ideological perceptions that people uphold, such as "patriotism" or "martyrdom." Therefore, veterans in most countries receive a certain amount of respect that non-veteran disabled people rarely do. However, this does not mean that veterans necessarily receive special attention from the nation-state, as one might expect. In fact, in the case of Iran, quite the opposite is true; most Iranian veterans live with poverty and inadequate care and are often institutionalized in psychiatric wards and nursing homes.

Research Dilemma: Which Story To Tell?

The observations that I made reading the survivors' stories, memoirs, testimonies, eyewitness accounts, and online posts/comments are extensive in number and internal richness. I am aware that every story of disablement is important and deserves attention. However, for the purpose of introducing the case study, I had to select a handful of them to (re)tell. Out of 500 narratives/comments that I read for this study, I sampled and translated 78 of them based on maximizing variance in order to cover/represent most forms of oppression that the disabled veterans endure. Maximizing variance is a purposeful sampling strategy which aims to sample for heterogeneity and maximum diversity. I put 25 of them in this chapter and the rest (i.e., 53 of them) in Appendix Seven. I remain in debt to every other disabled veteran or civilian whose story I have not had the chance to narrate. In the next chapter, I will analyze the emerging themes as they are embedded in the case study. In this chapter, I only narrate the 25 stories/comments that pertain to those analytical themes. The 25 stories/comments that I have chosen for this chapter are *key in understanding both processes of producing and perpetuating disability* in the survivors. The narratives that I cover here are only a small selection of the accounts I read in hardcopy and online. I have to confess that perhaps one of the most difficult

tasks, carrying out this study and writing up the thesis, was the selection of the stories to (re)narrate. It would have been impossible to (re)tell every story, here, in a piece constrained by word-limit. As such, I decided to sample 25 of them using an effective selection criterion that is both ethical and adequate. I say “ethical,” for I can pay my respect to all 78 stories that I have translated for this study by putting them in Appendix Seven. And, I say “adequate” because in the next chapter, I will discuss structural barriers and different forms of oppression that the survivors have to deal with, and these 25 narratives directly speak to those barriers and forms of oppression. Therefore, in this stage too, I have used maximizing variance as a purposeful sampling strategy which aims to sample for heterogeneity and maximum diversity.

Narratives of Struggle to Survive with Dignity

In every section, I quote the surviving veterans, civilians, and sometimes their family members directly, in order to have their voices heard. If the survivor’s name is known, I mention it. If not, I just call them *disabled war survivor/anonymous disabled human*.

1. On September 29, 2014, *Al-Monitor: The Pulse of the Free Media in the Middle East*

wrote:

Majid, 50, a chemically injured veteran[,] who has severe breathing problems due to the irreparable and extensive damage to his lungs, needs around-the-clock care and periodic hospitalization. In an interview with *Al-Monitor*, he says, “It’s my worst nightmare. Even when I am in serious need of being admitted, I keep putting it off until I absolutely have to go, or until my wife drags me to the hospital. In the hospital, I feel more like a prisoner than a patient. It’s difficult to get admitted into Sasan Hospital, where I need to be admitted once in a while. Although I am a regular patient there, I still have to wait my turn each time to get admitted. I think they probably have at least a few vacant beds most of the time, but they still make you wait. I don’t know why.” (Samimi, 2014)

2. Sara, Majid’s (pharmacist) wife and primary caregiver, tells *Al-Monitor*,

We are not treated with respect at all. There is a lot of talk when it comes to the issues of my husband and his peers, but very little is practical. I cannot trust the hospital staff, especially the nurses, so I insist on staying with Majid throughout each hospital stay, but I must pay around 20,000 Toman [equals \$8 CAD] a day in bribes. It’s so tough to live in this situation. We have a teenager. The amount of financial help we receive from the administration is little compared to Majid’s

medical needs, and I have to take [time] off work occasionally to play caretaker, so I lose a lot of pay. The financial strain I undergo is so extensive that I honestly hardly have space in my mind to think or worry about the other aspects of our problems (Samimi, 2014).

3. An anonymous disabled veteran who has been shell-shocked (acquired brain injury), is mentally disabled, and living in a psychiatric and rehabilitation ward, in a documentary footage uploaded on YouTube, states:

I have nothing to say, because they gave me so much shock I don't even remember. I used to recite lots of poems, now I don't know anything. I forgot everything. They make you unconscious, then they plug into something and you jump up and down and then you wake up with your eyes like two bowls of blood (Soleiman nia, 2012).

4. Another anonymous disabled veteran, in the same documentary footage uploaded on YouTube, states: "The intelligence ministry's agents have beaten me up to shut me up. They have injected methadone in my blood, which is worse than morphine." (Soleiman nia, 2012)

5. Ali Kordlou:

Are right and left hands related to each other or not? Last week, I went to the [foundation's] medical commission, and I explained to the doctors that I have serious problem in both hands and can't move any of them any longer. My neck also has serious arthritis. They told me that my problems have nothing to do with the war, and therefore, I shall receive no disability percentage for these issues. I told them that since I have lost my right hand in the war, I have put all the pressure on my left hand and my neck. Now, I have arthritis in my neck and my left hand. How can you say that this is irrelevant to the war (Fashnews, 2016j)?

6. Seyyed Hadi Kasaeizadeh: "For those who deny us, I will give you three addresses to attend and witness our pain with your own eyes: Nesar Dire [town], Sardshet [town], Zarde [village], and Sasan Hospital in Tehran." He tells us that another veteran's father died in lineup in a pharmacy while waiting to receive his medication (Kasaeizadeh, 2015). He adds:

I think the medical staff at the foundation work like robots who have been brainwashed and just manage to make us feel worse. I myself never go to the hospital as long as I am conscious, unless I faint or have a seizure, then my children take me. How can they compare what we did [in the war] to a few numbers/digits [disability percentage]? I have given up on them in this life, but in the afterlife I will make sure that justice is served.

7. An anonymous group of mentally disabled veterans with brain injuries who are institutionalized, along with the on-site psychologist, talk about their living conditions in a documentary that was uploaded to YouTube (Soleiman nia, 2012). The institutionalized veterans tell the cameraman that the feeling of worthlessness hurts them: “We are useless and everyone has forgotten us.” They say that their addresses change very frequently, or they go homeless, because their landlords kick them out of their homes. Their stress makes them very irritable, and they accelerate swiftly to the point of screaming and swearing for no apparent reason. The on-site psychologist states that if people were only aware of their condition, then they wouldn’t take it personally and would try to understand the veterans’ trauma and stress and act accordingly (Soleiman nia, 2012).



Figure 9: A Photo of A Disabled Veteran

Figure 9: An Iranian veteran with respiratory problem caused by chemical weapons
Adopted from [https://commons.wikimedia.org/wiki/File:Disabled_Iranian_veterans_\(Janbaz\).jpg](https://commons.wikimedia.org/wiki/File:Disabled_Iranian_veterans_(Janbaz).jpg)

8. An anonymous veteran:

I’ve heard stories from my chemically injured friends who had gone to Germany to receive treatment. In there, they saw an old gentleman who had a button attached to the left side of his shirt. My friend got curious and asked one of the

staff who spoke Farsi why people are respecting this person a lot? And they said: “Don’t you see his button, he has participated in WWII?” Why don’t we use an indicator, something similar to that button (hero-like) to identify our mentally disabled veterans, so people know that they need to be patient with them and avoid any type of confrontation or loud voice?” (Soleiman nia, 2012).

9. Janbaz (this username means disabled veterans) with a mental disability states: “If you love Imam Hussein, pray for my death” (Nasr, 2014).

10. Jamshid’s wife tells us that every night her mentally disabled husband gets her to play the role of an Iraqi prisoner of war and that this drama lasts until morning. In the morning, the veteran takes his medication and gets relaxed, kisses the back of his wife’s hand, and asks her to forgive him. When Jamshid gets triggered, he attacks her and their children. The wife, however, never gets upset or offended. She says she understands her husband’s pain and the condition he lives with (Jamnews, 2014).

11. An anonymous veteran:

I’ve been belittled and humiliated by the foundation so much that I cannot even begin to describe the things I’ve been told by the authorities. During the war, my best friend died in my arms. Today, I’m very traumatized. I keep bursting into tears. I’ve witnessed so many scenes that I can never talk about them to others who haven’t been there. The foundation doesn’t recognize me as a veteran, even though I went to them after 30 years when I really needed help (Kasaiezadeh, 2016).

12. An anonymous 5% veteran with a direct bullet injury in the right ankle and post-traumatic stress states:

I have had a series of hospitalizations in psychiatric institutions. Am I a mentally disabled veteran or not? The foundation says you don’t have a proof for your injury in the war; you need to show us a proof of treatment right after injury in a war zone field hospital or clinic (*soorat-e-saneheye-hamzaman*) [simultaneous accident memo]. This is absurd, because I couldn’t possibly have had someone taking my photo, as I got injured in the frontline source, maybe (shohadayeiran.ir, 2015).

13. Vafa states:

I was hospitalized due to extreme distress and mental problems. In there, I met a young man, and we became friends. An advantage of places like this is that patients get very close very fast. The young man talked to me about himself, the

fact that he is unemployed, and that he has convinced a doctor to prescribe an inpatient treatment for him so he can get another 10-15% from the foundation. It is interesting that he was too young to have participated in the Iran-Iraq war. In fact, he thought he could gain something by claiming falsely that he was in the war. What he didn't know was that there was nothing to gain but suffering and waiting. The reality is that even when the real veterans commit suicide, they get accused of mental instability or addiction to drugs. Usually, when they seek treatment with a mental disability, they get told that they should be grateful for being alive and should not be asking for money. That guy didn't know that the authorities in the foundation easily reduce your percentage, which determines all the benefits you can get (Nategh, 2012).

14. Mohammad states: "you ratify laws, but they are never implemented." (Nategh, 2012).

15. Ahad states: "We are only important during *The Week Of Holy Defense*⁵⁸ and the global day of fighting chemical weapons. Why can't the authorities care about us during the rest of the year?" (Alef.ir, 2010)

16. Mohammad, a chemically injured 15%-disabled veteran in Shishdar region, states:

I got shell-shocked trying to rescue my fellow soldier. On the same day, they took me to Shahid Salimi combat field hospital and after a while I felt troubled mentally. I went under treatment for mental disability. I went to the Ilam province's revolutionary guards station. Now, they say we have no record for the Salimi hospital. When I go to the medical commission, they tell me that I have been injured in my lungs. Since you don't have your mental disability/injury incident memo (soorat-e-saanehe ye aasab)/[memo of a mental disability causing accident], you don't get more than 3% disability percentage (Afkarnews, 2013).

17. A veteran, who committed suicide in 2006, was believed to have been mentally disabled.

A while ago, the veteran went to the foundation and injured the security guard with a metal bar, while in an aggressive and nervous state. Then he went to different departments, broke the glass doors at the entrance, and verbally insulted the staff. After the incident, the foundation cut his financial assistance, which caused so many problems for the veteran and eventually led to his suicide (Shomalnews, 2006). The authorities claimed that the veteran was a "psychotic patient."

⁵⁸ The rhetoric that the Iranian state uses to refer to the Iran-Iraq war is ideological. For example, the Iran-Iraq war is referred to as *the imposed war* or *eight years of holy defense*. The Week of the Holy Defense is a week in the national Iranian calendar that commemorates the Iran-Iraq war. During the holy defense week, the national media talk about the Iran-Iraq war and broadcast movies about the war.

18. Another veteran, Heydar Noori, 25%-disabled veteran with a mental disability and injured by chemical weapons, committed suicide by strangling himself from a building's stairs. ILNA news agency confirmed the news but did not comment [they said they did not know anything about this matter]. Iranian parliament members, Esmail Kowsari and Mostafa Rahmadoost, both told ILNA in an interview that they have never received news regarding the suicide. The attorney general of Golestan province commented on this incident by saying that we should also think about the veterans' loneliness besides other things. When this news was published online, people left several comments which are worth reciting here (shohadayeiran.ir, 2015):

Anonymous: "Of course they didn't know anything." (shohadayeiran.ir, 2015)

Anonymous: "Was the veteran from Israel? Is that why they cut his monthly financial assistance?" (shohadayeiran.ir, 2015)

Farzand-e-Shahid: "The staff of the foundation are very rude and aggressive, such that we as families of the martyrs do not even feel like going to the foundation in the worst circumstances. Mentally disable veterans are not psychotic; they just reach this point because of people like you." (shohadayeiran.ir, 2015)

Nashenas: "Don't you know that the mentally disabled veteran's behavior is out of his control? Why did you cut his monthly assistance?" (shohadayeiran.ir, 2015)

Shahrbande Golestaniye Janbaz: "What would you do if they cut your monthly income? You all should be held accountable and fired." (shohadayeiran.ir, 2015)

Nashenas: "These poor veterans went to the war and ruined themselves. You are even more psychotic than an injured person like him. You should have understood his pain. Why didn't he go to other organizations and places and break their glasses. This shows that he was entitled to something in here that you guys refused to give him. In the midst of all economic problems in this country, you cut his wage?" (shohadayeiran.ir, 2015)

Omid: “Do you need us to kill ourselves in order for you to believe us? We go crazy, because we work for years to complete an impossible application just to be called psychotic.”

(shohadayeiran.ir, 2015)

Nashenas: “Shame on you! Your first comment was that he was psychotic? How dare you?”

(shohadayeiran.ir, 2015)

Seyyed: “If there were no disabled veteran, you wouldn’t have had a job.” (shohadayeiran.ir, 2015)

Nashenas: “If these authorities at the foundation are guilty in this matter, they should be executed in public right before the foundation.” (shohadayeiran.ir, 2015)

Morteza: “Higher-ranking authorities in Tehran are guilty – those who let the head of the foundation in Golestan province to be the same person for 20 years. In today’s world, flattery pays more than honesty.” (shohadayeiran.ir, 2015)

Abbas: “How can they understand our pain when they have never been to the battlefield?”

Salimeh: “This is the result of being a disabled veteran for 20 years. Thank you authorities.”

Reza: “Mr. Manager, you stick to your desk [ambition]; God pays us without calling us psychotic” (shohadayeiran.ir, 2015).

Mehdi: “Instead of listening to the pain of those disabled people in need, you cut their wages?

How pathetic? How can you do this” (shohadayeiran.ir, 2015)?

19. A veteran’s brother said that his brother committed suicide due to not being able to work, economic pressure, and the stress caused by unemployment. He attempted to obtain a disability percentage. Even though the application was complete, the foundation refused to acknowledge his disability. The veteran (Akbar Ghaeini) burnt himself alive before the eyes of the staff of the foundation in Qom city. The veteran killed himself because of the foundation’s irresponsible and unaccountable response to his needs.

Mehdi Ghaeini, the veteran’s older brother told everyone that his brother attended the

war, just as a sign of his faith; therefore, he never applied for his disability support/percentage as long as he could work, despite his serious chemical injuries. He applied for his disability support after he realized that being shell-shocked would prevent him from working. Not getting a response from the foundation, his traumatized state finally led to his extreme action as he took his own life by burning himself alive (Tabnak.ir, 2009).

20. Another veteran, who was working as a blue-collar worker, burnt himself alive before the municipality building. There was a rumor that he couldn't afford to buy a proper dowry for his daughters. He was 25%-disabled veteran who had purchased a cubical/table in the local farmers market from the municipality. After four years, he was told to empty the table because they did not intend to renew his permit. He fought his right to keep the table for a long time by going back and forth to the authorities, but they never paid any attention to his request. He even asked for a loan, which was also denied. After becoming completely hopeless, he burnt himself alive before the municipality building. After the news scattered around, different organizations passed the ball to each other to shrug off the responsibility of solving a veteran's problem – a veteran who just wanted a table in the local farmers' market (kaleme.com, 2016).
21. Another veteran teacher from Masjed Soleiman jumped into a lake behind a dam in Katvand (Namehnews.ir, 2013).
22. Another veteran intended to burn himself alive, but his lighter did not work and that gave the authorities enough time to intervene. Therefore, his attempt at taking his own life was not successful (Shomalnews, 2013).
23. An anonymous veteran states: "24 countries of the world united to do this to us" (Soleiman nia, 2012).

24. Amirhossein Khorram's disability percentage was reduced from 50% to 25%, and eventually it was revoked entirely as a result of him confronting the foundation. He used to work for the foundation, but he refused to remain silent facing fraudulent impersonation in the foundation.⁵⁹ For instance, he found out that some people received a veteran identity card without being a veteran. He voiced his opinion and was kicked out as a result (Entekhab.ir, 2016).
25. Iran Press News correspondent Azeri-Bagha reported that on June 7, 2012, while a few veterans from the *Baghiatollah Rehabilitation Center* had gone to the presidential office to talk with the administration about the barriers they faced on a daily basis. Two of the veterans, who couldn't go with the rest stayed behind, were shocked to witness that the Veteran's Foundation's staff showed up at the *Baghiatollah Rehabilitation Center*, beat them, and knocked their wheelchairs down. Then they collected all veterans' stuff and said that they needed to evict. One of the neighbors even saw that the building's sign had fallen down. After the veterans came back, they called police. The police arrived and tried to protect the disabled veterans from the foundation's staff and asked them what they wanted. The staff claimed that the veterans must leave, because they own this place now. Then the police asked if they had any warrant to show, and they didn't have anything. Later on, they fired the personnel, provided no food, and threatened that they would block water and hydro. One of the veterans said in an interview "these people asked us to leave without having prepared an alternative place for us. Finally they gave an address to another place and two of the veterans went there and there was no place for them over there." Later on, the foundation sent an official letter to the nursing home, which said that the building was old and that the fire department was evicting them. The

⁵⁹ Impersonation or identity-making here means engaging in fraudulent activity to get disability-percentage and its benefits while you are not a disabled veteran but you pretend you are.

head of the fire department then was interviewed and said that the fire department had no authority to issue evictions and that they had not received any orders (IranPressNewsTube, 2012).

Concluding Remarks

In this chapter, I presented a case study of disablement among the Iranian survivors of the Iran-Iraq war, both veterans and civilians. Throughout this chapter, I depicted an important case of disablement in the “third world” and invited the reader to witness the two important processes of “acquiring” and “living with” a disability under inadequate care in a class-based capitalist society, ruled by a theocratic state. My intention here was to set the stage for a deep understanding of what happens in a war in which weapons of mass destruction (WMD) are used.

In the next chapter, we will analyze the emerging relations as they are embedded in the case study. As well, I will dialectically examine *what constitutes reality of disablement* for war-survivors during and after the war. In addition, I will invite the reader to shift from binary, oppositional, and linear thinking to dialectical thinking, and historical-materialist understandings of contemporary social relations (Allman, 1999). The next chapter will provide a comprehensive DHM analysis of the case study, organized in two parts: ‘*processes of disablement*’ that are carried out through ‘*social relations*’.

Chapter Five: Analyzing the Case Study with DHM, Social Relations and Processes of Disablement

This chapter presents the case study report/analysis that makes assertions with some confidence, and determines what requires further investigation. To stay true to the Marxist method of inquiry, I go beyond what is apparent and examine the case study dialectically. Marx believed that phenomena are ‘processes’ rather than discrete ‘things’, and that every phenomenon is mediated by *relations* and *forms of consciousness, in extended circumstances from the past* (Allman, 2007). In this chapter, I dialectically examine *what constitutes the reality of disablement* for war-survivors during and after the war. I invite the reader to shift from binary, oppositional, and linear ways of thinking to dialectical thinking and historical-materialist understandings of contemporary social relations (Allman, 2007). This chapter provides a comprehensive DHM (dialectical and historical materialist) analysis of the case study, organized in two parts: (1) ‘*processes of disablement*’ that are carried out through (2) ‘*social relations*’. Processes include *production* of disability, as well as *perpetuation* of disablement, as a socially organized condition. The social relations include *capitalism*, *nationalism*, and *imperialism*, all of which operate based on class and ideology. As such, in order to analyze the case study presented in the previous chapter, we need to unpack the relations that have produced and sustained disability in the affected Iranian war survivors. It’s important to note that processes and relations are linked with each other dialectically. This means that they are intertwined – not easy to be dissected, because relations carry out processes, and processes, in turn, (re)produce relations. This chapter guides us toward answering three of this thesis’ research questions: How is the “first world” implicated in the production of disability in the “third world” (i.e., capitalist and imperialist agendas)? How are nationalist/ideological forces (such as the state) in the “third world” also implicated in the production and maintenance of disability (i.e., through the

instrument of religious nationalism)? And finally how can we read disability transnationally using DHM by engaging the dialectics of global politics?

DHM is an umbrella framework encompassing several lenses to unmask capitalist, imperialist, and nationalist social relations, and to discover how they produce and maintain disability in global contexts.¹ To do so, first we need to unpack the concepts of ideology, nation-building, class-based society, theocratic nationalism, and “nation-expanding” as core dynamics of capitalist social relations (Hassanpour, 2015). DHM invites us to pay attention to the pre-existing attributes of different processes and relations in order to understand why and how they result in their eventual consequences. In this chapter, there are two key pre-existing attributes to consider: class and ideology.

The bigger geopolitical picture in which the Iran-Iraq war took place involved Iran, Iraq, and the dominant world powers, who affected the course of the war, especially the United States. Iran, Iraq, and the U.S. are all class-based societies – societies that are run in accord with a capitalist economy and nationalist ideology. However, the nature/type of their nationalisms is not the same, for Iran upheld theocratic/Shi’a nationalism, while Iraq’s nationalism was Sunni pan-Arab nationalism during the period 1980-88 (Timmerman, 1991; Al-Khalil, 1990). The U.S., on the other hand, not only operates based on capitalist economy and nationalist ideology, it also asserts its imperialist power to dominate and preserve global class relations (Wood, 2006; Harvey, 2004; Gorman, 2016; Mojab & Carpenter, 2011). This chapter dismantles all three aforementioned social relations using DHM with the aim of *defetishizing the concept of disablement* by unmasking the social relations behind it. Before and during the war, Iranian and Iraqi politics were anchored in nationalism and theocracy (Abrahamian, 1982). Deconstructing theocracy and nation-building is possible through a Marxist framework. DHM covers several

¹ My use of the DHM umbrella/framework has been informed and accompanied by prominent Marxist-Feminist scholars’ works, all of which have been creatively derived from DHM. They include: Himani Bannerji, “Cultural Nationalism as Ideology,” (2000); Amir Hassanpour, “Nation-Building and Class in the Middle East,” (2015); Rachel Gorman “Organization of Disability,” (2005); and Nirmala Erevelles’ “Fetishization of Disability,” (2011).

theoretical approaches that can dismantle theocracy and nationalism, such as that found in Himani Bannerji's "Cultural Nationalism," (2011), which is inspired by Antonio Gramsci's notion of hegemony, and Amir Hassanpour's Marxist analysis of nation-building in the Middle East (2015). DHM's conceptual tools, which are used to analyze the case study, are internal relations, dialectical contradiction/unity, form, and mediation. After discussing processes and relations, we explore their *result* in the actual lives of disabled Iranian survivors, which I term *disability forms*.

Social Relations and Processes of Disablement

The process of the *production of disablement* in the case study consists of six categories: nation-building, initiating a military invasion, prolonging the war, using unconventional weapons, the global community's silence, and certain nations' support for Iraq. The process of the *perpetuation of disablement*, in the case study, includes poverty, institutionalization, unemployment, state corruption, fetishization of disability by the state, inadequate medical care, lack of medication due to the U.S.-imposed sanctions for over 12 years⁶⁰, chemical incarceration⁶¹, lack of disability accommodation, lack of physical and emotional accessibility, class hierarchy, and the dysfunctional disability measurement system employed by the Iranian state.

As the result of these processes, there is a high rate of suicide and addiction among the surviving veterans, with many of them experiencing "survivor's guilt"⁶², extreme poverty⁶³, and post-traumatic stress (see for example Namehnews.ir, 2013). The perpetuation of their disability

⁶⁰ The U.N. Security Council regularly imposes new sanctions on Iran for any number of reasons, whether due to Iran's missile program, its support of Shi'a militias all over the Middle East, or its animosity toward Israel. Some of the U.S.-imposed sanctions have been lifted since conclusion of the nuclear deal between Iran and the 5+1 Countries. However, some of the sanctions have been in place since 1979-80. The Iran-Iraq war survivors have been suffering the most from the effect of these sanctions, because the sanctions have hindered the ways in which they can access their necessary (usually imported) medications.

⁶¹ Inspired by Erick Fabris, I use this term to demonstrate the horrible effects of psychiatric medications that are used to silence disabled individuals as opposed to caring for them in humane ways (Fabris, 2011).

⁶² Feelings of guilt for having survived a catastrophe in which others died.

⁶³ There have even been veterans who have committed suicide as a result of extreme poverty or when their minimum funding has been blocked after they have voiced their dissatisfaction with the system (see e.g., Fashnew, 2016b, 2016d; Ir.voa.com, 2017; Namehnews.ir, 2013; Nasr, 2014; Soleiman nia, 2012).

as a systematic abuse has pushed the disabled survivors to a point where they would sometimes rather be dead than live in emotional and physical pain. Before unpacking the processes of disablement, we need to defetishize social relations, which planned, launched, and then prolonged the war: capitalism, nationalism, and imperialism.

Iran-Iraq War: Ideology, Class, and Nation-Building

The study of Iran-Iraq war, and the reason for its continuation over eight years, can demonstrate the power of nationalist and imperialist ideologies in promoting violence and producing dead and disabled bodies. Moreover, it demonstrates the power of transnational capitalism in creating disability in a local context. On the global scale, the Iran-Iraq war was the longest declared war of the twentieth century, commencing soon after the Iranian revolution in 1979 (Abrahamian, 1982).

Hassanpour informs us that nationalism and nation-building emerged in line with the rise of middle-class (bourgeoisie) in the process of transition from feudalism to capitalism (2015). Hassanpour argues that Marx problematized both nationalism and theocracy as (political) ideological claims practiced in a class society. On the other hand, he argued in favor of the process of nation-building, only if it is used to radically transform a society and replace class society with communism. His vision entailed a classless world not divided by borders, in other words, a *transnational* world (Hassanpour, 2015). Marx critiqued nationalism and national borders, for he ‘saw’ attachments to nation and ethnicity along with language, tribe, gender and territory, as “predicament[s] of class society, which he called ‘prehistory’” (Marx, 1970, p. 22, cited in Hassanour, 2015, p. 239). In other words, Marx believed that sharp differences in power relations are rooted in class relations; and these sharp differences are reproduced through the capitalist social relations. Therefore, he problematized nationalism theoretically and ideologically. This, however, does not mean that Marxists have perceived national liberation movements unfavorable as a rule, because each and every one of them can be assessed

separately under interrelated considerations. Marxists politically disfavor nationalism, for they ‘see’ it as both an obstacle in the way of social revolution, as well as a component of capitalism (Hassanpour, 2015). However, Marxists could be in favor of a nationalist movement if: a) it is aimed at overthrowing an oppressive pre-capitalist relation, such as slavery; b) it struggles against national oppression; and, c) it facilitates the working class’ project to revolt and overthrow capitalism. It is important to note that ideology and class are the most crucial components of both the nation-building process and nationalism (Hassanpour, 2015). It is the nation-state, formed by the ruling class, which enforces the dominance of its ideology throughout society. In this process, Marx thought, the ruling-class/bourgeoisie uses cultural ideology (part of the *superstructure* in Marxian terms), such as religion to control/guard the economic *base* (natural resources) (Hassanpour, 2015). In the case of Iran, the “ruling class” is the clerics who uphold/promote their religious ideology (Shi’a-Nation Building) and control the entire gamut of natural resources (economy). If the ruling class feels threatened, they will use any potential ideology to destroy ideas of peace, transnationalism, or coexistence. These ideologies include patriotism, fascism, Xenophobia, anti-Semitism, hatred, and war. The core capitalist logic, Hassanour (2015) argues, is “expand or die.” I argue that Iran, Iraq, and the countries, which helped Iraq, were all engaged in the core capitalist dynamic of “expand or die.”

To understand how nationalism (whether secular or theocratic) is behind deadly wars, first we need to understand why nations, and in this case, Iran and Iraq specifically, were interested in prolonging the war, despite the fact that doing so meant producing more disabled and dead bodies. Haghighi (2014), inspired by Cooke (1996, p. 98), argues that the Iranian state used “state-sanctioned violence” as a mechanism to sustain its power, because “violence requires support to gain legitimacy” (p. 25). In 1980, Iran, as a newly-established ideological state, was interested in spreading its Shi’a ideology across the Middle East (Abrahamian, 1982). Iraq, on the other hand, led by Saddam Hussein, was interested in establishing a League of Arab

Nations, oppressing every dissident (especially Shi'as and Kurds), and spreading Sunni Islam across the Middle East (Timmerman, 1991; Al-Khalil, 1990). This is how nationalism, whether theocratic or secular, uses human bodies as a shield to stay in power.

Before the revolution of 1979, most of the Iranian population perceived the last Iranian monarch, the Shah and his regime, to be a Western puppet who was protecting American interests in the Persian Gulf region. This situation became even worse after the U.S.-backed coup d'état of 1953 (Katouzian, 2009). It is worth mentioning that the Shah's military funding had reached \$1.7 billion USD between 1968 and 1972 (Hanieh, 2013), which implied a solid military alliance with the U.S., even status as the latter's watchdog in the Middle East. The Iranian public revolted against the Shah and dethroned him in 1979. The Iranian revolutionary forces comprised a myriad of political organizations and groups with various beliefs and agendas, but they all had one common objective: removal of the Shah. For them, he was unavoidably associated with Western imperialist power (Katouzian, 2009). One of those political groups, which happened to be a religious one, took over the state, defeated all other groups, and founded a new regime – the *Islamic Republic of Iran* (Abrahamian, 1982).

The new regime was an extremist Shi'a hardline one, determined to prove itself and suppress all other political organizations in the country in order to remain in power. The new regime, therefore, started a cultural revolution, took the staff of the American embassy hostage, suppressed women and religious minorities, and executed hundreds of political prisoners (Abrahamian, 1982). This was all a fight for legitimacy, dominance, and control inside. For example, between 1979 and 1981, the regime executed 497 dissidents after trials lasting only a few minutes. This was just the beginning, however. Between 1981 and 1985, more than 8,000 political prisoners and dissidents were executed (Abrahamian, 1982).

After eliminating lots of “internal enemies,” the new revolutionary government was then forced to respond to a military attack by Saddam Hussein. The war with Iraq is one of the most

significant events in the 37-year history of the Islamic Republic. The Iranian state has its own official narrative of the war, which it refers to as the “Sacred Defense” (*defa’ moqadas*) or the “Imposed War” (*jang tahmīlī*). In September 1980, Saddam Hussein, president of Iraq and the leader of the Ba’th Party, invaded the oil rich south and southwest provinces of Iran (Abrahamian, 1982). The Iranian regime’s charismatic and extremist leader, Ayatollah Khomeini, had a project of his own in mind for the whole region, if not the world. Part of his identity-building project was fighting the imperialist forces found not only inside the country, but everywhere else as well (Katouzian, 2009). It was a project embedded in his Islamic Shi’a ideology (Farzaneh, 2007). Throughout the war, he relied on old Shi’a sentiments to motivate young men and send them to be killed on the frontline (Ghamari-Tabrizi, 2009). His dream was to go all the way to Palestine, liberate it from Israeli occupation, and establish a Shi’a regime comprising the entire Middle East region (Abrahamian, 1982; Ghamari-Tabrizi, 2009; Katouzian, 2009; Rajaei, 1997).

Saddam Hussein, on the other hand, had a different, although in some respects similar, project in mind. He believed in pan-Arabism in the Middle East, embedded in Sunni Islam and pan-Arab nationalism. His identity project was rooted in an ideology of physical expansion while eliminating minorities, such as Persians, Jews, and Kurds (Al-Khalil, 1990; Timmerman, 1991). While pursuing the goals of his ideology, he received enormous military support from his western allies, while Ruhollah Khomeini mostly relied on the power of theocratic nationalism (Katouzian, 2009). Behrooz Ghamari-Tabrizi, the contemporary historian, argues that the Iran-Iraq war “transformed into a vehicle for the consolidation of the Islamic Republic’s power,” and the Iranian state managed to “exploit it as a state-building tool” (2009, p. 107). The ideological-theocratic regime of Iran, led by an extremist cleric, mobilized and armed the nation’s men, relying also on the massive amount of armaments inherited from the Shah. The Iranian state’s advantage in its conflict with Iraq lay in its larger population. Iran also had two extra forces in

addition to its military. One was *Basij* (which means *mobilize* [as a verb] a force or a *mobilized* force [as a noun] in Farsi), and the other was the *Pasdaran*, or Revolutionary Guards). Iran's American-made military equipment, however, was not as reliable as that deployed the Iraqis, since the Islamic Republic could no longer get spare parts from the U.S. following the 1980 embassy hostage crisis. Therefore, Iran's military equipment was kept going only with support from Libya, Syria, and North Korea (Murray & Woods, 2014). Eventually, the Iranian inventory of the U.S. military hardware, purchased by the Shah, was exhausted during the war.

It is essential to understand that, by means of the war with Iraq, the Iranian state stabilized and established itself as a power in the region and indicated to its enemies that it would not be easy to defeat an ideological-theocratic regime (Haghighi, 2014; Katouzian, 2009; Shahidian, 2002).

Nuclear Weapon of the Poor: Iraq's Use of Chemical Bombs on Iran

Iranian intelligence suggested that the Iraqi army was employing a massive amount of chemical weapons. Alternative sources also reported that the Iraqis were using crude sulfur-mustard, similar to what the Germans had used in 1917 during World War I. Iraq's use of chemical weapons weakened Iranian troops for several reasons. First, the chemical agents are very effective in reducing military control on the battlefield due to the panic they create among soldiers. Second, they decrease the communication abilities of different fronts with each other. Third, they loosen fire support, which can be devastating in the midst of battle. Murray and Woods (2014) give an example of how chemical weapons affect combat on the ground:

During the operation 'Kyber 1' in the winter of 1984, Iranians attempted to block the Basra-Baghdad highway. 'The Iraqis isolated the forward elements of the attacking force with Mustard, cutting it off almost entirely from resupply by land. When the Iraqis counterattacked, they encountered Iranians who had no ammunition and who had not eaten for several days' (p. 229).

After that, for a short while, the Iranian state paused and re-evaluated its choice of prolonging the war. There was an internal conflict going on at different levels of the Iranian

state. Some elements may appear to be a bit more moderate than others, but in the end, it doesn't make much difference. Some figures, such as Hashemi Rafsanjani, the president at the time, suggested ending the war, but others, like Mohsen Rezaei, the extremist commander of the revolutionary guards, disagreed. Eventually, in the summer of 1984, 300,000 volunteers and soldiers were sent home, and Iran opted not to launch a new attack (Murray & Woods, 2014).

Rafsanjani believed in a more "diplomatic" trajectory as opposed to a military solution. For instance, he stated "Iran is willing to follow the diplomatic path to achieve its war aims... A qualified tribunal might depose Saddam Hussein" (quoted in Murray & Wood, 2014, p. 233). Extremists, however, argued for continuation of the war, no matter the cost. Worst of all, Khomeini, the "Supreme Leader," believed in exporting the Iranian revolution to the oppressed Shi'a-majority population of Iraq in order to liberate them from their dictator-president. The ideological nature of the regime's rhetoric was very apparent, even from its supposedly "moderate" members, such as Rafsanjani. In a speech, he said, "Iranians were victorious when the Iraqis were not, because Iranians prefer not to have life, not to have bread or house, but to have their faith" (Murray & Woods, 2014, p. 233).

It is worth mentioning that while one part of this generation of young people were losing their lives on the battlefield, thousands of other young Iranians were being tortured and executed in prison for daring to disagree with the regime.⁶⁴ Eventually, on July 20, 1987, the U.N. Security Council unanimously passed Resolution 598, urging Iraq and Iran to both accept a ceasefire. After 21 days, Khomeini, the Iranian leader, accepted the resolution in an infamous speech that referred to the cease-fire as a "poisonous chalice" that had to be drunk (quoted in Ghamari-Tabrizi, 2009, p. 108):

Accepting the UN resolution was truly a very bitter and tragic issue for everyone, particularly me. Only a few days ago, I was in support of the policy of the *sacred*

⁶⁴ See numerous Amnesty International and Human Rights Watch reports from 1979 to 1988. [This might not be considered an adequate reference.]

defense, and saw the interests of the country and the revolution in the continuation of the war [my emphasis]. But for reasons about which I cannot speak now, and which will be clarified with the help of God in the future, at this juncture, I regard [the cease-fire] to be in the interest of the revolution and of the system. God knows that had it not been for the desire to sacrifice our selves, honor, and credibility for the sake of Islam and the Muslims, I would never have agreed to this. Death and martyrdom would have been more bearable to me. But what is the solution except that all of us should submit to the satisfaction of the Divine Will... How unhappy I am because I have survived and have [to drink] the poisonous chalice of accepting the resolution (Khomeini, 1988).

As soon as he signed the ceasefire, he attacked his internal “enemies,” ordering the immediate massacre of 2,800 political prisoners, even those who had already served their sentences (Abrahamian, 1982).

This war also was an enormously expensive one for a nation that was just recovering from a revolution. Since Iran purchased most of its weapons from the international black market, there is no accurate number to refer to. However, it is important to note that Mir Hossein Mousavi, the prime minister at the time, addressing parliament, stated that “some 30 percent of the 1983-84 budget...was spent on the war effort. Expenditures were 14 percent higher in 1984 than in the previous year” (Ghamari-Tabrizi, 2009, p. 2). In 1987, he stated that “52 percent of the total allocations for the government were to military and security affairs of the war.”⁶⁵ The prime minister also characterized the Iran-Iraq war as a “war against blasphemy” whose ultimate goal was “the defense of the honor of the Qur’an and Islam” (ibid). Historians believe that this war was in fact an important investment for the regime to expand and legitimize itself against both domestic and foreign dissidents (Ghamari - Tabrizi, 2009; Murray & Woods, 2014; Rajaei, 1997).

Sunni Pan-Arab Iraqi Nationalism

After analyzing several of Saddam’s political speeches, I have come to agree with Al-Khalil (1990) that Saddam Hussein’s dream was always a Sunni pan-Arab nationalist Middle East – run by his Ba’th party. Although he appeared secular at the policy level, he was not

⁶⁵ See “Shahram Chubin, Iran and Iraq at War (Boulder, CO: Westview, 1988), 123 – 38” (Ghamari - Tabrizi, 2009, p. 121)

actually running a secular state. His horrendous oppression of the Shi'a population who had been living in Iraq as second class citizens, as well as his fear of Khomeini's Shi'a revolution just next door, indicate that his nationalism is theocratic/Sunni-Islam, and not secular. Haniyeh (2013) argues that the U.S. and other Arab nations of the Persian Gulf region financially supported Saddam Hussein because they were all afraid of Iran's new Shi'a regime. This isolation, however, reinforced patriotic sentiments inside the country, and Iran's clerical leaders used that as an excuse to get more support from within the country's borders. Glenn Frankel, reporter for the *Washington Post*, wrote on September 17, 1990:

During its eight-year war against Iran, Iraq became the world's largest retail purchaser of arms. But in recent years, it also has sought the technology to develop its own arms industry, both to free itself from dependence on foreign suppliers and to develop the kind of doomsday armaments – nuclear bombs, chemical and biological weapons, ballistic missiles – that would make Iraq the Arab world's dominant power.

Saddam and his supporters in the Ba'th party were determined to rule over the Sunni Islamic world by becoming an undisputed military power. Iraq imported the most advanced WMD, as it was “[t]he Soviet Union, France, China and Chile who sold Baghdad much of its off-the-shelf weaponry.” Meanwhile, “West Germany⁶⁶, France, Britain, the United States, Belgium, Austria, Switzerland and Brazil all sold the components, machines and tools – much of it material with civilian as well as military application.” (Frankel, 1990, p. 3). As is evident, the sources providing weaponry support for Iraq were diverse, although by 1982, the Soviet Union refused to help any longer.

Iranians, on the other hand, believed in the famous slogan of “neither West, nor East: the Islamic Republic.” Therefore, not only did they not have a diplomatic relationship with the U.S., but they also did not receive the Soviets warmly. The Soviets, then, decided to remain “neutral,” which meant “standing with the Arab world” (Murray & Woods, 2014). In 1983, Iraq regained

⁶⁶ For more information, see: <https://www.theguardian.com/world/2002/dec/18/iraq.germany> and <http://www.washingtonpost.com/wp-srv/inatl/longterm/iraq/stories/wartech091790.htm>.

the support of Moscow, however, with a contract valued at \$230 million USD. At this time, unlike 1980, Iraq was producing simple equipment or purchasing it from non-Soviet sources. Murray and Wood (2014, p. 206) cite an Iraqi air force officer reporting to Saddam Hussein in the June of 1983:

Sir I have to be honest with you that...the Soviet Union stopped supplying us seven to eight months ago, which forced us to take the step of approaching the Socialist countries that supplied us with the products related to the MiG-21, so that we were not as much surprised as at the beginning of the war. Sir, where the fight was continuous and when we had many patrols and duties, and, therefore, we had no other choice but to approach the *Western industrialized countries* [my emphasis]. [F]or instance, Sir, we approached the United Kingdom to manufacture tires... We also adopted [ways] to manufacture these materials during this period. Sir, we were able indeed to provide the important spare parts that affect [the combat readiness] of combat aircraft.⁶⁷

At this point, Saddam appealed to China for more weaponry. He, for example, used prospective trade agreements as a way of appealing to potential suppliers like China. Saddam stated in a discussion about purchases of arms from China in 1981 (Murray & Wood, 2014, p. 207):

If a country like Iraq, an oil producing and warring country, [were to sing] the praises of Chinese weapons to the Arabs, it [would] mean that the Arabs will buy their weapons from the Chinese... We will tell them that Chinese weapons are excellent...[and sales] of Chinese weapons will reach sky high [levels] and bring economic returns [for the Chinese].⁶⁸

Mark Phythian (1997), in his book, *Arming Iraq: How The U.S. And Britain Secretly Built Saddam's War Machine*, argues that the U.S. and Britain seemingly remained “neutral,” but in reality supplied both Iran and (especially) Iraq with weapons in order to keep them at war while giving Iraq the upper hand. He demonstrates that the U.S. and Britain’s ultimate goal was

⁶⁷ “SH-AFGC-D-001-324, Transcript of a Meeting between Saddam Hussein and the General Command of the Armed Forces, 26 June 1983. For a description of Britain’s economic relations with Iraq during this period, see The Right Honorable Sir Richard Scott, The Vice-Chancellor, Report of the Inquiry into the Export of Defense Equipment and Dual-Use Goods to Iraq and Related Persecutions (HC 115) (London, 1996). For a detailed review of Iraqi arms imports during the Iran–Iraq War, see Rachel Schmidt, ‘Global Arms Exports to Iraq, 1960–1990,’ A RAND Note (Santa Monica, CA, 1991)” (quoted in Murray & William, 2014, p. 207 fn).

⁶⁸ “Transcript of a Meeting between Saddam Hussein and Military Commanders (31 May 1983) in SH-SHTP-D-000-539, Records of Saddam Meeting with the General Armed Forces Command Leadership and Jordanian King Hussein Bin Talal, 1983. Despite concerns over minor technical issues with Chinese tanks and artillery, the Iraqi high command liked the fact that the Chinese were prepared to deal directly with Baghdad and that their prices were one-tenth those of other sellers” (quoted in Murray & William, 2014, p. 207 fn).

to keep the countries busy warring with each other so that neither would jeopardize the flow of the oil supply and trade in the Persian Gulf⁶⁹; as well as to protect the other oil-producing Gulf states (Phythian, 1997). Phythian argues that this covert political agenda was also aimed at collecting intelligence from both countries and securing them, while policing the flow of capital/oil from the Middle East to the rest of the world (1997). The U.S. and Britain thought that they were using Iraq for their own interest. But in reality, Iraq eventually turned out to be an armed state who attacked its small neighbor, Kuwait, initiating the Gulf War (Phythian, 1997). Khomeini, who didn't have the same military support from the West, used the ideology of "martyrdom" and "sacrifice" to establish his Shi'a kingdom by sacrificing hundreds of thousands of youth in combat (Farzaneh, 2007; Abrahamian, 1982). Overall, the reason for Saddam Hussein's attack on Iran is the combination of two factors: first, fear of the spread of the Iranian revolution that had resulted in a Shi'a hardline state; and second, greed. He wanted to expand his borders and get rid of Persians and other non-Arabs (Al-Khalil, 1990; Friedman, 1993; Timmerman, 1991). His constant antagonism toward Israel is another indicator of his pan-Arab-nationalism.⁷⁰ The other factor that urged Saddam to take advantage of the post-revolution chaos in Iran could be the fact that the new regime there was killing a huge number of the former government's highly-trained military commanders. Obviously, a newly-formed regime seemed fragile compared to the previous, which had a gigantic army fully supported by the U.S. He did not anticipate that the power of ideology would persuade millions of people to stand in front of Iraqi tanks and missiles.

Global Class Relations: Capitalism and Imperialism

We defined imperialism, in Chapter One, as a form of indirect intervention by one nation or group of nations in another nations' affairs which influenced the lives of its people

⁶⁹ Note that the capitalist social relations behind the war are evident here. The U.S. and Britain did not intervene in the war to end it, but to sell their weapons to both parties and police the flow of capital from the Middle East to Europe.

⁷⁰ See *War of Attrition* by Murray and Wood (2014) for numerous examples of his pan-Arab-nationalist ideology in speeches and meetings with his top generals and the army officials.

(even in future generations) by overpowering them in social, political, and economic relations. In this particular case, the violence of imperialism should be looked at from two separate, but related, aspects. The first way that the violence of imperialism was delivered during the war was the support Iraq received in combatting Iran. The second way was the global community's silence concerning the humanitarian disaster of Iraq's chemical attack on unarmed Iranians.

There is substantial evidence that suggests the U.S. provided Iraq with all sorts of intelligence concerning Iranian soldiers' location and numbers, while being fully aware of what Saddam Hussein was going to do to them with chemical weapons, including sarin (McGovern, 2013). In his book, *Spider's Web: The Secret History of How the White House Illegally Armed Iraq*, Alan Friedman states that there were several Western powers who were complicit in aiding Saddam to bomb Iran with unconventional weapons, such as sarin, tuban, and mustard gas. Research indicates that Germany, Japan, France, and several other West European countries exported massive amounts of chemical weapons to Iraq at the request of the Iraqi state (Robinson & Goldblat, 1984). In the case of the Iran-Iraq war, the disabilities created in Iranians after being inflicted by chemical weapons were sustained by both the nationalist agenda of the Iranian state and the imperial agenda of the U.S. empire.

According to recently-declassified information from the U.S. National Security Archives, Donald Rumsfeld, the special envoy to the Middle East from November 1983 to May 1984, met and shook hands with Saddam (NSA Archives, 2015). They signed a deal, by which the U.S. agreed to support Saddam with military technology, armored ambulances, mainframe computers, and the precursors to chemical weapons, but pledged no overt support (Harris & Aid, 2013; McGovern, 2013; NSA archives, 1994). In return, Iraq would provide oil to the U.S. The U.S. government also sold Saddam the technology to make chemical weapons, which caused Iran to become second to Japan in terms of the number of lives lost to such weapons (McGovern, 2013).

The U.S. government helped Saddam to gas over 100,000 Iranians and Kurdish Iranians for two strategic reasons (McGovern, 2013). One was that the U.S. wanted Iran to pay for the hostage crisis. The second was to exhaust Iran's supply of American military equipment they inherited from the Shah. Ironically, Oliver North, a former U.S. military colonel, illegally sold weapons to Iran through intermediaries as part of the Iran-Contra scandal with the profits directed to Contras (i.e., anti-communist U.S.-backed militia) in Nicaragua. CIA documents reveal that the U.S. knowingly allowed Saddam Hussein to wound and slaughter Iranians and Kurds with chemical weapons.⁷¹ The U.S. was not alone. Other Western European countries also helped Iraq, as did a number of the Arab countries of the Persian Gulf (Murray & Woods, 2014). By mid-1988, several hundred thousand Iranians and Iraqis had been killed, rendered disabled, and/or displaced. Countless more faced the traumatic effects of losing their home and loved ones. This was not the whole story for Iranians yet though, as on 3 July 1988, the U.S. navy cruiser *USS Vincennes* shot down an Iranian passenger airliner and killed 290 civilians in the Persian Gulf (Fisher, 2013).

There is still controversy surrounding Saddam's decision to so heavily attack Iran in February 1984. Joost Hiltermann, the author of *A Poisonous Affair*, the most comprehensive account of the Iraqi chemical attack, argues that the reason U.S., and after that, UN, remained neutral and passive was to maintain relations with Baghdad, even though Iraq was using illegal WMD and massacring the Iranians and the Kurds (2007). Hiltermann discloses that the U.S. was fully aware that *only* Iraq was in possession of chemical weapons and not Iran, but they insisted that both countries were responsible for the use of poison gas in the war (Hiltermann, 2007). Moreover, Glenn Frankel (1990, p. A01) argues that West Germany was the main supplier of Iraq's chemical weapons, under the guise of pesticide, until Iraq reached self-sufficiency in

⁷¹ For a complete list of declassified CIA documents implicating the U.S. government's knowledge of the use of chemical WMD against the Iranians and Kurds, see the 26 August 2013 issue of *Foreign Policy* (NSA Archives, 2015).

producing those weapons by 1990.⁷² He notes:

Experts say that Iraq has the largest chemical weapons program in the Third World, developed entirely with the aid of foreign firms, especially those from West Germany. Iraq can presently produce up to 700 tons of chemical warfare agents per year, according to these estimates, but its capacity is expected to increase sizably in the 1990s. There are at least two plants at Samarra where Iraq produces mustard gas and the nerve agents tabun and sarin; and two more at Fallujah, where Iraq reportedly is building a manufacturing complex for “precursors” – the ingredients used for nerve gas. Experts say that Iraq also has built a research facility for biological warfare at Salman Pak.

Frankel cites W. Seth Carus, a defense analyst with the Washington Institute for Near East Policy, stating that Western technological help had turned Iraq into a new power in the Middle East (Frankel, 1990). The global community condemned Iraq on paper but not through their actions, doing nothing for the people who had been injured by chemical weapons. In fact, “Iraq’s use of chemical weapons was condemned – both in national statements, such as the U.S. condemnation of March 1984, and in UNSC Resolution 512 of 1986” (Littlewood, 2006, p. 17). However, in reality, the Iraqi state got away with using illegal WMD on both the Kurds and Iranians. This silence is another indication that disability is produced and maintained transnationally by global politics, for silence is a political response. When a disability is produced via banned weapons and the whole world chooses to remain silent, “[this] silence encourages the tormentor, never the tormented” (Wiesel, 2008, p. 118).

New York Times columnist Flora Lewis, in September 1988, wrote an interesting commentary on the global community’s complicity in Iraq’s use of chemical weapons, stating that “[g]overnments seem to have reached a new level of cynicism” and that it has been “legislators, the press and the public who have spoken out against Iraq’s actions.” Lewis concluded that “other third world belligerents will now be tempted to use the ‘poor countries’ nuclear arm,” if the complicity of the world community with Iraq shows that it can be done with impunity’ (quoted in Littlewood, 2006, p. 15). Hiltermann argues that the reason the

⁷² See <http://www.washingtonpost.com/wp-srv/inatl/longterm/iraq/stories/wartech091790.htm>

international community kept silent in the face of this horrible use of prohibited weapons against Iranians was the American political agenda that asked its diplomats to declare both countries guilty. Hiltermann demonstrates in his book that Iran accepted the ceasefire, since Iraq threatened to use chemical warheads on missiles (Hiltermann, 2007).

Mobilizing the Discourse of “Halabja”

I argue that in 2003, in the aftermath of the 9/11 terrorist attacks, the U.S. mobilized the discourse of “Hussein gassed his own people” to serve a particular class, the ruling class, in order to justify the invasion of Iraq – a sovereign nation. The Halabja catastrophe was used as an example to show how brutal Saddam Hussein was, that he possessed WMD, and was willing even to kill his own people. However, the same recognition was never given to the Kurdish people, who were hit by chemical weapons within the Iranian borders. I argue that the mobilization of this particular discourse, in service of a particular class, has led to a ‘fetishization of disability’. In other words, this incident shows how the death and disability inflicted upon the Halabja population was fetishized to justify further violence. I use the word “fetishization” here to draw attention to how the material reality of people’s pain and suffering can be masked by unequal power relations. The reality is that when the Halabja catastrophe took place, it took the world three weeks to realize it (Murray & Woods, 2014). However, when the U.S. and its allies wanted to invade Iraq, suddenly the “Halabja catastrophe” was mobilized from the depths of history to serve a political agenda – legitimizing the invasion of Iraq. This kind of mobilization does not treat an event like a material reality that has been experienced in flesh, but rather as a “discourse” to fill in the gaps of political speech aimed at convincing a number of people.

Even after the world recognized what had happened in Halabja⁷³, the U.S. and Britain were reluctant to abandon their support for Saddam (Friedman, 1993; Hiltermann, 2003;

⁷³ It sounds poignant if compared to the world’s response to the Paris and Brussels attack in November 2015.

McGovern, 2013; Timmerman, 1991). Therefore, they kept on backing him and the Iraqi state, which was using horrendous chemical weapons, knowing it would result in a relentless massacre of defenseless Kurdish men, women, and children. Iraq received most of its support from the Soviets and French until 1983 – the year the U.S. officially restored diplomatic relations, severed since the 1967 Arab-Israeli war. This meant tremendous financial, logistical, and diplomatic support for the Iraqi war machine (Friedman, 1993).

The violence of imperialism not only creates disability; it also masks the socio-political and economic agenda behind the creation of disability in global contexts (Erevelles, 2011). Kenneth R. Timmerman, in his book, *Death Lobby: How the West Armed Iraq* which is considered a bible on the Iraqi arms industry, argues that contrary to the popular belief, the West's interest in the Middle East is not just for the region's natural resources, but also for the markets which seemingly endless wars in the region create for the West's manufactured weapons (Timmerman, 1991). Bannerji and Mojab, in their introduction to a special issue of *Resources For Feminist Research*, argue that contrary to popular belief perpetuated by mainstream media and intellectual propaganda, relations/forces of imperialism and fundamentalism/nationalism are not oppositional at all. Instead, these forces form what Bannerji and Mojab (2003, p. 8) call “symbiotic relationships,” by which they unite to oppress people of the region.⁷⁴

Perpetuation of Disablement: A Process

The disabled veteran population in Iran is estimated to be between 400,000 and

⁷⁴ Nationalism is not just a “third world” problem (Bannerji & Mojab, 2003). Northern Ireland is a perfect example to detect/raise the theme of anticolonial struggle and questions of ethnicity and cultural domination. Bannerji and Mojab (2003) argue that national or nationalist projects do not come in the same form in different places. For instance, nationalism in the cases of Ireland and Palestine appear in distinct forms in relation to different incorporations of other axes of social justice, such as class and gender.

1,000,000 persons. The reason the exact number is not known can be traced back to the fact that many of the veterans never registered themselves with the Veterans' Foundation to receive benefits, or they might have died before getting a chance to be recognized by the foundation. Traditionally, almost everywhere in the world, disabled war veterans receive special treatment (Moore & Kornblet, 2011). It is special in the fact that the rest of the disabled populations of the country do not receive the same privileges that they do (ibid). In the case of Iran, the Foundation for the Veterans is the organization in charge of providing this special treatment. According to the disabled veterans, the current long-term care, sponsored by the Iranian state for the disabled veterans and civilians, is inadequate and inefficient (see for example Fashnews, 2016f; Fashnews, 2016g; Fashnews, 2016h; Fashnews, 2016l).

The Disabled and Martyrs Foundation is the only authority that can determine the “severity” of survivors’ injury or disability. Thus, if disabled survivors want to make a claim that they have been exposed to chemical weapons or explosions and get their “disability percentage” determined, they have to provide extensive documentation and have their health examined by the medical commission of the foundation. If they can “prove” that they have been exposed to explosions or WMD, then the foundation will determine their percentage. The medical commission needs proof to determine the percentage. For example, from civilians they require proof that they have been to the polluted areas (by chemical weapons), confirmation from the government of the municipality, and proof of medical examination (Farhangnews, 2014; Fashnews, 2016o; Irna, 2014; Javanonline, 2014).

Ruhollah Khomeini established The Foundation for the Oppressed right after the 1979 revolution and managed it directly. Its mission was to confiscate and take over the properties of the high-ranking military personnel of the former regime, most of whom were executed after the revolution. After the war started, Ruhollah Khomeini gave a direct order to the government for the establishment of a new foundation for the martyrs and veterans of the revolution as well as

of the Iran-Iraq war. After a while, the two foundations were merged and formed one single powerful organization, supervised directly by the “supreme” leader.

The foundation is a big player in Iran’s construction and developmental industry projects, such as hotels and estates. This indicates that they have enough funds to invest in gigantic residential and commercial projects. The disabled veterans, however, are usually told that the foundation does not have enough funds to meet their needs, and therefore, they should just be content with what is given to them. However, this is in contradiction with the role that the foundation plays in the country’s economy as a major investor.

The Foundation of Martyrs and Veterans, which veterans simply call “foundation” (Bonyād) in short form, is known for its corruption and scandalous nature. Even domestic newspapers that are highly controlled by the state’s Ministry of Culture and Islamic Guidance have written about this corruption (see for example Andisheh-kermanshah, 2016; Aftabnews, 2016)⁷⁵. Recently, the parliament assigned a team to investigate the alleged corruption of the foundation. The research team worked for two years and prepared their investigatory report to be presented to the parliament in a public session, but they were never allowed to proceed. The research team comprised of 45 financial experts who faced several obstacles and intense political pressure while trying to expose the truth about the corruption (Aftabnews, 2016; Andisheh-kermanshah, 2016). It is interesting that the head of the foundation, who is also a cleric, recently stated that by March 21, 2017, they will “try to pay the over-due wages of the disabled veterans, left from 2013” (Irna, 2014). This means that there are veterans who have not been paid anything since 2013. This is a problem that happens regularly. Once, a few years ago,

⁷⁵ It is not easy to find credible academic sources to cite concerning the Iranian state’s corruption because of the extreme censorship of the media in Iran. Clearly, no scholar is allowed to investigate state corruption or publish any critique of the state, because the most powerful figure of the state apparatus, the “supreme” leader, is perceived as a sacred imam/saint, as opposed to an ordinary human being. Neither is he elected democratically. The Iranian people, on the other hand, elect their president, every four years. If the president’s agenda moves in the same direction as the leader’s, then that president becomes immune to criticism. But if he is a reformist, which is the case right now, then media outlets are allowed to criticize him mildly as long as the state’s holiness stays intact. As such, nobody can criticize the state in general without getting into trouble.

another state organ, called the Court of Administrative Justice (*Diven-e-edalat-e-edari*), held the foundation responsible and forced them to pay the delayed wages of disabled veterans who had not been paid for years.

Fetishization of Disability through Cultural Nationalism: The “Living Martyr”

Haghighi (2014), inspired by Bannerji (2000, 2011), argues that during and after every war, states are left with the crucial job of narrating and (re)membering violence in a such a way that the ideological legitimacy of state and the now concluded war do not get questioned. The Iranian state has been selling an “official public narrative of the war” since it started, and disabled survivors are a major part of it (Haghighi, 2014). Haghighi argues that the Iranian state has been involved in the project of “cultural nationalism” since the war started, in order to legitimize the war and the state’s necessary existence according to Shi’a ideology (2014). This project of cultural-nationalism is anchored in the process of “memorizing” and “remembering” the war, using it as a powerful tool in legitimizing the theocratic regime’s rule through its ideological cultural constructs, such as the notion of the “Living Martyr”/ja⁻ nba⁻ z, a euphemism for a disabled veteran. In Farsi/Persian, ja⁻ nba⁻ z (literally, the one willing to sacrifice his/her life) is a *disabled veteran* who has come home after fighting for his faith (Ghamari-Tabrizi, 2009). This word did not exist in the Persian vocabulary until the Iranian state strategically invented it in accordance to its ideologies of “jihad” and “martyrdom.”

After signing the ceasefire, the war did not end, for either the state or the people who had fought it. After 28 years, the state still uses “memorialization” or “commemoration of the war” in creating a culture of imaginary “struggle” against an invisible “enemy.”⁷⁶ Katouzian (2009) argues that the Iranian state has strategically deployed the concept of “resisting” against “forgetting” the eight years of “sacred defense” in order to sustain its dominance and control

⁷⁶ This happens in the midst of a strategic public amnesia which has been forced upon the nation. Nobody is allowed to ask a question or even talk about the political prisoners, who have been executed and buried in anonymous mass graves in the outskirts of Tehran and other cities (Abrahamian, 1982). As such, the state has used “forgetting” certain things and “remembering” others as a tactic to (re)establish itself in the past 37 years after the revolution (Katouzian, 2009).

over the nation. Hahghou (2014) argues that the Iranian state keeps the memory of the war alive “as a mechanism for ‘modeling’ of the past in the present moment” (p. 75). She reveals that the Iranian state’s project of cultural nationalism is carried out through texts, memoirs, photography, museums, street art, memorial sites, in the cinema, the theatre, and commemoration events (Hahghou, 2014). Oddly, to this long list of cultural production sites, I add both martyrs’ cemeteries, which the Iranian state calls the *Rose Garden of Martyrs*⁷⁷, as well as the nursing homes for disabled veterans. This seems like a bizarre addition, but if we think about why my school would take us for mandatory visits to these sites, we start to see the same project, in effect, here. Schools were not supposed to take us to nursing homes and cemeteries to make the veterans feel cared-for and loved. I argue that this was also part of the cultural nationalism project to prepare the next generation for the same “sacrifice” and “defense” against internal and external “enemies” at the present and future. The main agenda is the regime’s survival at any cost.

I join Hahghou (2015) in arguing that the Iranian state’s survival, achieved partially through the project of cultural nationalism, occurs at the price of silencing a myriad of war stories. This concealing of truth and concrete evidence once again reminds us that we are dealing with an ideological regime. Bannerji (2011) argues that it is a mistake to think that cultural production sites, such as religion or language, can exist in isolation from power relations embedded in the social. In fact, considering them as independent categories that can function outside the relations of power is an ideological construct itself. Therefore, it is important to take a holistic approach when thinking about cultural production, in relation with the material world, mediated by social relations. Bannerji (2011) makes it clear that perceiving culture, theocracy, or religion as neutral and harmless *ideas*, conceals the oppression and exploitation that could be happening within them as routine *practices*.

⁷⁷ See Katouzian (2009)

Given the elaborate lengths the state goes to in its construction and maintenance of the memory of the war, it is ironic that it does not actually care about the real remnants of the war – the disabled bodies of the wounded, both soldiers and civilians. What the state “sees” as a remnant is a “memory,” which they have been manipulating for the past 27 years. The Iranian state has assigned a special role to disabled veterans who have survived the war. The “idea” of “living martyrs” is an assignment that the disabled veterans are supposed to fulfill. This construction has been propagated through popular culture, poems, films, museums, and a myriad of events. This construction works as a *fetishizing process* that masks the reality of disablement in wounded soldiers. In fact, the state has managed to hide the inadequacy of care for the veterans’ disabled bodies under the idea of “living martyr,” who is supposed to live and act like a “saint,” and not like a disabled human being. The “living martyr” is part of a bigger official state narrative – an ideological narrative – that is supposed to help the next generation understand history, when the actual history is masked and converted into something else.

Growing up in Iran, my classmates and I were taught in school that the war was about defending our *nation*, *Islam*, and *the revolution* against Saddam Hussein and the West. The reality was that Iran only defended itself against Iraq for three years, and after that, went on the offensive for five years (Abrahamian, 1982; Katouzian, 2009; Rajaei, 1997; Shahidian, 2002). The reality is that Iranian state has only fought one actual war, but it is always in the process of “defense and resistance” against imaginary wars waged upon its “revolutionary values.” The state calls this process “promoting the culture of martyrdom,” because it argues that the “enemy” is attacking us on every possible front; therefore, the whole society is in need of protection. Haghgou (2014, p. 14) argues that the Iranian state includes women’s experiences within its official war story in order to “curb the actual potentials of these experiences.” On similar grounds, I argue that the state is never interested in the real memories of those who have actually fought the war and have come back wounded because it knows the real potential of

those stories. Those stories, unlike the official public war story, are not ideological. This means that neither do they mask the entire reality, nor are they fragmented. They, instead, could connect the dots and tell the next generation ‘why the war was fought and how’. The state, however, is interested in an exercise of ideological knowledge production around the war, rather than engaged in caring for the disabled veterans and facilitating for their stories and memories to be heard and valued.

Haghgou (2014, p. 72) reveals that the official public war story is used “as an educational repository, where the experiences of those men and women are to be used as models for the current and future of state building.” Therefore, all this effort on behalf of the state is for producing ideological knowledge around the war as a process of “culturalization.” The archival materials of the Iranian state, as Haghgou argues, consist of several sources, such as the *Foundation for the Preservation and Publication of Values of the Sacred Defense* (Sāzmān hifz āsār nashr arzeshhai defā’ moqaddas), the *Foundation of Martyrs and Veterans Affairs* (Bonyād shahīd va omūr īsārgarān, the Peace Museum, and others. In these sources, produced by the state, the category of “living martyr” is not limited to what it means literally, but what it means in relation to the “sacred” state’s futurity. I argue that the Iranian state sustains itself by funding and empowering organizations like the Veterans’ Foundation that overlook the production of cultural content on the Iran-Iraq war and uses disability as a token/tool to construct that content. The category of “living martyr” means that the state is preparing its future generations to become “defenders” of the revolution in order to ensure its own instability and continuity. I argue that this category is a manifestation of how the state’s effort to indoctrinate its young population with the ideology of “martyrdom,” whether it be *dead martyr* or *living martyr*. Therefore, the Iranian state does not honor and remember the war by attending to the needs of disabled veterans; rather, the state upholds only certain aspects of the war to cultivate the culture of “sacrificing” for the divine state, as a way to justify its legitimacy.

Disabled veterans, or “living martyrs,” are constructed as part of the state ideology, in the forms of *embodied cultural icons*, rather than disabled persons in need of care. What is reflected in the cultural materials produced by different institutions is in fact a direct implementation and concretization of how “living martyrs” should be/ behave. This is an indirect way of ensuring how they make sense of their disability and injury, or how they behave as being more than ordinary human beings. “Living martyrs” are constructed as extremely gracious and patient people who are supposed to be “happy” with what has happened to them. They are expected to perceive their disability as a blessing from Allah, who has been kind enough to have given them an opportunity to “give” something for their faith, country, and revolution. We rarely hear their actual voices, however.

Inspired by Haghgou’s comprehensive work on the construction of “Muslim Women,” I argue that the proliferation of state-sponsored content on disabled veterans and the Iran-Iraq War, without including their actual words, “is a well engrained component of the same ideological machinery in ‘protecting’ the status and sanctity of the revolution” (p. 35). The construction of “living martyrs” as a social category is not the only ideological category within the Iranian state’s cultural production projects. Haghgou reveals that same project has been in effect since the war with Iraq to construct the category of “Muslim Women,” as opposed to just “women” or “Iranian Women.” This construct, Haghgou (2014) claims, is a necessary part of the cultural nationalism project. The future generations matter tremendously to the state, but not as human beings with free will, only as pawns to be managed and ruled over. Because educating the future generations with ideological, and therefore fragmented, knowledge is an insurance policy for the state to sustain itself without having to worry about potential dissidents.

For example, Baghiatollahelazam Hospital, which was built in 1988, has a section that provides treatment for chemically-injured veterans. Approaching the veterans for the purpose of research and interview is prohibited, unless granted (state-issued) “permission.” But you can

visit them if you're just a "visitor." Women are supposed to wear *chador* (a piece of fabric that covers your body completely) in that section of the hospital (Kasaiezadeh, 2013). Wearing a chador means taking your hijab (Islamic covering) to the next level. The question is why should women cover themselves so extremely when encountering disabled war veterans. I argue that this again shows the ideological construction of veterans and their roles as those who have sacrificed their lives for their "faith," regardless of their individual choices as autonomous citizens. Therefore, women are supposed to play the ideological role of a "Muslim woman," encountering supposedly religious male role-models who defended those women against the Iraqi enemy 27 years ago.

According to Marx, ideology (and ideological knowledge production) operate as a process that separates the individual from the material reality (Allman, 2007). This is precisely why the Iranian state uses ideological knowledge, as its public war story, to indoctrinate the new generation of Iranians. If the younger generation gets in touch with the real experiences of those who fought the war and have come back, they might start questioning its legitimacy. Legitimacy of the war is the foundation upon which the Iranian state has established itself. Therefore, questioning that means questioning the legitimacy of the state, and of course the state cannot let that happen. I argue that the wounded veterans who have come back from the war have a particular form of consciousness, arising from their concrete experience, which should be served as an entry-point to produce a non-ideological form of knowledge. I say non-ideological because it does not conceal the connection between the individual subjects and the material world.

Bannerji (2000) demonstrates that the process of cultivating "Hindu Nationalism" in India is partly carried out via reference to manufactured evidence from imaginary glory days of the nation. The same logic applies to the Iranian state as it fights to legitimize itself everyday, as it has done since the 1979 revolution (Katouzian, 2009). This is an ongoing process in which the Islamic state struggles to cultivate its national narrative, deeply rooted in the *manufactured* glory

days of the nation at the dawn of Shi'ism some 1,400 years ago (Haghgou, 2014). For instance, the ubiquitous referral and comparison of disabled veterans to a prominent historical Shi'a figure, Imam Hussein's brother, Abolfazl, who was mutilated during the highly-grieved, yet celebrated, incident of Ashura,⁷⁸ is framed in a way to indicate that the Iran-Iraq war resembles previous wars fought in defense of and for the integrity of Shi'a Islam.

The cultural nationalism project is not easy to carry out though, because it needs a constant struggle on behalf of the state to exploit the nation and oppress people's individual and social liberties through a sophisticated and corrupt judiciary system (Haghgou, 2014). To make the process easier, the state manufactures the truth, in order to decrease the space between consent and coercion. Manufacturing the truth usually involves a missing link between what has actually taken place in the material world and what is being narrated in here and now (Bannerji, 2011; Shahidian, 2002, cited in Hanghgou, 2014). I argue that this ideological concealment, between material reality and ideology, facilitates the fetishization process. In other words, "living martyr" is an ideological construction that produces disability as a fetishized category of meaning and being. This could be the fetishization of relations, such as social, political, and economic, or fetishization of ways of being, such as disablement (being disabled).

"Museumization" of Disablement and Politics of Display

The instrumentality of commemoration sites, museums⁷⁹, holidays, texts, movies, and other art and cultural portrayals of the Iran-Iraq war, becomes significant once it is placed within the social, cultural, and political contexts of the Iranian state. Narges Bajoghli, an Iranian-American scholar reports her observations after visiting the Peace Museum in Iran. She ties her observations of and interviews with the disabled veterans to the Iran Nuclear Deal. She reveals that disabled veterans were very influential in pursuing the Iranian state to sign a deal with the

⁷⁸ The day that the battle of Karbala happened, and Imam Hussein was killed.

⁷⁹ Sacred Defense Museum and Tehran Peace Museum.

Six World Powers.⁸⁰ Bajoghli quotes a disabled veteran and peace activist, Ahmad, stating, “War is horrible. War is the most horrible thing in the world”. When asked if he would let his own son go to war, if Iran is ever attacked, he stated: “I hope there isn’t an attack. But I never want them to go through what I went through. That’s why we have to stop a war before it even starts” (Bajoghli, 2015). Bajoghli reveals that Iran has the largest population of disabled war veterans in the world. She states:

In addition to veterans who suffer from collapsing lungs, blinded eyes, and melted skin from those chemical bombs, tens of thousands of veterans have been confined to wheelchairs since the war, legs blown off by bombs, limbs mangled by land mines, and spines crushed under tons of concrete (Bajoghli, 2015).

Bajoghli informs us that not long after the war, a group of veterans decided to launch a non-governmental organization (NGO) by the name of Society for Chemical Weapons Victims Support. Their objective was to promote a culture of peace and raise consciousness about the horrifying effects of chemical weapons. They also focused on the survivors’ needs, especially the needs that are never met by the Iranian state. Bajoghi claims that gradually they organized themselves into a group capable of giving the world a message different from that of the Iranian state. After getting in touch and learning from several peace organizations across the globe, this group was given a space and funding by the state to launch a museum, called Peace Museum, in 2011. This place is an NGO, and it receives funding from the state, specifically Tehran’s infamous corrupt mayor, *Mohammadbagher Ghalibaf*.

Bajoghli depicts the museum as follows: “The Tehran Peace Museum is a stark reminder of the destruction of war. Its walls are covered with the horrors of armed conflicts around the world and the grave suffering that soldiers and civilians have endured for political means” (Bajoghli, 2015). She reveals that during her visit with veterans at the museum, they showed her pictures of their fellow soldiers who had been injured in the battlefield during the Iran-Iraq war.

⁸⁰ United States, Russia, China, United Kingdom, France, and Germany.

In her conversations with the veterans, she recounts that they all agreed war is the most terrifying phenomenon that anybody could ever experience and that every nation should avoid armed conflict. Bajoghli informs us that there is a small number of veterans who hold high political offices within the Iranian state, while many others do not even receive minimum care in nursing homes and hospitals. The veterans in the museum tell Bajoghli that their intention is to promote a culture of peace and to avoid armed conflict at all costs. Some of these veterans in the Peace Museum get engaged in lobbying for peace with their fellow former soldiers who now hold high political office. They try to remind them of the horrors of what they all went through not very long ago. One of the veterans tells her: “Those who champion war think it’s like sitting behind their television screens as they play video games. There is nothing glorious about war. Our population suffered enough in the 1980s. It doesn’t need to suffer again.” Bajoghli argues that the only group of people who can advocate for peace and get away with it are the disabled veterans. My own experience with the Iranian state, and the regime’s 37-year report card, shows that the minimum that can happen to other members of the society if they openly condemn any future wars is to be accused of “acting against national security” and a possible political prison sentence.

I argue that it would be naïve to just look at this museum as a commemoration site. This museum serves a significant political purpose. Sharon Macdonald, in her important book, *Politics of Display*, argues that historically, exhibitions and museums have not been neutral; instead, they have always been mediated by politics and social relations (Macdonald, 1998). Nowadays, she points out, the structure of museums and exhibitions is changing as they are becoming more reflexive and interactive with their audience. In the case of the Peace Museum in Tehran, we see disabled human beings as part of the display. This is a highly political exhibition. Here, the people’s pain and suffering are being displayed in order to provoke a feeling of hatred for chemical weapons, Saddam Hussein, and those who supported him, such as

the American government. This museum is not a display to condemn war because the latter is destructive; rather, it exists to condemn the West for arming Saddam. I argue that this site is not intended to give voice to disabled veterans' experiences; instead, it's a propaganda site that uses disablement to get its political message across. I call this, another example of the fetishization of disability.

Additionally, according to the actual words of the disabled veterans, during the war, the state sent the wounded bodies hit by chemical and biological weapons to European countries, such as Spain, Austria, and Germany, for treatment. Even the veterans themselves suspected that perhaps this trip is just to "showcase their bodies" to the world to make them believe the Iranian claim that Iraq was using unconventional weapons (Mohammadian, 2002). Hossein Mohammadian (2002), a disabled veteran, in his memoir, *Unfamiliar Odor*, reveals that while he was in Spain in a military hospital for treatment, Iranian embassy personnel closely monitored all aspects of his life. For example, they did not allow the Iranian patients in the European hospitals to watch TV while under treatment. Their rationale was protecting the veterans from the danger of what they called "cultural invasion" (2002, p. 203). Additionally, they exerted enormous control over the possibility of disabled veterans refusing to go back to Iran and seeking asylum in Europe (Mohammadian, 2002, p. 210). The problem of "museumization," along with the lack of economic and medical attention, are certainly among the reasons that have perpetuated the disability of the survivors all these years. In addition, a large number of these people have been institutionalized due to the intensity of their injuries, caused by exposure to chemical/biological weapons. We should not jump to the conclusion that Iran sent its citizens to Europe merely for the purpose of having them treated in advanced medical facilities. The Iranian government also had other objectives, such as showcasing the injured people so the world would believe its claim of Iraq's use of chemical weapons.

When we look at the “Living Martyr” category within the official war story of the Iranian state and analyze it through Bannerji’s (2011) cultural nationalism lens, we can start to defetishize this concept. The process of defetishization is necessary if we aim at seeing a real person with a disability behind the ideological construct of the “living dead.” Haghgou (2014) points out that the ideological content of the constructed categories can tell us a lot about those who created them and why they did so. As such, if we can carry out a thorough analysis of these categories, we will be able to unveil the social relations behind them. This unveiling process is equivalent to a defetishizing process, which I argue has a revolutionary capacity to produce *non-ideological knowledge and praxis*. We will explore this process further in the next chapter.

Disability Forms in the Surviving Veterans and Civilians

Many of the disabled veterans and civilians believe that, for them, the actual war started after it officially finished, since they had to deal with the result of their injuries acquired during the war. This is why I argue that disabilities that are created during war get perpetuated after war by the lack of care and support from the nation-state and the silence/indifference of the international community. Jaeger and Bowman (2005, as cited in Goodrich, 2013) argue that discriminatory reactions to disabled individuals include marginalizing, ignoring, stereotyping, misidentifying, and causing discomfort. Goodrich (2013, p. 6) argues that these reactions are also common in Iranian society toward disabled individuals. People with disabilities in Iran have a long history of struggling with being erased, “undermined, misunderstood, marginalized, and pitied.”

The medical model is the dominant model of approaching disability in Iran; therefore, it’s traditionally believed in Iran that disability is a “problem,” located in the individual, which needs to be “fixed.” Religious factors are also significant to consider when thinking about disability in Iran. Religious societies usually are inclined to show pity to the disabled, the penniless, and orphans, based on the perception that they are needy and destitute. This view is

called the “charity” model in DS and is prevalent in religious/moral societies. Jaeger and Bowman (2005, as cited in Goodrich, 2013) argue that it’s usually believed that, in order for the disabled person to receive cure or healing, a “miracle” should take place. However, disability resulting from war can be seen different than other kinds of disability. For instance, it could be celebrated as a form of “heroism,” “sacrifice,” or an indicator of strength.

Firoozeh Kashani-Sabet (2010) points out that the relationship between disability and the nation-state can vary drastically based on possible causes of disability. This is definitely the case in Iran. The Iran-Iraq war produced hundreds of thousands of disabled male veterans. These people are celebrated in the media as “living martyrs” and the nation-state uses these disabled bodies to reinforce its own theocratic ideology, which is based on the Shi’a rhetoric of “martyrdom” and “jihad” to protect the “divine state.” However, in their material life, the disabled veterans suffer from inadequate care and poverty.⁸¹ Kashani-Sabet (2010) argues that these people have access to some financial and symbolic advantage. I agree with the symbolic advantage at the face value, which is being perceived as “hero.” But, I strongly disagree with the financial advantage, because we know from the veterans’ stories that the welfare system for them is very inadequate and deficient. I argue that any interpretation of Iranian veteran disability should consider the ideological reasons behind the state’s use of the so-called “positive aspects” of the veteran’s disability, before perceiving it as “embracing diversity,” or “celebrating difference.” The Iranian state’s approach to these disabled bodies is demonstrated as “positive” just to uphold the ideology of “dying for God.”

Iranian veterans of the Iran-Iraq war who are currently living in Iran are forced to deal with a lack of accommodations, such as wheelchair-accessible ramps, elevators, and accessible parking spots (Samimi, 2014). Unfortunately, many of them are afraid to voice their discontent

⁸¹ I came across the story of a “5%-veteran” who states that he has no *takmili* (full coverage) insurance and has to spend \$50 to \$100 USD to buy a spray to breathe. Reading the veterans’ stories, I have come to believe that unfortunately, veterans have to jump through burning hoops just to be recognized as a disabled human being. (See for instance Fashnews, 2016f)

with the economic and social conditions because the oppressive Iranian state immediately silences them by cutting their minimum social welfare benefits and could even imprison them before they get a chance to voice their complaints publically.

Survivors with physical injuries are cared for by their wives or mothers at their homes and sometimes in nursing homes. The same thing applies to the veterans with an acquired mental disability (brain injury) as a result of coming in contact with explosions, shrapnel shells, and high-pitched sounds. The mentally disabled veterans are the most vulnerable ones. Even their families sometimes refuse to deal with them at home (Kasaiezadeh, 2016). They are usually institutionalized in places that are nursing homes for disabled veterans, which are called sanatoriums (*āsāyeshgāh*⁸²). Even in there, they mostly live in poor conditions, in terms of nutrition, sanitation, and welfare. The current long-term care, sponsored by the Iranian state for disabled veterans and civilians, is inadequate and inefficient. For example, where I lived and went to school, the Esfahan province⁸³, there were 50,000 disabled veterans, out of which 16,800 people are mentally disabled. 8,000 of them were considered to be “severely” disabled and therefore, were held in psychiatric institutions.

“Proving” Your Disability

The Martyrs and Veterans Foundation has a Health Deputy Branch that is responsible for holding medical commissions and determining the “disability percentage” of injured veterans. The percentage that is determined by the foundation plays a significant role in the veterans’ lives. This is because the percentage then determines the quality of healthcare they receive,

⁸² For proper pronunciations, see ijmes transliteration system for Arabic, Persian, and Turkish at <https://ijmes.chass.ncsu.edu/docs/transchart.pdf>

⁸³ Mr. Heydari, the head of *Shahid Rajaei Special Psychiatric and Rehabilitative Centre for Disabled Veterans (SPRCDV)* claimed that “there are several facilities available for the mentally disabled veterans, but there are so many problems since their disability is “contagious”; it has adverse effects on the staff.” Mr Heydari, also, in an interview with a reporter categorized the veterans into two groups: veterans with a spinal cord injury who are either lying in bed or sitting on a wheelchair. And the mentally disabled veterans who are held in four sections of one urgent care unit, two normal care units, and one severe unit.

benefits, medications, as well as the amount of financial support (see for example Farhangnews, 2014; Fashnews, 2016f; Fashnews, 2016i; Javanonline, 2014; MehrNews, 2012; Mehrnews, 2014). Basically, the number/percentage defines every aspect of their life. This is why, when they even introduce themselves, they mention their percentage. For example, they call themselves a-certain-percentage-veterans (e.g., 40%-veteran).

Historically, the assessment of veterans' needs has been done according to their medical condition (WHO, 2011). Nowadays, the real attention is paid to what the veterans' needs are and what can facilitate their rehabilitation process or improve their functioning process. The International Classification of Functioning, Disability, and Health (ICFH) is usually used as a guide. Colombia, Cuba, Mexico, and Nicaragua, for example, use ICF as a base to assess their veterans' disabilities (WHO, 2011). In some countries, they have decided to separate the assessment from the delivery of services, due to a potential conflict of interest embedded in the process. For example, in the Netherlands, there are independent agencies that are responsible to make the assessment. The care-providers, on the other hand, do not seem very pleased with this process (WHO, 2011). In the U.K., for instance, they changed it from a needs-based approach, to a service-based approach, and finally to an outcome-based approach. This means that in the past, they would make sure that a disabled veteran fits the available service, but later on they made sure that the service meets a disabled veteran's needs. Right now, the goal is to make sure that veterans receive personalized and customized care that fits their particular needs. This enhanced-choice care is based on self-assessment, as opposed to the service-providers' assessment, or even independent-parties' assessment. Sometime, it is not easy for disabled veterans to self-assess themselves, in which case there is support available to them (WHO, 2011).

The Iranian state requires the disabled veterans and civilian to "prove" their disability in order to receive any financial help, medication, and/or treatment. The first item on the long list

of supporting documents is the proof that a particular recognizable explosion or attack caused their injury, which they call an accident memo/report (*soorat-e-saneheh*) (Afkarnews, 2013). Abdolreza Abbaspour, the head of the Health Deputy For the Veterans' Foundation, stated in an interview that every veteran should carry their accident memo/report with them, since this document contains important information regarding the expenditure unit (revolutionary guards, army, and police force) all the way to the frontline of combat. This document also contains the location and severity of a veteran's injury. This documents contains two key components. First is the record of a certain incident (shooting, explosion, bombing, etc.) that resulted in an injury/disability. The second piece of information is the record of receiving treatment for it. This is a very difficult task for several reasons. First of all, the war happened before the advent of widespread computer use, meaning all recordkeeping was done in hard copy. Many of the explosions and bombardments led to the destruction of such papers. Therefore, it is not easy to find proof that a certain explosion happened at a certain time and place, twenty or more years prior.⁸⁴ Second, the combat field hospitals, which kept a proof of providing treatment for injured veterans, were often themselves hit by bombs. The same thing could also have happened to the paperwork or records stored in administrative offices on the battlefield. This has made it impossible for some veterans to prove what happened to them and to provide documentation of any treatment they received. Some of the veterans who had acquired an injury did not seek treatment and continued to fight to help their fellow soldiers. Now after 29-37 years, they cannot prove that they had to make a decision between surviving, by receiving a timely intervention, or letting others die.

One veteran wrote that when he sought help from the veterans' foundation, he was told that he was lying and that maybe he was recently hit by a car and that he was not a veteran at all

⁸⁴ Note that sometimes veterans felt fine at the time of the war, but 20 years after they started having health problems due to something that happened to them during the war.

(Alef.ir, 2010). There are also some injured veterans who, due to the sense of responsibility and accountability, decided to go back to the frontline to help their fellow soldiers instead of staying in hospital and getting full treatment. As such, veterans who do not possess the accident memo face numerous obstacles, in order to convince the foundation of their injury.

According to the foundation's website, veterans with no accident memo constitute three different groups. First, soldiers who have shrapnel shell inside their body and according to X-ray and presenting the requested results to the medical commission can apply for the determination of their "percentage." Second, soldiers who have been injured with chemical weapons and according to respiratory examinations their injuries could be detected by a test called *Spirometry* and have their disability "measured." However, the commander of the military unit should confirm the expedition to the chemically-polluted battlefield (shohadayeiran.ir, 2015). This categorization could help some of the injured veterans to "prove" their injury, but the steps involved in this process do not sound easy. Medical examination might be difficult for many veterans because they could have financial issues get around with the inaccessible transportation system. Mobility is an issue, with inaccessible roads, pavements, transportation system, and buildings.

Finding the commander of their unit after so many years also does not sound like an easy task either, especially for sick and poor veterans. As is evident, "proving" you need support with your disability is a tremendously difficult task for disabled veterans in Iran. There are still thousands waiting to be admitted to the medical commission of the Martyrs' Foundation and have their disability-percentage determined (see Afkarnews, 2013; Andisheh-kermanshah, 2016).

More Disabled, Higher "Percentage"

Another problem that is evident from the veterans' words is that they are usually struggling to raise the percentage they receive so as to get more care. For instance, the veterans

whose disability percentage has been determined as less than 25% usually complain because their needs are rarely met. This is only because their “measured percentage” is below 25% (Alef.ir, 2010). Apparently, veterans whose disability percentage is below 50% can use the university entrance quota only once for their children, but children of veterans with a percentage above 49% can use the quota as many times as they want with no restrictions. 50% and above can also get you a car. Below 25%, basically gets you nothing, except a very basic medical insurance (Alef.ir, 2010).

Many of the veterans think that the “percentage system” is a very discriminatory one, for it divides them into groups with drastically different benefits (Alef.ir, 2010). The percentage system is also problematic, because it is not rehabilitation-friendly; instead, it operates based on the exacerbation of veterans’ health issues (Soleiman nia, 2012). As such, the system pushes the veterans to think that the worse they become, the more percentage they receive. Usually the idea of rehabilitation after trauma is about helping the person feel better and getting them close to their state before the trauma (e.g., natural disaster, war, car accidents, and etc.) (Soleiman nia, 2012). However, the “percentage system” does the complete opposite, for it pushes veterans to never get rehabilitated or feel better. This is because if they do feel better, then they might lose the percentage that they already have been given, which means losing already-inadequate benefits.

Additionally, if there is a conflict between the disability percentage determined by the foundation’s medical commission and that of the armed forces, then there is a long process that would result in the veteran’s file being passed from one office to another, and somewhere fall through the cracks. This happens because there is no effective communication or correspondence among different organs of the state. For instance, the percentage system from the ground unit of the armed forces is not acceptable by the martyrs foundation, and vice versa (Fashnews, 2015). This conflict has been persistent for decades between the army/armed-forces

and the foundation. The number one victim of this bureaucratic conflict is disabled veterans.

Veterans often complain in their online comments that they do not want to be pawns in the power game between the army, parliament, and the foundation (Harvey, 2004; United Nations, 2007; Fashnews, 2016k).

It is interesting that sometimes through their comments they keep asking “whose fault it is, you think. Is it the doctors?” One veteran wrote, “Only 10% of them [the doctors] are conscientious, the rest are businessmen. It is not just their fault though; we should go to the roots.” (Aftabnews, 2016)

Social Division of Labor

The Iranian state reported the occupation of the Iranian soldiers who were killed during the war as follows⁸⁵: Public sector 115,080 (52.9%); private sector 39,001 (17.9%); clergy 3,117 (1.4%); university student 2,895 (1.3%); high school student 36,898 (16.9%); homemaker 3,432 (1.6%); retired 300 (0.1%); children (under 10) 2,503 (1.2%); other 14,263 (6.7%), for a total of 217,489 persons (Holy Defense Week Special, Iran, September 22, 2003 quoted in Ghamari-Tabrizi, 2009). The same report categorized the Iranian soldiers killed based on education, as follows: Elementary and lower 80,668 (37.1%); middle school 55,677 (25.6%); high school 66,334 (30.5%); college 8,061 (3.7%); seminarian 3,117 (1.4%); unknown 3,632 (1.7%); for a total of 217,489 (Holy Defense Week Special, Iran, September 22, 2003, quoted in Ghamari-Tabrizi, 2009).⁸⁶ The statistics indicate that the soldiers killed mostly belong to the working class and were already poor and less educated when they either volunteered or recruited to go to war. The problem is not specific to the “third world countries.” Even in North America, several young people join the military because they want to have a job, solid income, and perhaps, to change their class. For instance, the all-volunteer forces of the American army are mostly from

⁸⁵ The first is the actual number of people who have been killed, and the second number is the percentage.

⁸⁶ For a complete table of education and occupation ranking of the soldiers see (Ghamari - Tabrizi, 2009)

working and middle classes (Lutz, 2008). It is important to note that sometimes people go to war and become disabled only because their initial intention was to have secure employment. Thus, *their disability is generated by their need to economically survive*. This is a clear indicator that disability is connected to class. Now the question is how the disability of Iranian survivors are produced and sustained with respect to their location in the social division of labor, given the class-based society of Iran, and the unfair distribution of wealth by the ruling class, who are mostly, if-not-all, clerics. Perhaps, their location in the social division of labor has determined their disability and not the other way around (Erevelles, 1998, 2011).

Patterson argues that indoctrinating less-educated people is easier than doing so among those with more education (Paterson, 2010). The link between education level and indoctrination is also evident here. The ideological indoctrination of the soldiers and volunteers continued even during the actual war inside the tents on the battlefield at night. In many of the memoirs, the disabled veterans have mentioned these “ideological classes” (*kelashay-e-aghidati*). Apparently, these classes were designed to keep the soldiers and volunteers motivated and indoctrinated with Shi’a ideologies, such as “martyrdom” and “joining Imam Hossein in heaven” (Farzaneh, 2007).

Lack of Medication and Overmedicating

Disabled veterans who have inhaled or touched chemical agents need expensive medications to survive the pain, breathing problems, and the restlessness that they experience on a daily basis (Fashnews 2016a, 2016e). Since 2004, when new economic sanctions were imposed on Iran by the United States and the European Union, many veterans’ medications have become scarce and some have even doubled in price (Bajoghli, 2015; Kasaiezadeh, 2015). Some veterans, on the other hand, complain about being overmedicated in psychiatric wards and nursing homes (see for example Soleiman nia, 2012). Sometimes, if they complain about the existing welfare system, they would be given an injection or electric shock to keep them silent.

This is especially the case with the mentally disabled veterans who are institutionalized. Some of them are given too many daily medications to maintain their silence or keep them asleep⁸⁷. However, we know from Bonnie Burstow (2015) that not only do psychiatric medications and treatment, such as electroshock (ECT), fail to heal people, but it has been conclusively proven that they instead *cause disability*, disease, and imbalance, such as cognitive impairment. Burstow (2015) posits that people who find themselves in psychiatric wards become prisoners of systematic abuse, such as being administered psychiatric drugs that “frequently” cause the condition [they are] alleged to address”(p. 180). Therefore, what happens in the psychiatric and rehabilitation wards to the Iranian veterans is by no means a healing or treatment process. Instead, it is a disability-production mechanism that perpetuates their existing condition and causes more problems. I argue that the psychiatric apparatus in Iran, just like any other psychiatric apparatus in the world, is rooted in eugenics ideology, the capitalist system, and the social, political, and economic power imbalance.

Survivors Guilt

Disabled veterans who have managed to get their voices out usually complain about experiencing an internal conflict about what happened to them in the war and why. For instance, some report asking themselves, “Does anybody owe us anything for what we have done, which has been defending our borders?” Usually the response is, “Perhaps yes, because we have fought for the security of our nation; or perhaps no, because we did it for *God* and that we made a deal with him, not with the people” [my emphasis] (Entekhab.ir, 2016). In many of the memoirs and life stories, disabled veterans and civilians express enormous guilt for surviving while others were killed immediately in chemical attacks, or the ones who were killed due to the lack of care and support. They often compare themselves to their killed fellow soldiers and feel guilty for surviving the war. They also feel guilty when expressing their discomfort with the welfare

⁸⁷ See more examples at Soleiman nia, 2012.

system. They feel too shy to express their concerns, given that their best friends' death before their eyes seem like much greater sacrifices. These are the contradictory feelings that they deal with. On the one hand, they feel humbled for having survived. On the other hand, they feel sad that they have not joined their best friend in "heaven."

Legislation with No Enforcement

Negin Goodrich (2013) reveals that in Iran, there is legislation in place to protect the rights of people with disability, such as *The Comprehensive Law to Protect Disability Right*, which was ratified by the Iranian parliament in 2004. Such legislation is supposed to benefit both the population with disabilities in general, and disabled war veterans, in particular. However, these regulations are often not enforceable because there is no proper system in place for their execution as planned on paper (Goodrich, 2013). There is a gap between legislation and the everyday experiences of disabled people. The veterans' requests are legitimate and have been predicted in the law, but most of those laws are never enforced. And no person or organ is ever punished for violating them.

Unemployment and Lack of Accommodation for Mental Disability

Mentally disabled veterans are those who have acquired a brain injury due to being exposed to massive explosion blasts or shrapnel shells. Those who have to deal with post-traumatic stress or brain injury often exhibit overstimulation, irritability, and self-harming behaviors. There has even been a case of a veteran killing his child. Some of the mentally disabled veterans beat their wives and children, and become angry very quickly. The slightest sound can make them irritable (Soleiman nia, 2012; Tebyanfilm, 2011).

Additionally, many of the veterans have housing problems due to unemployment and poverty. As soon as homeowners find out that a potential tenant is a veteran, they avoid renting their home out to them because they perceive them as "crazy" and "agitated." In most cases, the veterans' wives have the responsibility of breadwinning and caring for the family by working

both inside and outside the house. Employers usually fire war veterans, as soon as they find out about their mental disability. It would make a great difference if employers, instead of easily dismissing war veterans, remain considerate and accommodating of their disability. Mentally disabled veterans sometimes do not feel the pain and injuries caused by shrapnel shells. Sometimes, it takes few days to detect a wound on their face, because they don't feel it or they do not report it. They might even engage in physical fighting with their peers, who also live in the nursing home or psychiatric ward with them.

While collecting data, I came across cases where the wife of a veteran could not care for her disabled husband, and, therefore, she needed the foundation to provide institutional care for the veteran, but the foundation refused to act (ir.voa.com, 2017). Their excuse was that "the family has already received so much benefits" (which is almost always false). In this particular case, the veteran is disabled both physically and mentally, while the institutions in Iran are either designed for physically disabled veterans or mentally disabled veterans separately, but not for those exhibiting both varieties of disability. This particular veteran's wife, to protest the injustice she was facing, burnt herself alive in front of the foundation in March 2017 (as I was drafting this thesis) (ir.voa.com, 2017).

Veterans reveal in their online comments that the foundation used to provide them with all sorts of entertainment, such as pilgrimage, camping, hiking, retreating, and other fun activities between the years of 1983 and 1988. But after the end of the war, all the activities stopped. I suspect that the entertainment went on for eight years only, because it was in the middle of the war and the state needed soldiers to fight. It therefore kept them motivated by organizing entertainment and activities for them. As soon as the war ended, however, the state no longer found it necessary to keep disabled veterans active, for they had already carried out what the state needed them for.

High Rates of Addiction and Suicide

There are high rates of suicide and addiction to morphine among disabled veterans. The addiction to Morphine is quite foreseeable, due to the enormous pain they have to tolerate with their injuries (Namehnews.ir, 2013). A domestic news agency, Shomalnews, on March 6, 2013, reported a case where a “veteran who committed suicide was believed to have been mentally disabled” (Shomalnews, 2013). This shocking and poignant news was about a veteran who walked into the foundation building and injured a security guard with a metal bar, while he was very aggressive and nervous. Then he went to different departments of the foundation, broke the glass doors at the entrance, and verbally insulted the staff. After the incident, the foundation simply cut his financial assistance, which caused many problems for the veteran and eventually led to his suicide (Namehnews.ir, 2013).

One study, titled “Successful Suicide Attempts by Veterans,” by two researchers in the Psychiatric Department of the Baghiatollah Hospital in Tehran, was conducted on 82 available files of successful suicides among veterans from 1985 to 1998. The veterans who had killed themselves were all young, married, unemployed, poor, and uneducated. The research suggests that they were either “depressed” or “schizophrenic.” The reason for their suicide, according to the study, was either poverty or family problems. I think that the veterans’ tragic deaths could have been prevented by supplying proper financial support, suitable employment, or a caring system to provide talk-therapy, support groups, and physical activities.

Another research project conducted by the Department of Behavioral Science at the Baghiatollah Hospital studied the suicide cases among veterans occurring between the years of 1981 and 2002. The subject veterans had killed themselves by several methods, such as strangling (19 people), taking medication (15), burning alive (14), and choking to death (8). This study found that all the veterans who took their own lives were under 40 years of age. The study suggested that their suicides were related to factors such as marital status, their measure-

disability-percentage (*darsad*) determined by the foundation, chemical weapon injuries, shellshock experience, trauma, hospitalization, psychiatric “treatment,” psychiatric medication, and undergoing surgery. Tavallaii, Ghanei, Assari, Dezfuli Nezhad, and Habibi (2006) argue that the study of suicide in the Iranian population is extremely important. They suggest that some sub-populations are at higher risk of suicide than others. In their study, which was a retrospective one, 1,463 cases of death were selected and the frequency of different types of suicide (hanging, using medication, self-burning, drowning, gun shot, unclear, and others) was also determined. The study found that suicide is a notable cause of death in disabled Iranian veterans (Tavallaii, Ghanei, Assari, Dezfuli Nezhad, & Habibi, 2006).

Mr. Abbaspour, the head of the medical commission at the foundation, stated that suicidal behavior in some veterans is a “side-effect” of the medication they use to control/treat their mental disability (Tasnimnews, 2014). He claimed that every hospital in the country would serve the disabled veterans, since they all hold *bime-ye-talaie* (Golden Insurance). He added that there are facilities in place to serve the veterans’ family members, who travel with them for receiving treatment. However, in practice, there is not even one person confirming the existence of these benefits (Namehnews.ir, 2013). In every press conference that the foundation’s authorities hold, they claim to do everything they can to ensure the wellbeing of martyrs and veterans’ families, but the material reality appears to be very different. It is worth mentioning that the foundation’s budget is one trillion Toman, which is over \$308 billion USD per year.

Concluding Remarks

In this chapter, we dialectically examined what constitutes the reality of disablement for war-survivors during and after the war. I invited the reader to shift from binary, oppositional, and linear ways of thinking to dialectical thinking and historical-materialist understandings of contemporary social relations (Allman, 2007). In order to analyze the case study presented in the previous chapter, I unpacked the relations that have produced and sustained disability in the

affected Iranian war survivors. This chapter provided a comprehensive analysis of the case study, organized in two parts: (1) ‘*processes of disablement*’ and (2) the ‘*social relations*’ through which they are carried out. Processes identified included *production* of disability, as well as *perpetuation* of disablement, as a socially organized condition. The study found that the social relations that produce and perpetuate disability in the survivors include *capitalism*, *nationalism*, and *imperialism*, all of which operate based on class and ideology. It also concluded that processes and relations are linked with each other in a dialectical relationship (i.e., dialectically related). This means that they are interconnected closely – not easy to be cut up methodically, because relations carry out processes, and processes, in turn, (re)produce relations.

DHM, in this chapter, was used as a theoretical tool encompassing several lenses to unmask/defetishize capitalist, imperialist, and nationalist social relations, and to discover how they produce and maintain disability in global contexts. First I unpacked the concepts of ideology, nation-building, class-based society, theocratic nationalism, and “nation-expanding” as core dynamics of capitalist social relations. The process of the *production of disablement* in the case study consisted of six categories: nation-building, initiating a military invasion, prolonging the war, using unconventional weapons, the global community’s silence, and certain nations’ support for Iraq. The process of the *perpetuation of disablement*, in the case study, included poverty, institutionalization, unemployment, state corruption, fetishization of disability by the state, inadequate medical care, lack of medication due to the U.S.-imposed sanctions, chemical incarceration (being overmedicated with psychiatric drugs), lack of disability accommodation, lack of physical and emotional accessibility, class hierarchy, and the dysfunctional disability measurement system employed by the Iranian state. The data analysis suggested that as the result (i.e., form) of these processes, there is a high rate of suicide and addiction among the surviving veterans, with many of them experiencing survivor’s guilt,

extreme poverty, and post-traumatic stress.

I also concluded that besides commemoration sites, museums, holidays, texts, movies, and other cultural portrayals of the Iran-Iraq war, as significant sites for the Iranian state's survival, the veterans' disability⁸⁸ *becomes an ideological role* for the disabled veterans to fulfill. This construction is then propagated through popular culture, poems, films, museums, and a myriad of events. This is what I called *fetishizing of disability*, as a *process*, which masks the reality of disablement in wounded soldiers. Finally, this chapter demonstrated that since the end of the war, the Iranian state has managed to hide the inadequacy of care for the veterans' disabled bodies under the *idea* of "living martyr," to maintain its survival, achieved partially through the project of cultural nationalism, which occurs at the price of silencing a myriad of *actual* war stories.

In the next chapter, I will be introducing a new model for DS that I term *Transnational Disability Model (TDM)*. I will do so, in general, to shift our current analysis of disability, and in particular, to grasp the reality of war and its resulted injuries in the "third world." The new model will in large part be embedded in the case that we just analyzed. Developing my disability model in the next chapter, I will pave the way for a revolutionary understanding of disability and its relationship with the nation-state, contextualized within transnational anti-war consciousness and activism, and capitalism more generally. Additionally, I will discuss the ways in which we can organize ourselves against war, as political actors and agents, and resist becoming *cultural* selves, floating non-relationally in a socio-historical vacuum.

Chapter Six: Toward a Transnational Disability Theory and Praxis: Active Revolutionary Knowledge and Political Consciousness

⁸⁸ As if there is no human being that owns that disabled body or disability. As if the body can be separated from the person who animates it. This is how fetishization occurs, once we erase the person that lives inside that body.

This chapter is intended to achieve four goals: a) Elaborate an emerging transnational disability theory and the process by which the case study leads us to the new theory; b) Discuss how the theory transcends and encompasses previous disability models, and how it can be put into practice; c) Delineate the limitations of our case study, and; d) Open a discussion on directions for further research (and praxis) and flesh out additional dimensions of transnational disability-production mechanisms. This chapter guides us toward answering one of this thesis' research questions: Why is a transnational theory and praxis of disability necessary?

In Chapter Three, we reviewed the current DS literature, and then in Chapters Four and Five, we investigated factors that contrast with current theories, one predicated on living with disability as a result of war injury. More explicitly, we investigated the experiences of injured war-survivors' living conditions in Iran. This contrast, I argue, is an obvious niche between the living conditions of disabled people in the "third world" and the "official" concerns of the current DS discourse. The juxtaposition of the case study against the backdrop of the extant DS literature demonstrated how inadequate the prevailing DS models are in explaining the existing disability-production mechanisms.

Listening to the testimonies, comments, and eyewitness accounts in Chapter Four showed us that war is not a dematerialized ghost but rather an historical embodied experience. Thinking about this niche, as a DS scholar and a war survivor, I argue that we should re-theorize our understanding of disability and violence in the global context. In this thesis, wherever I use the word violence, I include the unequal power relations which define the world's dominant economic system (i.e., capitalism, which is both gendered and raced), not just emotional or physical violence. I also mean any unequal power relation embedded in exploitative social relations, such as patriarchy.

Thus, in this chapter I will take a step toward the development of a new model for DS

that I term the *Transnational Disability Model (TDM)*, which is built on the foundation of the case study presented in the foregoing – on the conclusions emerging directly from study in Chapter Four. In the process, I will also conjecture about other potential aspects of a transnational disability theory/model not covered in the presented case study.

My intent in developing the emerging TDM in this chapter is for it to pave the way for a revolutionary understanding of disability and its relationship with the nation-state, capitalism-imperialism, and class society, contextualized within transnational political consciousness and activism. Therefore, I will discuss the importance of organizing ourselves against war, as political actors/agents, and resist becoming, what Bannerji calls (2000, p. 42), “cultural sel[ves], floating non-relationally in a socio-historical vacuum.” In this chapter, I will also talk about how the new disability model can become *a transnational form of collective political consciousness*, as a revolutionary response, stemming from lived-experiences of violence. Finally, I will briefly discuss the possibility of achieving *feminist, non-ideological, anti-imperialist, and anti-racist revolutionary peace praxis* through the TDM.

We established in Chapter One that one of the purposes of this thesis is the development of one highly significant aspect of an emerging disability model via the case study of Iranian chemical warfare victims of the Iran-Iraq war of 1980-88. Correspondingly, the last research question for this thesis that is answered in this chapter is Why is a transnational theory (and praxis) of disability necessary?

Throughout the last five chapters, I have concluded that war is a necessity for capitalist and imperialist states to acquire resources (Stander, 2014). In a world with limited resources, this is only possible by keeping most people in poverty, exploiting their labor power, or taking over their resources using violence. This manifests in colonialist, nationalist, or imperialist actions (or rather invasions) aimed at expanding territory and accumulating new resources through dispossessing invaded nations from their land (Harvey, 2004; O'Connor J. , 2010). We

also know that environmental devastation is not a mere unrelated accident of history but rather an intertwined, inherent feature of the capitalist system (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Foster, 2000, 2006; McKibben, 2005; O'Connor, 1989; Zalik, 2008) and that it causes health issues (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Goldman, 2005; Grech, 2009; Murray & Lopez, 1997; WHO, 1997; Zalik, 2008). Developing the TDM, in this chapter, we analyze the enabling *conditions* necessary for the transformation of exploitative capitalist and imperialist social relations that create death and disablement as well as the devastation of the environment, and as such, the devastation of life generally.

The emerging TDM cannot completely explain unpreventable random occurrences nor the actions of individuals that are not ideologically, relationally, economically, or politically motivated. By this, I mean inadvertent disability-production mechanisms. Neither does the emerging TDM cover man-made problems that occur unintentionally (e.g., human error in detecting side effects of a medication). As such, the emerging TDM can, thus far, only explain health problems and injuries that are created as direct or indirect effects of wars and armed conflicts. Nevertheless, I conjecture that, if developed further, the TDM can explain disabilities to humans that are caused by other exploitative or unequal social relations, not just the ones behind the creation of wars. These relations include, but are not limited to, capitalism, imperialism, patriarchy, colonialism, nationalism, racism, sexism, ableism, ethnocentrism and environmental destruction (i.e., this is a relation between human and other species as well as between the bourgeoisie/capitalist and the working class all over the world).

Teasing Out the Theory from the Case Study

To proceed toward the theory-building process, I examined DS literature against my findings, and the conflicting literature represented an opportunity. The juxtaposition of conflicting results forced me into a more creative, frame-breaking mode of thinking. The result was a deeper insight into both the emergent theory and the conflicting literature, as well as a

sharpening of the limits to generalizability of the single case study research (Eisenhardt, 1989). Eisenhardt (1989, p. 17) argues that an interaction with actual evidence, that is the data arising from a case study, “often produces theory which closely mirrors reality.”

When we conduct a single-case study, our job is to use it as a means of seeking out a new theory. In this section, we will be primarily examining data coming directly out of our case study.⁸⁹ This section will help us build a new understanding of disability that is directly linked to the case study, which will demonstrate concretely how the various aspect of the theory are extracted from the case study. It’s worth mentioning that while there are overlaps between all transnational disability cases, we cannot simply generalize what is true of a particular category (e.g., war) to the larger category of transnational disability. What is true of war, for example, is not always true of other dimensions, such as environmental causes for disability without any human contribution. By transnational disability cases, I mean transnational (i.e., global with or without the interference from nation-states) mechanisms that mediate the ways in which people become disabled on a global scale.

For example, we established at the beginning of this chapter that one of the shortcomings of popular DS discourse is its lack of discussion on how disabilities have historically been produced by unequal power-relations within and between the two constructed “first” and “third” worlds created by capitalism, imperialism, the politics of nation-building/nationalism, and other ideological social relations (e.g., militarism, patriarchy), all of which are gendered, raced, and classed. One result of such violent relations is environmental destruction. As discussed in Chapter Three, environmental devastation is carried out by a group of people (i.e., the upper middle and/or ruling class) whose accumulation of enormous wealth depends on exploiting the planet systematically (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Foster, 2000, 2006). As such, they end up causing health issues for everyone generally, especially for the ones

⁸⁹Appendix Seven displays the process of building a new disability model from the case study.

with less power to resist and fight them (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Goldman, 2005; Grech, 2009; Murray & Lopez, 1997; WHO, 1997; Zalik, 2008).

According to Eisenhardt (1989), the six key steps that should be followed when embarking on the building of a new theory are: 1) Elaborating an a priori specification of constructs and defining them thoroughly; 2) Sharpening emerging theoretical constructs; 3) Verifying the relationship between the constructs; 4) Keeping other potential cases in mind; 5) Confirming the emerging relations; 6) Reaching theoretical saturation and comparing the emerging theory with previous literature. I will briefly introduce these steps and extensively define the key constructs using the evidence emerging from the case study. Then, I will use the constructs to build the first few necessary pillars for the emergence of our new theory.

Step One: A Priori Specification of Constructs and Defining them Using Evidence from the Case Study

Eisenhardt (1989), as a pioneer in building theories from case-study research, argues that a priori specification of constructs is useful in designing and conducting theory-building research. She posits that the specification of constructs has not been common in theory-building so far; however, she finds it worthy because it allows researchers to determine/define/measure constructs more accurately. Additionally, Eisenhardt argues the theory-building process is intimately intertwined with material evidence collected in the case study. If theory building is done properly, the actual evidence will be a direct response to the emerging theory and vice versa. This means that the theory will in all likelihood mirror reality (1989).

The case study analysis in Chapter Five signified the role of several crucial factors and relations which, through two processes, resulted in death and disablement for hundreds of thousands of people. In the theory-building process, we should translate those components to the theoretical constructs upon which one important aspect of our new theory will stand. These important constructs are: *Dialectical historicity* (pre-existing conditions leading to unavoidable

forms), *class*, *nation-state*, *violence of capital (or capitalist relations)* along with other violent social relations (such as imperialism, nationalism, patriarchy), and ideology. Let's define these theoretical constructs as well as present the evidence from the case study analysis that supports their existence.

Dialectical Historicity. The first construct to extract from the case study and put toward building our new theory is historicity. I define historicity as the first construct for the new theory because the case study taught us that we need to approach social relations with enormous caution since they are historically-specific concepts. I approached the case study by first contextualizing it and studying it in its own historical context. As such, I first provided the reader with a historical sketch of the Iran-Iraq war in Chapter Four. If it wasn't for the historical contexts, we would not have been able to detect several ideological constructs that the Iranian regime used to send people to the war after they had just overthrown the Shah. Therefore, we need to look at every phenomenon in its own historical context.

Marx's science is not transhistorical (Allman, 2007). In Chapter Two, we learned the distinction between historical and transhistorical phenomena through the example of water boiling at 100 degrees Celsius, no matter in which historical era we try to boil it. Social relations such as capitalism are extremely historically specific, meaning they result in particular *forms* according to their *pre-existing conditions*.⁹⁰ DHM is the main *instrument* and *protocol* for this emerging model, since we analyzed the case study using DHM. According to DHM analysis of the case study, for this emerging model, there are two key pre-existing attributes to consider: ideology and class. These two are the pre-existing attributes for all three relations that will be discussed here: nationalism, capitalism, and imperialism. All are embedded in class-based societies and ideological foundations.

Class. By class-based societies, I mean societies that are run on the lines of a capitalist

⁹⁰ See Chapter Two for a complete discussion of Marxist conceptual frameworks.

economy, which is based on the internal contradiction between labor and capital. This relationship is not fixed, meaning we can abolish it. The DHM's conceptual tools that I have been applying to the new model to emerge, based on the case study analysis are internal relations, dialectical contradiction/unity, form, and mediation.

The case study analysis in Chapter Five indicated that Iran, Iraq, and the U.S. are all class-based societies – societies that are run in accordance with the logic and rules of a capitalist economy. So are the other Western powers that armed Iraq and remained silent as weapons of mass destruction killed and injured Iranians and Kurds. It is important to note that ideology and class are the most crucial components of nation-building process/nationalism (Hassanpour, 2015). It is the nation-state, formed by the ruling class that enforces its ideology upon society. In this process, Marx thought, the ruling class/bourgeoisie uses cultural ideology (*superstructure* in Marxian terms), such as religion to control/guard the economic *base* (natural resources) (Hassanpour, 2015). In the case of Iran, the “ruling class” is the clergy who promote their religious ideology (so called “Islamic-Nation Building”) and control entire natural resources (the economy). If the ruling class feels threatened, they will use any potential ideology to destroy ideas of peace, *transnationalism* or coexistence (Hassanpour, 2015). These ideologies include patriotism, fascism, Xenophobia, anti-Semitism, hatred, and *war*. We learned from the case study analysis that Iran, Iraq and the Western imperialist powers, such as the U.S., France, and Germany, as capitalist countries, all engaged in *the core capitalist dynamic of “expand or die”* (Hassanpour, 2015).

Among the evidence from the case study: In the case of Iran, Mir Hossein Mousavi, the prime minister (ruling class) at the time, addressing parliament, stated, “some 30 percent of the 1983-84 budget...was spent on the war effort. Expenditures were 14 percent higher in 1984 than in the previous year” (Ghamari-Tabrizi, 2009, p. 2). The ruling class' corruption is another problem in Iran, especially that of the foundation for the disabled veterans. As well there is a

problem of fetishization of disability through cultural nationalism: the “living martyr.”

In the case of Iraq, Saddam Hussein’s dream was always a Sunni pan-Arab nationalist Middle East – run by his Ba’th party. Saddam horrendously oppressed the Shi’a population who had been living in Iraq as second class citizens. Saddam and his supporters in the Ba’th party were determined to rule over the Sunni Islamic world by becoming an undisputed military power.

Ideology. A concept or a set of beliefs that conceal/s reality (Allman, 2007). Iranian and Iraqi politics were anchored in ideological relations, namely nationalism, theocracy, and nation building. Evidences from the case study include: The Iranian state has its own official narrative of the war, which it refers to as the “Sacred Defense” (*defa’ moqadas*) or the “Imposed War” (*jang tahmīlī*). Part of Khomeini’s identity-building project was fighting the imperialist forces found not only inside the country, but also everywhere else as well (Katouzian, 2009). His dream was to establish a Shi’a regime comprising the entire Middle East region. Saddam’s identity project, on the other hand, was rooted in an ideology of physical expansion while eliminating minorities, such as Persians, Jews, and Kurds.

In the case of Iran, the prime minister characterized the Iran-Iraq war as a “war against blasphemy” whose ultimate goal was “the defense of the honor of the Qur’an and Islam” (Ghamari-Tabrizi, 2009). Historians believe that this war was in fact an important investment for the Iranian regime to expand and legitimize itself against both domestic and foreign dissidents (Murray & Woods, 2014; Rajaei, 1997; Ghamari - Tabrizi, 2009). Iranians at the time believed in the famous slogan of “neither West, nor East: the Islamic Republic.” Khomeini, who didn’t have the same military support from the West, used the ideology of “martyrdom” and “sacrifice” to establish his Shi’a kingdom by sacrificing hundreds of thousands of youth in combat.

Growing up in Iran, my classmates and I were taught in school that the war was about defending our *nation*, *Islam*, and *the revolution* against Saddam Hussein and the West. The reality was that Iran only defended itself against Iraq for three years, and after that, went on the offensive for five years (Abrahamian, 1982; Katouzian, 2009; Rajaei, 1997; Shahidian, 2002).

The Iranian state is never interested in the real memories of those who have actually fought the war and have come back wounded because it knows the real potential of those stories. Instead, the state is interested in an exercise of ideological knowledge production around the war, rather than engaged in caring for the disabled veterans and facilitating for their stories and memories to be heard and valued.

Nation-state and Nationalism (whether theocratic or secular). According to DHM, *state* is an organized structure comprised of people that serves the interest of the ruling class, meaning the *capitalist*, *nationalist*, and *imperialist* powers which are gendered and raced (Allman, 2007; Hassanpour, 2015). As is evident, nation-states are significant to the capitalist economy in the sense that they ensure capital's free circulation to the remotest villages on earth (Desai, 2013; Gorman, 2016). Nation-states dominate the economy at the local level by ensuring the regulated and legitimized exploitation of laborer and by serving the "free trade" agreements and policing the capital's flow through international relations, or what Desai calls "bourgeois discipline" at the global level (2013). Indicators from the case study include: Iran, Iraq, and the U.S. are societies that are run in accord with a nationalist ideology. Iran still upholds theocratic/Shi'a nationalism, while Iraq's nationalism was Sunni pan-Arab nationalism during the period 1980-88 (Timmerman, 1991; Al-Khalil, 1990). The U.S., on the other hand, not only operates based on capitalist economy and nationalist ideology, it also asserts its imperialist power to dominate and preserve global class relations. In 1980, Iran, as a newly-established ideological state, was interested in spreading its Shi'a ideology across the Middle East (Abrahamian, 1982).

Iraq led by Saddam Hussein, was interested in establishing a League of Arab Nations, oppressing every dissident (especially Shi'as and Kurds), and spreading Sunni Islam across the Middle East (Timmerman, 1991; Al-Khalil, 1990). While pursuing the goals of his ideology, Saddam received enormous military support from his western allies (Frankel, 1990; Hiltermann, 2007). Ruhollah Khomeini mostly relied on the power of theocratic nationalism (Ghamari - Tabrizi, 2009; Katouzian, 2009). Saddam's horrendous oppression of the Shi'a population who had been living in Iraq as second class citizens, as well as his fear of Khomeini's Shi'a revolution just next door, indicate that his nationalism is theocratic/Sunni-Islam, and not secular (Al-Khalil, 1990).

The Iranian state sustains itself by funding and empowering organizations like the Veterans' Foundation that overlook the production of cultural content on the Iran-Iraq war (Haghgou, 2014) and uses disability as a token/tool to construct that content. The Iranian state's cultural nationalism is partly carried out via reference to manufactured evidence from imaginary glory days of the nation (Haghgou, 2014). The ubiquitous referral and comparison of disabled veterans to a prominent historical Shi'a figures (Farzaneh, 2007), such as Imam Hussein's brother, Abolfazl is framed in a way to indicate that the Iran-Iraq war resembles previous wars fought in defense of and for the integrity of Islam.

Capital. As we learned in Chapter Four, capitalism is a relation. It is the unity of two contradictions and cannot live on its own independent of its contradictory components (Allman, 2007). Labor and capital are opposed to one another, yet simultaneously united in the relation called capitalism; this unity of opposites is the essence of dialectics. Few evidences from the case study include: The Shah's *military funding* had reached \$1.7 billion USD between 1968 and 1972 (Hanieh, 2013), which implied a solid military alliance with the U.S., even status as the latter's watchdog in the Middle East. In September 1980, Saddam Hussein, president of Iraq and the leader of the Ba'th Party, invaded the *oil rich* south and southwest provinces of Iran

(Abrahamian, 1982). Iran purchased most of its weapons from the international black market, that's why there is no accurate number to refer to. By supporting Saddam, the U.S. and Britain's ultimate goal was to keep the countries busy warring with each other so that neither would jeopardize the *flow of the oil supply* and trade in the Persian Gulf⁹¹; as well as to protect the other oil-producing Gulf states (Phythian, 1997). It is important to note that even the war between Iran and Iraq did not end until Iran started attacking the oil carriers in the Persian Gulf (known as the "tanker wars"). As soon as the free flow of capital was endangered, the U.S. suddenly became concerned with the war and took the issue to the UN in order to attain an official ceasefire (Ghamari-Tabrizi, 2009, p. 2). Ghamari-Tabrizi (2009) reveals: "International pressure to end the conflict reached its peak during the so-called tanker wars, when the hostilities directly threatened the free flow of oil from the Persian Gulf. For the first time, American warships took on the responsibility of protecting tankers in the Persian Gulf" (p. 2).

Imperialism, Geopolitics, and Global Politics. Imperialism is a form of indirect intervention by one nation or group of nations in another nations' affairs which influenced the lives of its people (even in future generations) by overpowering them in social, political, and economic relations (Harvey, 2004). In this particular case, the violence of imperialism should be examined in two of its separate, but related, aspects. The first means by which the violence of imperialism was delivered during the war was through the material and logistical support given to Iraq for combatting Iran. The second means was the global community's silence concerning the humanitarian disaster of Iraq's chemical attack on unarmed Iranians. U.S. and other world powers' imperialism manifested itself during both processes of both creating as well as perpetuating the veterans' disablement. Furthermore, the economic sanctions against Tehran

⁹¹ Note that the capitalist social relations behind the war are evident here. The U.S. and Britain did not intervene in the war to end it, but to sell their weapons to both parties and police the flow of capital from the Middle East to Europe.

over its nuclear program hindered injured veterans' access to proper medication and medical equipment.

Indicators from the case study include: The U.S. and other Arab nations of the Persian Gulf region financially supported Saddam Hussein, because they were all afraid of Iran's new Shi'a regime. Iraq imported the most advanced WMD, as it was "[t]he Soviet Union, France, China and Chile who sold Baghdad much of its off-the-shelf weaponry." Meanwhile, "West Germany, France, Britain, the United States, Belgium, Austria, Switzerland and Brazil all sold the components, machines and tools – much of it material with civilian as well as military application." (Frankel, 1990, p. 3). The U.S. and Britain seemingly remained "neutral," but in reality supplied both Iran and (especially) Iraq with weapons in order to keep them at war while giving Iraq the upper hand (Phythian, 1997; Timmerman, 1991). There is substantial evidence that suggests the U.S. provided Iraq with all sorts of intelligence concerning Iranian soldiers' location and numbers, while being fully aware of what Saddam Hussein was going to do to them with chemical weapons. Eventually, the Iraqi state got away with using illegal WMD on both the Kurds and Iranians.

Step Two: Sharpening Emerging Theoretical Constructs

Following Eisenhardt, I next moved to sharpen my constructs. This process, she argues, has two parts: 1) "Refining the definition of the construct," and 2) "Building evidence which measures [or determines] the construct in each case." In order to sharpen our constructs, we need to go back to the case study. Remember Chapter Five, where the DHM analysis of the case study was organized in two parts: (1) '*processes of disablement*' that are carried out through (2) '*social relations*'. Processes included *production* of disability, as well as *perpetuation* of disablement, as a socially organized condition. We unpacked the relations that have produced and sustained disability in the affected Iranian war survivors (i.e., capitalism, imperialism, and

nationalism). The case study analysis found that relations carry out processes, and processes, in turn, (re)produce relations.

Production of Disablement. According to the case study, this process can be divided into six categories: nation-building, initiating a military invasion, prolonging the war, using unconventional weapons, the global community's silence, and certain nations' support for Iraq.

Perpetuation of Disablement. In the case study, this process included poverty, institutionalization, unemployment, state corruption, fetishization of disability by the state, inadequate medical care, lack of medication due to the U.S.-imposed sanctions for over 12 years, chemical incarceration, lack of disability accommodation, lack of physical and emotional accessibility, class hierarchy, and the dysfunctional disability measurement system employed by the Iranian state.

Step Three: Verifying the Relationship Between the Constructs

Following Yin (1984), I verified the relationship between the constructs with reference to the evidence arising from the case study. I examined each research question in relation to the evidence collected. The responses that I came up with for each question were then used to define the constructs for (the first aspect of) the emerging theory, or the TDM. In a table in Appendix Seven, I have indicated the processes and relations that were extensively discussed in Chapter Five. Then, using the data from the veterans' stories presented in Chapter Four, I gathered evidence to define and sharpen each construct. This process was also informed by a DS lens, as the literature review in Chapter Three helped determine the under-theorized concepts in DS, such as nation-state. I highlighted the dialectical nature of the relationship between the case study and the emerging theory, since the case study determined the constructs that I needed for the theory. And the theory, on the other hand, could explain the case study and help us shift our DS analysis to grasp the materiality of relations organizing violence.

Step Four: Keep Other Potential Cases in Mind

Following Eisenhardt (1989), building the new theory using the case study, I compared my case study to other similar cases of “production of disability by the violence of exploitative social relations (e.g., capitalism, nationalism, militarism, patriarchy, and imperialism)” to ensure that I still observe a similar frame emerging. Very much like any emerging line of thinking in every field of research, thinking of similar cases that confirm the emerging relations increase the researcher’s confidence in the case.

For instance, there are children in some parts of the world, such as India, who are put in huge pots right after birth in order to grow up with tilted legs. The perpetrators who do this to children force them to beg on the streets as disabled children in order to provoke people’s pity (Srivastava, 2014). This is another case that cannot be explained by the medical or social model of disability because it involves several more factors than just medical treatment/fixing, inaccessible social attitudes, and physical barriers. There is more than a trace of the violence of ideology, capital, state, and class in this case. I conjecture that this case, if properly investigated, can be explained by the emerging theory, one aspect of which this thesis is trying to build.

In Chapter Four, we briefly discussed other potential cases. For instance, we talked about how Saudi Arabia and Iran cut people’s hands off if they are convicted of robbery. This violence *of inflicting disability on lower-level/class criminals* occurs as a theocratic punishment according to the *ideologies* that states impose on their citizens in the form of law. Our emerging theory, the TDM, can help us understand how theocracy, class, and capitalist social relations can cause a poor person to *become disabled due to poverty*. Here, the poor person who has been perhaps forced to steal, due to poverty, becomes even poorer because s/he acquires a disability that will likely make it harder to find proper employment. They often end up begging on the street or die of drug abuse. I suspect without a proper DHM analysis, which is possible through our new model, we are left with the medical and social models, which means dealing only with

medical violence, social attitudes, and physical barriers blocking access for disabled persons.

On the other hand, we should remember that apparently-neutral causes that create disability or health problems may not actually be neutral in nature (Foster, 2000), such as different types of allergies and other health issues that have been created due to the genetic engineering of plants. A study published in the *Journal of the Royal Society of Medicine* indicated “GM [genetically modified] plants may impact on human health both directly – through applications targeted at nutrition and enhancement of recombinant medicine production – but also indirectly, through potential effects on the environment” (Key, Ma, & Drake, 2008, p. 1). Many of these genetic modifications are profit-motivated. Even the research on their side effects is mostly financed by for-profit research funding agencies. As such, as a result of these modifications, many people are forced to deal with less-known health problems caused by these interventions so a minority can make more profit. Taking the first step toward building our new transnational disability theory urges us to be conscious of the exploitative social relations (e.g., capitalism) that may lie behind health problems.

Step Five: Confirming the Emerging Relations

Collecting evidence from the case study, we learned that in addition to the necessity of war for capitalist economies and nationalist states, there are other factors that have bearing on who gets killed/injured and who does not. When a bomb goes off in a war, there are lots of relations involved to make that happen as a material reality. First of all, there is someone, or a class, who invest in manufacturing weapons (social relations of production in the form of human labor); there is a second person or class who buy/sell those weapons (social relations in the form of human consumption); and finally, a person or class who use the weapons (human labor in the form of paid work). Once the pain and injury is inflicted upon a person or class, disability has occurred as (a result of) an embodied experience and a form of consciousness.

Here is how I confirmed the emerging relations: I identified recurring dialectics as the

first transposition from empirical to theoretical, which is considered to be the “first inductive gap” (Bendassolli, 2013, p. 9). Secondly, I kept wondering about social, economic, and political *relations* (e.g. nationalism) and *processes* (e.g., disablement) behind the phenomena that I investigated by (re)reading every word and (re-)looking at every picture and document, scenes from videos, and even a single sentence in a memoir. I remembered Marx believed that the key into understanding dialectics is always being suspect of how things appear at the first sight. Dig deeper. He developed DHM as a way to *de-mystify* human relations and understand history as a result of “sensuous activity of [hu]man[s]” (Marx & Engels, 1932/1998, p. 25). Conducting this research, I adopted DHM and used it to understand everything as it relates to history and social structures, such as class and capital. This understanding includes social relations such as imperialism and social organizations such as slavery.

In detecting the structures of violence and social relations, I perceived them as reemerging, rearranging, which means I was ready to detect overarching patterns. I remained conscious that relations might finally reflect a more abstract concept, and this is what led from visible to invisible, from evidence to explanation, and from case to theory. My theory-building process was not a synthesis of observational statements, nor a description of the bigger picture. Rather, I went beyond induction, where phenomena can be explained. I identified phenomena as processes and relations, as opposed to things. Most importantly, I did not abandon and totally dismiss the existing models. Instead, I kept the previous models in mind and incorporated them inside the emerging model. Therefore the new model rather than refuting the previous models, works with them, realigns them, and enhances them.

Step Six: Comparing with the Previous Literature: How the TDM Transcends and Encompasses Existing Disability Models?

We know that “[t]ying the emergent theory to the existing literature enhances generalizability and theoretical level of theory building from case study research” (Amaratunga

& Baldry, 2001, p. 9). Furthermore, combining the theory-building process with the existing literature along with observations/experiences make a powerful new explanation for reality where the extant theory, alone, seems inadequate (Amaratunga & Baldry, 2001). We discussed in Chapter Three that the social model of disability and many other dominant perspectives in the field oppose the medical model or any type of rehabilitation model as they consider them part of a “normalizing” ideology (Goodley, 2013).

Building the TDM from the case study, I argue that dismissing the medical model completely can create two theoretical and practical problems. One is shaming and problematizing a disabled person who decides to go through the rehabilitation system (e.g., physiotherapy) and return to their former state, that is, their state before the disability was acquired. The second problem is being denied the right to access medical treatment and healthcare. This problem is particularly pronounced in countries with expensive or no healthcare. Most of the countries in the global north have a universal healthcare system, with the exception of a few. However, when we talk about the “third world,” that is, “where 80% of the world’s disabled population live” (Priestley, 2015), the problem of dismissing the medical model multiplies. In fact, the medical model is imperative in the “developing world,” for there are many parts of it which lack doctors, nurses, healthcare, or medication – making the medical model the dominant one in considering disability. This urges us to think and theorize differently about “disability in the majority world.”

Neither can we dismiss the social model of disability because it helps us understand that what disabled people demand from society is not treatment nor cure, but an acceptance of their condition, a state of affairs in which “experts” do not try to restore them to what they “should” be. This is a very attractive view to uphold; however, we need to be wary of the poor and/or racialized people with little/no healthcare, especially in the non-Western contexts, such as in our case study. Did the injured Iranian and Kurdish veterans and civilians tell us that all they needed

was “acceptance”? Yes, they emphasized acceptance but at the same time, they spoke out about the lack of medical support and a proper healthcare system in place. The disabled veterans and civilians did not locate the problem in themselves or in the society, but in the healthcare system (run by the state) that ignored their existence completely. Therefore it is important to think dialectically about disability and disablement in the global context, and to avoid thinking linearly, where we simply dismiss a view and embrace another.

DS emerged as a field to include bodies that are excluded, not as an oppressive field to cause more oppression against disabled people. Every time we assume what a disabled person needs, we are falling into the trap of “normalcy.” Just because the current DS frowns upon approaching disability from a medical need perspective, we cannot simply ignore medical needs of a massive population of disabled people in certain parts of the world, such as the Middle East. We need to be aware of every disabled-body’s needs by simultaneously keeping in mind all approaches to disability.

Furthermore, the social model has been successful in taking over the global north and their institutions, such as the United Nations. The social model has even tried to globalize itself through the *UN Convention on the Rights of Persons with Disabilities (UNCRPD)*, by advocating for disabled people’s rights and benefits as an oppressed group of people (Meyer, 2014). The same logic has never applied to disabled people in the “third world.” They have never been approached by the “rights” and “benefits” discourses, as if their disability is part of the natural state of affairs there. This indicates that a “universal” idea of disablement has abysmally failed, because transnational, local, and international advocacy groups do not fight for equality for disabled people in the “third world.” Instead, they just fight for their “survival.” Even though good intentions likely motivate the globalizing of DS, it is essential not to assume that we know the problems that disabled people deal with everywhere in the world. For example, the medical model is disfavored by DS scholars here in the “first world,” while in Iran,

the disabled veterans are in absolute need of proper medical care that is not provided for them.

The social model, on the other hand, is a good prescription but not for every disabled person and every context. I argue that the international disability movement is not a *transnational* movement *because it is stuck between borders, and therefore, nation-states and their approval*. Even though the *UNCRPD* is celebrated as an achievement, it is based on the social model while it has never been concerned with people who *become* disabled by the violence of transnational capitalism, class, and ideology *everywhere* in the world. It has especially neglected to focus on disability caused by wars in the “third world,” which has been the focus of this thesis. Neither has it been concerned with people disabled by shoddy environmental practices everywhere in the world.

What Is *Transnational* About the Transnational Theory of Disability?

We know that proponents of dominant discourses in DS, such as post-structuralism, do not believe in the materiality of disability. Beside being rooted in the material world, the emerging transnational model means A) We can *imagine a world with no borders and avoid trying to impose a universal disability identity upon all disabled people*; and B) Through the emerging TDM, we can start imagining an *organized* and diverse group of people with *no universal disability identity* and *no necessary ties to nation-states*.

Building on the works of DS scholars, whose works have added the *social and racial division of labor* to our understanding and theorization of disability (such as Erevelles, 1998, 2011; Gorman, 2005; Russel & Malhorta, 2002) and drawing upon the case study, as well as my own experiences with war and post-war conditions, I am building the TDM. As already indicated, the new disability model that I am developing in this thesis dismisses neither the medical model nor the social model. In fact, a transnational theory of disability that I am articulating here is not replacing/negating other theories of disability but amending and transcending them, so that they are in turn enfolded into it.

The point here is that the theory I am beginning to put forward is not a theory with “limitations”, unlike the theories that went before it. Albeit, what came from the single case study is limited, and here is why I am proposing a full-fledged approach that surpasses the case study. The case in point is not to think linearly about different models of disability but to entertain them dialectically. The TDM does not approach disability by locating it inside the disabled individual. Neither does it locate the problem *only* in the surrounding society. The TDM, instead, locates the problem in the violence of global class-relations (capitalism, imperialism, and neo-colonialism), the dialectics of global politics, historical infliction of pain upon the poor and racialized body (e.g., colonialism, slavery, Indigenous genocide, indentured labor, war on terror), exploitative social relations (gendered, raced, and classes), and destruction of the planet by the ruling bourgeois class causing health issues for every species.

The TDM acknowledges the materiality of disability/injury and leaves it up to the disabled people to seek treatment/rehabilitation or not. The TDM resists the ideology of normalcy. However, it refuses to treat disabled humans as docile objects with no power in perceiving and determining their condition and potential treatments. The TDM remains respectful of human autonomy and decision-making power. The TDM unlike other disability models is not a bourgeois approach. The TDM looks at disability and disablement in the global context not just the Western/global-north context, and unlike most existing models, it engages with transnational disability-production mechanisms such as war.

Moreover, not only does the TDM include the existing models, but also it amends and transcends them. Very much like the social model of disability, I do not view disability as an individual problem in need of “normalization,” intervention, or fixing. However, unlike with the social model, I view disability as an infliction upon the material human body by socio-economic relations extended through history. This means that I am introducing a model that allows for an exploration of the *workings of the social processes that generate disability as a material reality*

mediated by economic and political relations. This might sound too excessive for the popular existing DS discourse, which has excluded biopolitics, experience, and identity by remaining white, and pertaining to only a few western nations (Bell, 2006; Dossa, 2008; Erevelles, 2011; Gorman, 2016; Meekosha, 2011). However, the emerging TDM gives us a new perspective to explore the acquisition of disablement through the violence of war. I conjecture that this model can help us understand several other forms of disability-production mechanisms caused by exploitative social relations, such as health problems caused by environmental destruction.

The emerging theory built based on the case study indicated that the capitalist economy has intrinsic necessities/features to it such as war, imperialism, class exploitation, and ecological destruction. As such, I argue that the emerging TDM has a potential to help us understand apparently-neutral mechanisms through which people become ill, injured, or disabled, such as poverty and ecological devastation. Key, Ma, and Drake (2008, p. 5) reveal that, “In the developing world, 840 million people are chronically undernourished, surviving on fewer than [...] (2000 Kcal/day). Approximately 1.3 billion people are living on less than US\$1/day and do not have secure access to food.” This happens while we actually have enough food to feed everyone on the planet. On the other hand, Foster (2007) warns us that capitalism is not only endangering life on earth; for some, it “is removing such basic ecological conditions of human existence as access to clean air, drinkable water, and adequate food” (2007, p. 5). If developed further, using many more cases, the TDM can be used as a way to understand unequal power relations not only among the “first world” and the “third world,” but also *within each of them*, such as those which prevail in a system of class hierarchy, between those who cause the disability and those who become disabled. There are people who live in the “first world” who suffer from health issues that have been imposed on them by general pollution caused by overproduction of greenhouse gasses. This case also involves unequal power relations between the ruling class, as well as upper-middle class who exert control over economic growth, and

those who have to deal with the consequences such as pollution (Austin & Phoenix, 2005; Bray, Kenny, & Chughtai, 2008; Goldman, 2005; Grech, 2009; Murray & Lopez, 1997; WHO, 1997; Zalik, 2008).

I argue that the emerging TDM can be developed further in the field as a transformative revolutionary knowledge that is informed by geopolitics and the ways in which the violence of ideology and class in a capitalist society is enacted/facilitated/enabled by nation-states. Please note that the distinction I am making between the global north and the global south fits for the tale of disablement through war. However, it is not necessary applicable for an analysis of disablement resulting from environmental degradation. This study focuses on war and limits its conclusion to disabilities caused by it. In doing so, however, it does not seek to make generalizations that simply leave out environmentally-caused or other transnationally-manufactured disablement. Even though in the case study I focused mostly on disabled/injured people in the “third world,” it is also necessary to state clearly that there are of course people who become disabled all over the world due to environmental destruction and other transnational issues (e.g., poverty) caused by transnational capitalism.

Applying the TDM

How would we proceed so as to incorporate all aspects of the TDM when confronted with a disability-acquisition case that we want to analyze with the TDM? Imagine a case of domestic violence. A woman gets beaten up by her husband and becomes permanently disabled. How would the medical or social model analyze this disability-production mechanism? It is likely that both would treat this as simply an “incident” that has occurred. The medical model would seek ways in which the woman can be treated and “fixed” by the medical system. The social model would seek the ways in which the accessibility of the social and physical environment can be assured. It would also critique any unaccommodating attitudes on the part of people around the woman.

Now the question is how would the TDM approach this case? First of all, I suspect that neither the medical model nor the social model would be able to change the conditions radically and prevent them from happening again. This is a case of domestic violence/abuse, which stems directly from patriarchy. However, I conjecture that the nature of a socially-dominant patriarchal relationship would rarely, if ever, be discussed by either of the existing models. The race of the woman, her ethnicity, her geographical location, her history, and her culture would likely be overlooked by approaches rooted in either of these two models.

Since the emerging transnational model encompasses the existing models, it would not dismiss them; instead, it would ensure that they are both addressed though with modifications. For instance, the TDM would first suggest that we approach the woman with the medical model and make sure that her medical needs are met. Secondly, we should approach her disability with the social model by making sure that everything around her (including the people's attitudes) is accessible and she can access whatever she needs easily. The TDM would not stop at this point and this continuity is the most important difference between the TDM and the existing models.

The TDM would not treat the domestic-violence case as an incident but as an exploitative socio-political *order* (i.e., sexism, misogyny) enacted by a particular *ideology* (patriarchy). The TDM would ask about the nature of the relationship between the woman and her husband. Is this an egalitarian or patriarchal relationship (i.e., investigating the nature of social relation)? Has this incident occurred before (i.e., contextualizing, historicizing)? Why didn't the woman leave before (not being convinced with what's immediately apparent, but rather thinking *dialectically* and digging deeper)? Is she financially dependent upon her husband (i.e., investigate the nature of their economic relationship)? Is she afraid that the surrounding patriarchal and sexist society will not approve of her leaving the matrimonial home (i.e., investigate the larger social structures determining their lives)? Where is the abuse happening (i.e., think about transnational parameters)? Is it in Canada? Is it in Iran? Is it in Saudi Arabia?

In which historical era is this happening (i.e., culturally and historically sensitive approach)? Is the woman under enormous social pressure to put up with her husband and be grateful for what she has? Is she afraid of living alone in a society that is extremely harassing of single women? Is she a victim of an arranged marriage? Are there shelters nearby that she can go to? Does she have access to a mobility device to get around? Are there accessible transportation services available to her? Is she an immigrant or a refugee woman who doesn't speak the language of the host country, which might prevent her from calling police or other social services (i.e., race- and class-conscious access)?

Another example is the act of throwing acid on women's faces, typically by rejected boyfriends, ex-lovers, or stalkers. In this case, the woman who has said "no" to a man, becomes disabled and disfigured for rejecting him. The medical model would not get engaged with the reason why this horrible incident has taken place. Instead, it would address the nature of the injury that has been created as a result of the barbaric act of throwing acid at the women's face. The social model would only enter the scene if the injury were permanent. After the women's face has been burned or she has lost her vision, the social model would enter the scene to make sure that the environment surrounding the women is accessible and that people of the society in which she lives are friendly and accepting of disability.

Now the TDM would ask us: are the existing models enough to assure us that this never happens again? Probably not. This doesn't mean that the TDM dismisses the existing models. In fact, the TDM would address this case by making sure that the woman receives medical attention, disability-friendly attitude, and accessible environment. However, it doesn't stop here. The TDM would ask, "we have rarely, if ever, seen a woman throwing acid at a man. Why?" These are important questions that tie acquisition of disability and injury to the violence of ideology and/or class. The mechanisms by which disability get produced should not be treated as power-neutral unfortunate incidents. The TDM would hypothesize that in this case, the man

couldn't handle being rejected by a woman, and therefore he committed a violent act to damage the woman's beauty and self-confidence. Even the thinking which motivates this crime shows that the man's thinking has been shaped by the *patriarchal culture embedded in sexism as a fundamental aspect of class society*. The fact that he thinks he can damage a woman by ruining her beauty again goes back to his patriarchal masculine gaze. These are the questions that existing models rarely ask.

Different Components of the TDM:

Transnationalizing Disability in the Case of War

Transnational(ism) is an historical, as well as political category of "social organization," which is comprised of national and international relations (i.e., political-economic relations) (Mojab & Gorman, 2007, p. 58). On the other hand, war as a salient axis of violence has been instrumental in proliferating disability more than any other cause in history (United Nations, 2007). Mojab and Gorman (2007), in their analysis of wars in the Middle East, theorize that "labeling cultures and communities 'transnational' while conceptualizing the state as a de-stabilized, localized, and diminishing entity, encourages the perception that contemporary wars and crises are manufactured locally rather than geopolitically" (p. 60). Their argument is key in understanding the relationship between disability, nation-state, borders, and politics.

Inspired by these conceptualizations and taking into account the emerging model extracted from the case study, I argue that disability, as well, should not be seen as a *local* phenomenon. Because it is *manufactured globally by geopolitical forces* that start and sustain those wars in the first place. Bear in mind, however, that it is next to impossible to separate the class and imperial expansions, as essential features of the capitalist system, from destruction of the planet (Austin & Phoenix, 2005; Foster, 2000, 2007; O'Connor, 1989). Additionally, O'Connor (1989) argues that the primary cause of environmental destruction in our time is war. The invasion and occupation of countries such as Iraq and Afghanistan is profoundly linked to

U.S. energy policies (i.e., oil hunting business) as a capitalist and imperialist state. Anna Zalik (2008) informs us that the imperialist wars that are fought for oil are not only a socio-political problem, but also a serious ecological disaster. To transnationalize the context of DS in relation to war and potentially other cases of violence, one should take into account disability oppression in relation to the capitalist modes of production (Gorman, 2005).

DS, Flow of Capital, and the Nation-State

Using our emerging TDM, we can attempt to transnationalize our approach to disability not just in the case of war aspects, but potentially in other instances as well. However, without analyzing the nation-state, we would risk becoming entrapped in a mystic understanding of the ghost called capitalism which constantly haunts our dematerialized understandings of disability. Gorman (2005) argues that “transnationalism” and “diaspora” must be understood as historical and political categories of social organization. Culture, as a dimension of both the nation and diaspora, must be understood in relation to consciousness and political struggle – both gendered and classed. Using a concept of “transnationalism” that has been separated from an analysis of the structure, organization, and social relations of the state has particular consequences for understanding disablement. This “disablement without borders” is different from what DS has been teaching us, which centers “whiteness” and the “west” as its inseparable norms (Chen, 2012; Dossa, 2008; Erevelles, 2011; Meekosha, 2011; Bell, 2006; Gorman, 2016).

Transnationalism brings us to a point where we have to hear the voices of Indigenous people, people of color, and the residents of the “third world.” There are also places of extreme exploitation within the “first world” that I want to acknowledge – the ghettos, sweatshops, and poor communities where Black people live alongside immigrant and refugees of color. There are the places that Frantz Fanon called “internal colonies” (Erevelles, 2011).

Transnationalizing DS

Gorman (2016, p. 2) states, “It is clear that disability studies cannot be decolonized

without uncovering how it is itself already part of a colonizing/colonial project.” DS is an educational field. We need to realize that education, just like any other institution ruled by globalization, is at the service of market economy (McLaren & Farahmandpur, 2001). This means that it is believed that the more educated you are, the more prosperous your life can become. As such, if education is perceived as a solution to the problem of poverty and unemployment (as is the case in many developing countries), then how can it be the source of the problem at the same time (Spring, 1998, cited in McLaren & Farahmandpur, 2001)? This would imply that education serves only a *particular class* to have a prosperous life, while it prepares other classes to reproduce their lives as is, or even deteriorate it. The question that arises here is: Is this a problem of market economy, nation-state, or education? What if the three are so intertwined that dissecting them is hardly a possibility. Perhaps this is the reason why most of the literature of DS masks the violence of “transnationalizing” capital, albeit very similar to several other disciplines that depoliticize both the machinations of capital and organized resistance to it.

Transnational Forms of Political Consciousness

The current dominant models in DS expect us to celebrate acquiring a disability as a condition that every human at some point in their life experiences. The TDM asks us, however, what if my disability has been acquired under the oppressive conditions of poverty, economic exploitation, police brutality, imperialist violence, war, inhumane working conditions, and lack of access to adequate healthcare and education (Erevelles, 2011)? What if human variations (e.g., race, sex) are per se used in the construction of disabled identities for exploitative purposes (e.g., slavery, indentured labor, colonialism, immigration law, travel bans, etc.) (Erevelles, 2011)? And finally, how do we build solidarity across disabled bodies and communities while we negotiate the distances that simultaneously divide and damage them/us within the contemporary context of global capitalism-imperialism? Similar to the social model,

the TDM recognizes the problem of ideological and institutional discrimination surrounding disability (Oliver, 1983, 1990). However, the emerging TDM is not just a theoretical model; it is also a political project that places enormous emphasis on *political consciousness*.

Political consciousness, according to Gorman (2005), is “a quality related to a social group, rather than as a sum of individual ideas held by members of the group” (ii). Furthermore, Marx’s consciousness theory is rooted in DHM. According to Allman (2007), consciousness has a dialectical relationship with material reality, for it’s not separate from social being. Therefore, Allman (2007) argues that when we are engaged with the material world, our sensuous activity does not happen only on an objective level but within the unity of thought and action. Thought and action, or affect and cognition, are internally related, meaning they are part of what constitutes them (i.e., thought and action) dialectically. The material world, as such, is made of real human activities and practices situated by social relations at particular historical moments. Correspondingly, reality and consciousness are internally related, as they both are part of a unity.

Following Marx and Allman, I argue that we can both *make* what we know (i.e., knowledge production) and also *live* what we know. For example, when it comes to war, we as war-survivors or/and educators, can refuse to mobilize only around our experiences, and instead, *live our consciousness arisen from that experience* to end the social organization that gave birth to our experience in the first place. According to Bannerji (1995, 2011), it is not enough to only care about expressing our experiences, or having the space and right to do so. We should also organize ourselves in order to end the oppressive structures, which against our will, determine our experiences. Additionally we should organize against the destruction of the environment whether or not we are one of the people being disabled by this.

This is a political project. I label it political because it involves political agency. In fact, according to Allman (1999), education, (i.e., knowledge, theory, and praxis) is a political

project, because it is aimed at either teaching people to liberate themselves (or others) from an oppressive and exploitative status quo, or it is aimed at teaching people to adapt to work individualistically (in an individualist style, always on their own, rather than organizing as a collective) within given oppressive structures (Allman, 2007).

I conjecture that, if developed further using many more cases, the TDM can become capable of leading us from the visible to invisible, from evidence to explanation, and from case study to theory. In this theory-building process, we only discovered one aspect of the new theory by going beyond induction, the phase of inquiry where phenomena can be explained. Instead, I set the ground for new *forms of consciousness* to emerge. I believe that as other potential aspects of this theory are explored, it can become a transformative power in “the fabric of social relations engulfed in the violent ideological net of religious fundamentalism and imperialism threatening the world today” (Bannerji & Mojab, 2003, p. 11).

I argue that this model, if developed further, can be a point of departure that includes the myriad of ways in which disabled veterans and civilians experience becoming disabled. It can allow for expanding the notion of experience within the field of DS toward connecting disabled people’s resistances and struggles globally as an oppressed group. The emerging TDM has its roots in DHM, which is based on the unity of thought and action, because it does not conceal the connection between individual subjects and the material world (Allman, 2007; Bannerji, 2005). Therefore, I conjecture that the emerging TDM could also be capable of unveiling the social relations behind disablement caused by many different transnational issues on a global scale. This unveiling/defetishizing process, I argue, has a revolutionary capacity to produce non-ideological forms of consciousness, knowledge, and praxis.

I argue that the emerging model, arising from the case study, is geographically, historically, economically, and culturally sensitive. These features, if further developed, can help us to further understand disability as a raced, gendered, and classed power relation, rather

than as a tragedy. In all of these cases, we can detect the component of violence based on exploitative social relations and their elements or enabling conditions (e.g., class and ideology), meaning that a particular disability was created as a result of exploitative social relations.

Even though this model is developing step-by-step by an orthodox scientific method, I have strived to stay away from empiricism in thinking about disability relations, partially because they are intertwined with global class relations. The other rationale for doing so is that empiricism is an ahistorical process and is not suitable when thinking about social relations in a particular given time and space. It's always important to ask, "*Whose* disability are we talking about?" Because, we know that "[e]normous gaps ... exist[s] in evidence about disability, especially in low and medium resource countries of the world" (Bickenbach, 2011, p. 655 cited in Oliver & Barnes, 2012).

On the other hand, different disabled peoples' accessibility needs are often fought-for in mere disconnection from other disabled peoples' struggle. For instance accessibility of buildings is often something that a middle-class disabled Canadian citizen *expects to receive from the Canadian state*, and sometimes s/he does receive it. However, the accommodation of her/his disability happens in complete disconnection from hundreds of people who *become disabled* every week in wars and minefields globally. This is what I mean by global class relations of disability. Gorman (2005) reveals that the same social relations which determine our experience of *becoming* disabled, organize even the way we think about disability. In other words, our system(s) of thought about disability is/are determined by the structures that rule over our consciousness. This means that we should approach 'disability oppression' or 'creation of disability' in conversation with consciousness and agency; otherwise, we would end up floating in an ahistorical empiricist vacuum. I conceptualize the emerging disability model, TDM, as a political project, involves us consciously mobilizing around our experiences and taking off from there to discover and *end* exploitative relations. As I understand it in relations to the case study,

the TDM is not a “medical gaze” or even a “critical gaze”; rather, it is a “radical gaze” that tries to understand the human relations and their forms of consciousness that have historically caused pain, injury, and disability in the “Other.”

By taking the first step toward developing this model, I am *not* trying to lend a gaze (i.e., a particular way of understanding) to disabled people who have become disabled by the violence of exploitative social relations, so they can comprehend what has caused their injuries. I am leaving it up to them to live their pain, as a form of consciousness, and act upon that consciousness. And I do so by just bearing witness to and echoing “their voice.” This echo is also a form of consciousness that I am raising in myself, and those who strive to theorize disability as a concrete material reality. This thesis is a tool to help disabled and non-disabled people to make sense of what happens in wars that make people disabled, and a tool to prevent the violence of war.

Different Aspects of the TDM Praxis: Revolutionary Responses

Step-by-Step Instructions with Existing Models Already Folded Into It

For this practical section (i.e., how to apply to the real world what we have theorized here as a new model), I will flesh this out in more detail how the theory can be operationalized. I will have a special subsection that offers guidance on how to approach this task, whether as a researcher or an activist. A quick reminder that Marx argued in the *Theses on Feuerbach*, that knowledge is not separate/separable from the physical body, and therefore not separate/separable from the material world (Marx, 1845/1976). Marx, according to his own words, was out to change the world rather, not just interpret it ([1845], 1976). In formulating the approach of DHM, he developed a new knowledge adequate for creating change “with a centrally-situated agent or subject, without whom no transformative politics would be possible” (Bannerji, 1995, p. 19). We also know from Rodney (1972, cited in Gorman, 2016, p. 4) that what drives “global inequality” is the “violence of global labour and property relations set in

motion through European slave-trade-colonialism and imperialism-capitalism,” and not the other way around. Keeping these two arguments in mind, what follows are suggested steps for future DS researchers and/or activists:

1. Dialectically examine what constitutes the reality of disablement, whatever its cause. If you are dealing with war, as in this thesis, you will want to examine the reality of disablement for war survivors during and after the conflict.
2. I invite you to shift from binary, oppositional, and linear ways of thinking to dialectical thinking and historical-materialist understandings of contemporary social relations (Allman, 1999).
3. Attend to the previous models before taking another step. This step per se is part of the dialectical approach to understanding disablement. Make sure you are approaching both the medical and social model while transcending them and amending them simultaneously. Make sure you pay attention to what the disabled population need, not *what you think they need*. If they want medical attention, check if there is an adequate healthcare in place to support their needs. If all they want is being accepted in a society that is accessible in terms of the physical environment as well as the people’s attitude, then check if access is provided for them by their surrounding society. While approaching your case of disablement, ensure that you avoid inadequacies and deficiencies that exist in the prevailing models. Remember that the medical model upholds the ideology of “normalcy” not “acceptance.” On the other hand, the social model is not class-, race-, gender-, and culture-sensitive. Neither has it been designed to attend to and understand the needs of disabled peoples in the global south. Overall, be equipped with the former models enfolded inside the TDM and also remember different layers of oppression while approaching your case.

4. In order to analyze your case of disablement, always unpack the relations that have produced and sustained disability in your affected individual or population.
5. Conduct a comprehensive analysis of your case, organized in two parts: (1) '*processes of disablement*' and (2) the '*social relations*' through which the processes are carried out. Processes identified include *production* of disability, as well as *perpetuation* of disablement, as a socially organized condition.
6. Remember that processes and relations could be linked with each other in a dialectical relationship (i.e., dialectically related). This means that they are interconnected closely – not easy to be cut up methodically, because relations carry out processes, and processes, in turn, (re)produce relations. As such, be cognizant about when to zoom in and when to zoom out in order to understand the intricate details of your case as well as the bigger picture within which your case is situated.
7. Using the analytical framework of DHM or any other theoretical framework explore how the disabled/injured/ill body is constituted within social relations of production and consumption of transnational capitalism.
8. Think about the implications of social/economic arrangements for determining which bodies matter or not (ill, old, racialized, belonging to a particular religion or ethnicity). Thus, apart from problematizing why some bodies matter more than others, there are other related questions to explore:

An Example of Living Revolutionary TDM Praxis through Class Consciousness

To illustrate what I mean by TDM praxis, I will relate a personal example. In the winter of 2013, I joined a study/activist group at York University in Toronto, Canada, where I completed my master's degree in DS. We called ourselves the Transnational Narratives of Disability Working Group (TNDWG). We were a collective consisting of a few racialized

disabled and non-disabled students who met every few weeks to discuss issues of race, disability, death, displacement, environmental destruction, and dispossession on a global scale. We were led by Professor Rachel Gorman⁹², who taught us how to get organized and take a stand against violence. Getting organized through a collective was a conscious effort on our behalf to resist the existing DS literature that we had to engage with as course materials. Through the TNDWG, we consciously organized against an already-existing realm of knowledge that just reproduced the existing social relations without teaching us how to liberate ourselves.

Additionally, we tried to produce *our own knowledge as agents/actors* and recreate the world around us by disrupting the status quo. Not only did we express our oppression as non-white students, with or without a disability, but we also became actors in history by resisting and researching the reasons for the *forms* our oppression took. Moreover, a revolutionary characteristic of this group was that we did not mobilize around our identities as cultural selves; rather, we went beyond that and connected our struggles in a bigger organization of our consciousness and material reality. This was a political project, for it tied the intersectionalities of our struggles dialectically to the ways in which our *social becomings* converged. Our oppression, as mostly immigrant and disabled people of color, connected us in our internal and external reality(ies); it was mediated by subjective and objective social knowings that we embodied. It was fascinating to see that even though we had different experiences, once we connected the dots to the bigger structures, we ended up finding the same sources for our particular social knowing and becoming. The bigger picture was always the same, every time one of us attempted to go beyond our immediate location.

In the TNDWG, we also tried to think about race, disability, gender, and class all at the same time in order to move past the deadlock of simultaneous ‘whiteness’ and ‘liberalism’ of

⁹² Professor Gorman has also talked about our group. See Gorman, 2016.

the academy as racialized people living in the settler-colonial context of Canada. This praxis that we engaged in was/is what Bannerji (1995) and, following her, Gorman (2005), call “reflexive/relational social analysis” which made it possible for us to represent ourselves directly in history using our agency in making history.

Can the TDM Help Us Resist Capitalism-Imperialism and Nationalism?

We live in an era where every night several people are sinking in the Mediterranean graveyard just to escape explosions and bombardments in the Middle East. This is not a time to be indifferent, and as educators it is our job to avoid treating oppression as a power-neutral cultural difference. It is time that disability scholars, social scientists, and sociologists start thinking about the political economy of difference and the consequences of having a capitalist economy. It is obvious that we are persistently threatened “...by basic contradictions both in the locales of social spaces and global level” (Bannerji & Mojab, 2003, p. 9). The unequal exchange relations between the “first” and “third” worlds are contemporary as well as extended from the past while created by the aforementioned contradictions and shaded by classism, ableism, and patriarchy. Inspired by Bannerji (1995, 2005), I argue that if we, as DS scholars, want to mount any revolutionary opposition, our political attempts should be class-conscious, anti-racist, anti-colonial, anti-capitalist, anti-imperialist, and anti-ideological. Critical DS theorists should move beyond the insufficient theories which reduce oppressive social relations, such as racism, colonialism, and imperialism, to conceptual problems of dualism/binarism and cultural difference. The emerging TDM, based on DHM, aims to understand the complexity of the current global political power structure in the context of the history of capitalism, nationalism, and imperialism. This model goes beyond textual and discourse analyses and understands these relations as real concrete exercises of political power. It also makes visible the invisible context of violent transnational racial, ethnic, and religious conflicts, which cause wars and armed-

conflicts to happen and to be followed by death, disability, poverty, displacement, dispossession, environmental destruction, and more violence.

Understanding disability and disablement by this model is a *form of resistance* against a capitalist unipolar world, which has emerged after strangling “third world” socialist/communist, anarchist, and national liberation struggles. Simultaneously, it resists cultural nationalism, usually driven by theocratic ideologies, and/or religious fundamentalism, cultural chauvinism, and the launching of sectarian wars. If in Iran I voice, for instance, my understanding of ‘disability in the Middle East’, I will immediately be dismissed as inauthentic and Western, as colonial/imperialist collaborator, as if rationality and aspirations of justice were only Western inventions. This is why I concur with Bannerji and Mojab that, in nature, nationalism and imperialism are very much the same. An anti-disability-production framework is needed at this point in time, when we are trapped between the devils of imperialism, and what Bannerji and Mojab call “the shark-infested deep sea of ethnic nationalism” (2003, p. 11). However, it should be clear that my proposed model is just a beginning for this way of understanding and preventing the production of disability on a global scale.

Disablement Without Borders and Political Consciousness in Organized Efforts for Peace

Because it is accompanied by concepts such as survival, resistance, and struggle, “disablement without borders” could become an essential part of the emerging TDM and in the process make interjections into two important arenas. One is the way in which the qualitative educational disciplines, including the popular DS, consistently depoliticize and individualize ‘disablement’. Second is the material reality of militarization, environmental destruction, and poverty that harms people everyday everywhere, especially the global south. I argue that it is helpful to use the survival/resistance/struggle framework through the TDM to approach

“disablement without borders.” I conjecture that the emerging TDM can help us mobilize around these different dimensions of *becoming* disabled through exploitative social relations (e.g., war, poverty, environmental destruction) and being *conscious of it*, including individual survival, interpersonal solidarity, and resistance. Over the course of developing one aspect of the TDM (i.e., disablement caused by war), I strive to understand how all of this shapes the articulation of TDM praxis and consciousness in the broader disabled people’s *liberation struggle* against disability, race, class, and gender oppression. Perhaps the word “struggle” here may be a useful way to think beyond resistance. Now the question is can the emerging TDM help us organize against war?

An excellent example of a grassroots movement and organized effort toward peace is the involvement of disabled people in conflict resolution and peace-building efforts (World Institute on Disability, 2014). Unfortunately, some of these organizations use infantilizing language toward (their own) disabled members and largely (albeit unintentionally) address non-disabled people as their intended audience in their published reports. It is easy to suspect that these efforts operate from an “us versus them” lens.⁹³ For example, one report states: “It is both fair and prudent to include them in conflict resolution and peace building efforts to the greatest extent possible” (World Institute on Disability, 2014, p. 12).

Another fundamental problem with these reports is that they only discuss how disabled people should be involved in reconciliation efforts without discussing how people became disabled in the first place; instead, they take up a “human rights”⁹⁴ model to approach people who are disabled, but not people who have become disabled.

Another example is the disabled Iranian veterans’ effort for peace building. Every year, there is an event in The Hague at the Organization for the Prohibition of Chemical Weapons

⁹³ See <https://worldinstituteondisabilityblog.files.wordpress.com/2015/11/wid-disability-inclusive-peacebuilding-process.pdf>

⁹⁴ To read more about problems with the human rights model of disability, see: Gorman, 2016.

(OPCW) which brings together representatives from all the signatory countries. Sometimes the veterans' foundation prevents the Iranian veterans from going there by not providing any budget for the trip. Disabled Iranian veterans who are close to the Peace Museum attend the annual meeting OPCW in The Hague, though. It is important for them to attend these events as living proof of the atrocities committed to the Iranian victims during the war, but not as an effort to stop future wars.

There are two serious problems in this approach to "peace." One is how the Iranian state hinders the disabled survivors' organizing efforts with the global community and their participation in events by not providing the necessary budget for their travel. The second problem is that even when they get to participate in those events, the Iranian state expects the disabled veterans to just condemn the use of chemical weapons against the Iranians by the Iraqi army between 1980 and 1988. The disabled survivors are not allowed to express any concern for the current use of chemical weapons against unarmed Syrian civilians by the Syrian President, Bashar Al-Assad, because his government is allied with the Iranian state. Therefore, it all goes back to who uses the weapons against whom, rather than condemning the use of violence against all human beings. As it is evident, peace per se has its politics and it can be used as an ideology to serve a certain group/class of people.

Despite enormous efforts by anti-war activists, civil society organizations, coalitions, individual-activism, and other organized efforts, we are still at war. We live in a world that can annihilate itself 15 times over (Edwards, 2012). As I write this thesis, Syria is burning within the violence of imperialist, nationalist, sectarian, jihadist, and theocratic social relations. Searching for peace initiative groups and peace activist collectives and the like, I have come across so many advocates for war, rather than for peace. I found so many arguments online that promote war by an interesting rationale: The capitalist economy cannot survive without war, because war revives the economy by providing a market to use manufactured weapons as well as new

resources to exhaust (Farrell, 2013). There are even academic journals on economics that promote war as a solution to economic depression and recession. Their reasoning usually involves mobilizing the discourse of the Great Depression” following World War I and the occurrence of World War II as its solution. They basically argue that if it was not for the Second World War, the Great Depression would have continued indefinitely, or that no war means no economic growth in the long run.

If our practical efforts are not getting anywhere, then according to Marx’s consciousness theory, our thinking must be flawed. I suggest that we *rethink the ways in which our consciousness of disability is organized given our geographical locations and the global politics that are assigned to those locations*. If we narrate our stories as embodied experiences, “collapse narration into analysis” (Gorman, 2005), and share that with our communities through technologies that facilitate transnationalism, then we can claim that we are moving toward transnationalism as a field of theorization (Mojab & Gorman, 2007). I further contend that the emerging TDM, based on *transnationalism, has the potential to resist globalization* in two ways. First, transnationalism through travel, watching the news, electronic devices, and smart apps, can help us form and maintain communities virtually. This means that we get a chance to document a life of oppression and abuse through telling our stories and transforming those stories into analyses, political consciousness, and political action. Second, transnationalism can become a way for us to organize around our narratives and keep them flowing, in opposition to globalization’s strict policing of the flow of capital.

Inspired by Bannerji (1995) as well as Mojab and Gorman (2007), I argue that if we read the ‘stories of disablement’ we hear as “embodied experiences,” then we can resist the social relations carried out by “embodied people” that rule over our lives. Transnationalism can not only help us mobilize around our experiences; it can also help us form a collective political consciousness to fight the violent structures that cause those experiences. Transnational

communication and organizing can take us somewhere beyond solidarity. It can take us to a point where our collective struggle can cross borders without us actually travelling through them. But nevertheless, I believe that we can consider travel as not just the physical act of moving from one place to another, but as a transnational technological act, because we live in a world where crossing borders without proper documentation is criminalized. Further, biosurveillance (Magnusson, 2013) technologies currently in use at borders that make it even harder for people to physically mobilize (Gorman, 2016).

Political Consciousness, Class Struggle, and Disability Oppression

One type of knowledge that is linked to political consciousness, as a way of thinking, being, and becoming is what McLaren and Farahmandpur call “revolutionary pedagogy.” They state: “The aim of such a pedagogy is to encourage the development of critical consciousness among students and teachers [maybe disabled war survivors including veterans in this case] in the interests of building working-class solidarity [along with peace solidarity among peace educators] and opposition to global capitalism [and imperialism perhaps which would then result in resisting wars such as War of Terror] (McLaren & Farahmandpur, 2001, p. 1). Inspired by their pedagogy, I argue that anti-war activists, organizations, collectives, and peace educators should join the struggle of the working class and should build solidarity with them at the international level, because they/we are fighting the same battle. The TDM can be used as a tool by disabled war survivors, non-disabled war survivors, disabled veterans, non-disabled veterans, critical educators, and anti-war activists to organize themselves/ourselves and join the working-class struggle transnationally. I believe that a classless world can also be a war-free world and vice versa. If peace educators and anti-war activists realize that a war-free world has never and will never be achieved under the capitalist system, they might reconsider their position regarding global capitalism. The solidarity between the working class and anti-war activists/educators can take our battle to a whole new level, where the prospect is not chaotic as

it is now and has been for centuries. Gorman insightfully observes that “[w]ithout a concept of class consciousness, [...] an anti-ableist standpoint is simply a social subjectivity (or location) from which certain organized social relations are visible” (2005, p. 175). As such, ‘class consciousness’ is a fundamental requirement in any social movement, especially in this case, the anti-war movement, involving activists, peace educators, disabled veterans, and non-disabled veterans. For them/us to join the working-class struggle, first they/we should understand our/their position in the social division of labor.

Contributions of TDM (as it has Emerged Thus Far)

This study, through discussing the emerging TDM, made a number of different contributions to the fields of DS, War and Peace Studies, Ethnic Studies, Refugee and Diaspora Studies, Middle Eastern Studies, Historical Materialist Studies, Political Science, Sociology, Transnational Studies, Peace Education, Adult Education, and Community Development. Additionally, it bore witness to the people injured in the Iran-Iraq war by chemical WMDs; it made visible the lived experiences of Iranians with disabilities; it illuminated capitalist and imperialist social relations as they lead to disability, injury, and health problems; and finally, it brought to the fore, and indeed created, a much needed transnational theory and praxis of disability. By carrying out this project, we scratched the surface of how nation-states are implicated in delivering the violence of war and death, disablement, displacement, environmental destruction, and dispossession. By engaging the dialectics of global politics, we were able to unveil different ways by which disability gets fetishized in local and global levels. This study, as a contribution to DS literature, has helped bring attention to the exploitative and oppressive social, economic, political, and historical conditions that render people disabled everywhere in the world, especially in the “third world.”

By hearing the stories of the disabled veterans and surviving civilians, it has added the ‘experience of disability in a global southern war context’ to the DS literature. Unlike

poststructuralist and postmodernists, we did not stop at the focal point of experience; rather, we went beyond the immediate in order to understand the bigger network of relations. We did not stop at mobilizing only around identity politics. We didn't just sympathize with the protagonist of the story. We instead, unveiled the dialectical relationship between the immediate and the far-off. We took off from the experience and shed light on the relations that organized and determined that experience as a material reality. We established that we should *mobilize around those relations*, because we learned that relations are built through sensuous human activity (Marx & Engels, 1932/1998), and therefore, can be changed. We learned that if those relations change, the experiences that they cause correspondingly change. The transformation of relations happens when we refuse to reproduce them. We, as transnational disability theorists and scholars, should organize around those experiences of disablement as political actors with a particular political consciousness. Our consciousness should result in concrete sensuous activity; otherwise, we will not have understood Marx properly. He emphasized the unity of thought and action as a way forward to ending ideological abstraction. Our political consciousness, having arisen from knowing those experiences, should result in political action. Otherwise, we will have produced a new ideological layer to be added on top of the abstraction that is already wrapped around people's experience of disablement in the "third world."

I argue that by transnationalizing disability and deconstructing the processes (e.g., war) by which it gets produced, we can *de-fetishize* and trace these processes, and therefore help prevent them. This study in one example uncovered an overarching pattern of social relations that structure and determine disabled people's lives as subjects of violence, war, exploitation, ideology, environmental destruction, and even care. As well, it gave us a new politically- and class-conscious praxis embedded in a dialectical and historical understanding of disability-production relations, as well as a new way to think about disability oppression through global class relations.

This study, with its focus on a single-case, interrogated the global political (predetermined) economy over its creation of disability via the violence of war. The emergence of the TDM marks a politically necessary moment in the field of DS in its unsettling of the existing narrative which engages difference from not only a “cultural” point of view but also from a “first world”/global north perspective. The new model with its holistic and dialectical approach, as opposed to binary and linear approaches, does not dismiss the existing models; instead, it transcends them and encompasses them. Through this thesis, I took materialist DS scholars’ efforts to a whole different level in two ways. One was by investigating a case and narrating a story of a war, in the middle of which I was born, and adding that to DS literature. Second was by developing an aspect of a new disability model from my standpoint, an anti-racist, anti-imperialist, non-ideological, and Middle Eastern women war-survivor. As such, I moved from reading popular DS accounts only pertaining to the U.S., U.K., Canada, and Australia to “Other” parts of the world, such as Iran and Iraqi Kurdistan.

Through this thesis, we developed a new model to demonstrate unequal power relations, such as prevail in a system of class hierarchy, between those who caused disability and those who became disabled in a single-case study. By conducting a comprehensive DHM analysis of the case study, we developed several constructs for the emerging new model such as class, nation-state, capital, and ideology embedded in violent/oppressive/exploitative social relations, such as nationalism, capitalism, imperialism, and theocracy. Through this thesis, the role of capitalism as a war on the environment, the human body, and every living being was highlighted (Austin & Phoenix, 2005; Foster, 2000, 2007; Milani, 2006; O’Connor, 1989). Therefore, we learned that even though certain disability-producing mechanisms may appear to be “natural,” there is almost invariably a human contribution (Lopez & Murray, 1996; WHO, 1997; Zalik, 2008). This can be the result of not taking steps which would eliminate/mitigate the rate of disability production due to a consideration of economic factors. We know that ecological

destruction and its resultant health problems are not neutral phenomena, but are rather an aspect of class war, resulting from unequal power relations between a certain class of humans and the rest of the species (ibid).

I suggest that through the emerging TDM, we can develop the discussion further in DS that environmental destruction, just like war, is a violent process that is planned and inherent to particular social relations and modes of production and consumption, as opposed to being accidental and unavoidable. I conjecture that the emerging TDM holds great potential for the (political) study of disabilities, impairments, and health problems produced by environmental factors or mechanisms. The emerging TDM's emphasis on the political economy of health can be a step forward for DS to address the problem of impairment more radically, as many environmental sociologists, scientists, and activists have already done.

Limitations of the Single Case Study and Future Development of the TDM

No Access to Survivors

The case study chosen for this study has certain limitations inherent in both the fact that it is restricted to stories already told, and by the contexts in which those stories have been recorded. In this regard, interviews, had they been possible, might have garnered deeper knowledge. Correspondingly, the testimonies that are published are already censored and can rarely include anything that exposes what the state strives to conceal. By the same token, there are disabled veterans and civilians who engage in self-censorship (i.e., they might not tell the truth about the care they receive, for fear that they may suffer adverse consequences) in order not to jeopardize the minimal financial help that they receive from the state.

Congenital Disability

I conjecture that other aspects of the emerging TDM may potentially be able to encompass congenital disabilities if they have been created as a result of violence, such as

poverty, chemical, or nuclear weapons. In Japan, for example, after more than seventy years, there are still children born with disabilities as a result of the effects of the U.S.' atomic bombs at Nagasaki and Hiroshima (Ofstedal, 1984). Moreover, nuclear testing and nuclear waste elimination are two other important factors to be considered. One example is the disabilities created in some remote villages in India as a result of people coming in contact with the dumped nuclear waste of France (Patwardhan, 2002). The same thing happens in Canada, when nuclear waste is dumped near Aboriginal reserves (Briarpatch, 2012). In these situations, children have been born with congenital disabilities created, in effect, by colonial and imperialist violence, which the TDM certainly covers. The other possibility is malnourishment of pregnant mothers that could lead to disabilities in the child. This also may potentially be coverable by the TDM, because it is concerned with economic relations – the capitalist system – that cause poverty.

Who's the Genuine Representative of the "Third World"?

Another limitation of the case study is the fact that the target population (Iranian survivors) cannot be described a representative of the "third world." It might seem that references to the "third world" are perceived as a homogenous place in my proposed disability theory. Indeed, the heterogeneity of the "third world" is something that I would like to clearly acknowledge. It is important to note that transnational disability theory does not claim that the "third world" is a homogenous place, but instead, encompasses enormously different regions of the world where extreme exploitation takes place (Erevelles, 2011). Therefore, as prominent transnational feminists have argued, it is naïve to assume that all 22 countries in the Middle East are homogenous, or characterized by the same socio-political conditions, or that all disabled Middle Eastern people become disabled in the same way (Mohanty, Russo, & Torres, 1991). I acknowledge that it is almost impossible to have a single representative for a region of the world where 80% of the world's disabled population lives (Priestley, 2015). However, I chose Iran as an example, a microcosm of a macrocosm, by which we can understand the bigger picture in

which imperialist and nationalist social relations operate.

Other Transnational Cases

Our case study relates to one type of globally-manufactured case of disablement (i.e., war-related), and a different case study would have unearthed some new aspects of the emerging TDM (e.g., a case study of the massive increase of-multi chemical sensitivity in some jurisdiction). I suggest in order to develop the new model further, we should conduct more case studies. For example, conducting potential case studies involving environmental/naturally-caused disability would shed light on other aspects of transnational disability. Such case studies might include: interviewing people who grew up around radioactive dump sites; interviewing people who clean the inside of oil tankers with no safety; investigating cases of negligence and accidents that have caused disablement/injury; investigating cases where medications cause disablement/injury, such as the case of Thalidomide which was supposed to be a morning sickness medication but ended up causing disabilities in babies born to mothers who took it; or investigating cases where new technologies have been implemented before a proper vetting process (though this could be caused by profit-making purposes, in which case it is not a purely natural phenomenon). We might discover exploitative social relations behind a number of these cases as well, just like we did in the case study at the heart of this thesis. These are examples of important research that remains to be done in order to more fully flesh out an expansive and ultimately more cogent version of transnational disability theory.

Concluding Remarks

This thesis examined the imperialist and nationalist social relations that produce and sustain disability, organized within the global context of war. It traced these relations by engaging the dialectics of global politics. As well, it proposed one aspect of an emerging new model for DS termed the *Transnational Disability Model*. This thesis had three main foci: a)

bearing witness to disabled war survivors⁹⁵; b) developing the conversation further in DS about the creation of disability by war in the “third world” by the “first world”; and c) the formulation of one aspect of the TDM via the case study of Iranian chemical warfare victims in the Iran-Iraq war of 1980-88. My contribution to DS, as a Middle Eastern woman, was different from other theories of disability, even Gorman and Erevelles’s, for it was informed and formed by my personal experience of war, trauma, and living under the patriarchy, homophobia, ableism, and nationalism of the theocratic/ideological state of Iran – as well as the imperialist presence of the U.S. in the region.

This dissertation is a case study of Iranian chemical warfare victims in the Iran-Iraq war of 1980-1988. Providing a rich backdrop that includes the history of the region, the political issues surrounding the war in question, and the narratives of veterans who acquired disabilities during the war, I make a compelling case for a conceptual framework that engages anti-imperialist class consciousness and transnational DS. My explicit methodology is DHM – a framework not generally utilized in DS research – and yet is a useful explanatory tool for this project. My dogged and deliberate engagement with DHM as the analytical framework that, allows for an exploration of the workings of the social processes that generate disability as a material reality mediated by economic and political relations. As I already pointed out, this analytical framework is rarely deployed within critical DS scholarship with its preference for poststructural and phenomenological analyzes that are presumed to theorize embodiment and body/mind subjectivities outside normative discourse. What I have intended to do effectively is *to reclaim this space of body/mind studies for an embodied Marxist Feminist theoretical* framework that I bring to bear on ableist violence produced at the vortex of transnational capitalist-imperialist wars that proliferate disability in the oft ignored spaces of the global south/”third world”. Additionally, there is even less scholarship produced in geo-political

⁹⁵ This includes veterans and civilians.

context of Iran/Iraq that is not merely descriptive and thus my attempt to produce a transformative analytic that extends beyond description to engage both transdisciplinary spaces and intersectional subjectivities is also commendable. Additionally, my intention is to produce a work is not just analytically rich, but a works that conceives of social transformation as dialectical historical praxis. Thus, my concluding chapter offers rich detail on how the model I construct can be played out through transformative praxis. This dissertation therefore contributes an entirely new lens that extends the field of DS in compelling and political ways.

In Chapter One, I discussed the three research foci, the design and purpose of the study, the research questions, my entry point, and finally the ethical commitment to conduct emancipatory research through reflexive/relational⁹⁶thinking and acting. The three primary and interconnected problems which I contended that current disability theories inadequately address are: 1) disability production by war; 2) disability production by war in the “third world”; and 3) disability production by war in the “third world” by the “first world.” Chapter Two consisted of a discussion of my theoretical framework, along with the methodology for sampling, collecting, and analyzing data. In Chapter Three, I discussed the most prominent current theories in the DS literature and their shortcomings in explaining why and where disabilities get created and how. Throughout Chapter Four, I presented the case study, as well as the historical and sociopolitical context in which it took place. In Chapter Five, I provided a comprehensive dialectical and historical materialist (DHM) analysis of the case study, organized in two parts: ‘processes’ and ‘relations’. Finally in Chapter Six, I developed the beginnings for a new emerging model for DS, the TDM, extracted from and built on the foundation of the case study presented. Developing one aspect of my emerging disability model in this chapter, I have paved the way for a revolutionary understanding of disability and its relationship with the nation-state and DS, contextualized within transnational anti-war consciousness, efforts for peace, peace education,

⁹⁶ See: Bannerji, 1995; Gorman, 2005.

and activism. Additionally, I discussed the importance of organizing ourselves against war, as political actors and agents, and resist becoming ahistorical and *cultural* puppets who just reproduce their lives among and within the wheels of capitalist economy and cultural hegemony. Finally, I talked about transnational forms of collective political consciousness and praxis, as revolutionary responses, stemming from lived-experiences of violence.

Future Directions

The final chapter indicated that a process of intellectual de-colonization must take place if millions of disabled war survivors who reside in, or escape from, the global south and their forms of consciousness are to be included in scholarly thinking, “official” DS knowledge, theoretical developments, and peace projects. As an extension of this study, I hope in the future DS scholarship will engage more deeply in deconstructing the economic, social, and political relations of power, especially in the invisible parts of the world that are rarely showcased in the media or academia. I hope in the future this study will awaken a desire in DS scholars to go to places that we never see on the news – so that they render visible the bodies and disabilities that have remained hidden. One way to do so is to approach *Syrian war-survivors/refugees* who have escaped the violence of war and now reside in Canada. I believe through one aspect of the TDM that we developed in this thesis, we can approach them and engage with and document their stories and forms of consciousness, in order to move toward a *non-ideological peace for the Middle East region*. The TDM can create a major shift in our thinking around disability, difference, and war in the global context toward a transformative body politic. This transformation can be done by raising our political consciousness through revolutionary peace praxis, politically organizing ourselves, and setting the stage for people to take a stand against imperialist, capitalist, and nationalist violence now.

By illuminating the horrors of disability production through war, I also hope this study allows future scholars to imagine a world without the violence of war. However, for that dream

to become a reality, an alternative economic system that is not based on endless expansion and profit-making – an alternative to capitalism – is needed. As well, we can organize politically around the revolutionary praxis that stemmed from the TDM and be/act in solidarity with the working class all over the world. The key factor to enable movement toward a war-free world is to develop “class consciousness” and then be/act in solidarity with the working class, because as long as there is class, there is war. A war-less world, I argue, will only happen in a class-less world.

Epilogue

*I told our story.
I was unfaithful to you tonight with this stranger.
I told our story.
It was, you see, a story that could be told.*

—*Hiroshima mon amour* (as cited in Talebi, 2011, p. 209)

Oh Child, How Can I ever forget that?

—An Iranian Kurdish woman who had witnessed the chemical attack in Iranian Kurdistan in response to my question when I asked, “dear mother, do you remember the attack?”

This thesis is the result of several years of *witnessing* and researching the living conditions of people (both veteran and civilian) who have become disabled as a result of wars in the Middle East, especially in Iran and Iraqi Kurdistan. Simultaneously, it is the result of extensive research into the historical incarceration of intellectuals, political dissidents, journalists, and community organizers in post-revolution Iran. This research was completed while I was working and organizing with Iranian and Kurdish political prison survivors and their families as a trauma counselor and political ally for the past five years.

Since my relocation to Canada, where I have access to books that are banned in Iran, I have immersed myself in prison memoirs, especially those of the women political prison survivors in the Middle East. For a long time now—ever since gaining a new form of political consciousness—I have examined the nationalist and imperialist politics of nation-building in the Middle East and endeavored to understand how disabled bodies are generated through wars and degenerative public spaces, such as prisons. Furthermore, I have explored how those disability-generating mechanisms are sustained by ideological, gendered, raced, and classed social relations. This thesis informs, and is informed by, a decade-long experience of community teaching, therapy, and social justice organizing with newly-arrived (and often traumatized) Iranian, Kurdish, and Cuban immigrant and refugee women, as well as Iranian and Kurdish torture survivors. Post-traumatic stress, depression, and/or anxiety are typical

conditions among these groups. However this is not the whole story.

Growing up in Iran, I knew that my generation had inherited a revolution—a revolution standing on the ruins of dictatorship and rooted in political dissent, socialist dreams, and un/armed struggles by several political groups, coalitions, and organizations. I was born not long after the revolution was stolen from the people of Iran by a highly organized political party—the religious/theocratic party. It was a group that came to power by eliminating political dissidents and establishing a new dictatorship more brutal and unjust than the one previously overthrown. The new religious republic, immediately after declaring victory, imprisoned every single person who disagreed with them, even if just ideologically. In other words, the new state not only locked up those who had access to weapons and were engaged in armed struggle against it, but also swallowed up everyone who even just sympathized ideologically (not practically) with any competing political party or organization.

During the 1980s in Iran, many people were given long-term prison sentences after trials lasting 10-to-15-minutes, with no rights to an attorney. Many more were executed and dumped in mass graves, with their families denied the right to grieve their death in a funeral. Especially after the war between Iran and Iraq concluded in 1988, the supreme leader (i.e., the new dictator of the religious regime) issued a deadly *fatwa*, or religious order, mandating the execution of approximately 3,500 prisoners in a matter of a few weeks. Many of those condemned had actually finished their prison term and were expected to be released (Mesdaghi, 2006; Talebi, 2011). The Iranian theocratic state has never confessed to the crimes against humanity it has committed during its 36 years in power. It is estimated that the regime has executed tens of thousands of Iranians since 1979.

As if these massacres and tortures were not enough, the Iranian regime during the same horrendous years (i.e., 1980 to 1988) fought a war with Iraq just to establish itself and on hopes to expand its Shi'a empire as far as Palestine. More than a million young Iranians died in that war, while approximately 800,000 more were left with permanent injuries and severe disabilities. The ones who survived the war with a disability were mostly institutionalized, a fate not too dissimilar to that faced by those who suffered in the state's notorious prisons. This was no accident, but rather a systematic

imposition of atrocities upon the young people who had revolted against the last monarch. Their bodies were used as shields and chess pawns to win the war against both internal and external “enemies.”

For as long as I can remember, I have been haunted by these two young generations after the revolution. The first generation consists of the young people who perished or became severely disabled on the battlefield in the fruitless war with Iraq. These are the people whose story you partially heard while reading this thesis. The second group consists of those young people who perished under conditions of torture, imprisonment, or in front of firing squads. These are the ones whose stories I have not yet told you. During the past several years, I approached some of those left behind by those extreme atrocities who live in exile today. I organized with families of executed prisoners as part of a few *justice for 1988* movements. They are the family members who have refused to remain silent in the face of one of the most brutal treatments of political dissidents in history—the massacre of the summer of 1988. I didn’t tell their story in this thesis, but who I am, who I have become, and how I think are forever affected by their absent presence in my heart and mind. They have become one of the reasons I open my eyes every morning—to bring the Iranian regime to justice. They were massacred and brutally erased from the face of the earth because they didn’t submit to the regime’s agenda. The ones who survived have witnessed something unimaginable that perhaps needs a lifetime to (re-)tell.

In writing this epilogue, I am realizing that producing this thesis was perhaps a political praxis on my part, an act of resistance against the Iranian regime exposing its treatment of war veterans (never mind the treatment of the political dissidents in captivity).

As a young girl in Iran, I knew we had notorious prisons. I had experienced one of them after being arrested on grounds of noncompliance for refusing to wear “proper” hijab at the age of 15. I remember that that day inside my dark and damp cell, I suddenly aged. I briefly experienced what it is like to be in the claws of the Iranian regime, even though the treatment of political dissidents in the 1980s was drastically worse than that meted out to a teenager for not wearing a hijab in 2001. In all of my years living in Iran, I felt a suffocating silence that was imposed on people to never speak about/for the dead prisoners.

I used to believe the majority of my generation still did not know what happened to the political dissidents in the Iranian prisons in the 1980s. In 2008, after the presidential election, the people protested against the engineered results, and I watched the arrest, abuse, and imprisonment of thousands of people of my generation, only this time I saw it from my home in Canada. At the same time, I followed the news about disabled Iranian war survivors who were/are forced to live in nursing homes and psychiatric wards, and realized that nothing had changed. They were still suffering under extremely inadequate care almost three decades after the war ended.

Dripping my feelings drop by drop onto this thesis, as though my blood, I gave myself to the words that depleted my worries, hopes, and sadness. These words enabled me to wake up in the mornings and feel an inner strength to fight the Iranian regime with my writing. Reading their stories and not being able to change anything, sometimes I felt that the horizon of my hope was diminished.

I began writing, years after I visited them in their nursing homes, about disabled institutionalized survivors, but why was I writing? Was it to give a voice to those whose voices have been and continue to be violently silenced? Was I trying to address a moral dilemma in Disability or Social Justice Studies, or give people new information? Was this supposed to heal my aching wounds and help me feel useful in life, as though such ultimate self-actualization was ever possible? Was I writing to put the ongoing nightmarish experiences of my disabled prison- and war- survivor allies on paper so as to then forget all about them (again, assuming such forgetting could ever happen)? And what about all those irreplaceable experiences I lived in visiting them or organizing with them, those joyous moments of the victory of love, solidarity, shedding tears, resilience, and friendship over the theocratic violence of war, torture, and hatred?

Writing about the injuries hurts, but my consciousness lit up through what Shahla Talebi (2011, p. 210) calls “the open mouth of the wounds, like the faint flames under the ashes.” I came to write my thesis in Canada, a place with its own history of violence and suffering, from the earlier genocide and colonization of Indigenous people, to racism, its unconditional alliance with the U.S. in launching wars on other countries, and an increasing divide between the working class and the bourgeoisie. Here, in Canada, my wound had a place to heal. Attending school and having found the space to write and read

about those two generations that kept haunting me was the ultimate remedy. However, instead of healing my wound, I re-opened it and sprinkled salt onto it so that I could not and would not fall asleep while internalizing everything that had happened to them. The distance from Iran pierces my heart like a dull dagger that hurts you but does not quite kill you. From a distance, with a deeper understanding, it was easier to remember what I had witnessed and what I continue to witness. Being in exile like a landless breeze—feeling this huge gap, the distance from one’s motherland—this very open wound made me realize the acuteness of my internalization. I believe that the ultimate resistance to these atrocities that are still happening in Iran is to *remember* those people whose mere existence was/is a threat to the regime of Iran’s dictator (Agah, Mehr, & Parsi, 2007). Remembering long years of their imprisonment, fighting, being bombed, long nights of listening to the firing squads, and counting the bullets that pierced their best friends’ and family members’ hearts and silenced them forever is what the regime cannot take away from the next generations. The next slash that suddenly cuts my soul asks: What if you forget them? What if you are dragged and washed away by a rumbling flood of information and are left with no time to remember them? What if I lose them forever? Many of them have already escaped so many people’s minds. The anxiety of these losses was so overwhelming for me that I clung to my only weapon, my writing, to survive this dreadful, imminent anxiety. While the lashes are still ripping the skin from the young Iranian generations’ bodies in prisons, I quietly listen to the sound of their resistance.

I wrote this epilogue from the space of consciousness, not memory, because I did not experience being tortured in the 1980s in Iran, nor have I been disabled on the battlefield. However, I hope that through my voice, a survivor, other voices can be heard. My writing is immersed in the pain of all those bodies and souls, many of whom I have never known in person yet whose loss I mourn or whose greatness I admire. If this thesis has been able to reveal something of their/our resilience and determination to withstand injustice and the destructive forces of war, chemical weapons, imprisonment, torture, and violence through re-imagining struggle and remaking justice, I will have achieved more than I could have imagined.

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Appendices

Appendix One: UN Security Council Resolution S/17911

Appendix Two: UN Security Council Resolution S/16433

Appendix Three: UN Security Council Official Records for 2524th Meeting

Appendix Four: The UN Secretary-General's Investigation Mechanism: Missions During the Iran-Iraq War and in Iraqi Kurdish Areas

Appendix Five: List of Data

Memoirs: 1) *Denied Truths* (Khateri & Wangerin, Denied Truths, 2008); 2) *The Use of Chemical Weapons Against Iran* by Shahriar Khateri and Ahmad Jannati-Moheb (Khateri & Jannati-Moheb, 2010); 3) *Unfamiliar Smell* by Hossein Mohammadian (Mohammadian, 2002); 4) *A Trip to the Burnt Island* Hedayatollah Behboodi (Behboodi, 2015); 5) *I, Too, Cried* by Abbas Mirzaei (Mirzai, 2015); 6) *Mustard Eyes* by Babak Tayyebi (Tayyebi, 2011); and 7) *Unhealed Wound* by Babak Tayyebi; 8) *Chess With The Doomsday Machine* edited by Habib Ahmadzadeh (Ahmadzadeh, 2008); 9) *Iraq's Use of Chemical Weapons against Iran: UN Documents 1984 – 1988* by Shahriar Khateri (Khateri, 2008).

Visual arts⁹⁸: photo book, *War Victims* by Mehdi Monem (Monem, 2009) accessed at (Iranreview, 2014); *Voice of Silence* by Ahmad Nateghi (Nateghi, 2010).

Interviews. *Four long interviews* with the disabled victim in DVD format, provided by a contact in Iran.

Reports: Kasaiezadeh (2013a, 2013b, 2013c, 2015, 2016a, 2016b)

Websites: (Ehsaninia, 2016); (Afkarnews, 2013); (Aftabnews, 2016); (Andisheh-kermanshah, 2016); (Asriran, 2011); (BBC Persian, 2005); (Bavanat, 2013) (Defapress, 2016);

⁹⁸ Mr. Ahmet Üzümcü, the recipient of the Nobel Peace Prize in 2013 from the OPCW (the Organisation for the Prohibition of Chemical Weapons) shared the following sentiments: “It is enough to look at the pictures of victims to understand the agony that they must have gone through – from Ieper in Belgium to Sardasht in Iran, from Halabja in Iraq to Ghouta in Syria” (SCWVS, 2013).

(Farhangnews, 2014); (Fashnews, 2015, 2016a, 2016b, 2016c, 2016d, 2016e, 2016f, 2016g, 2016j, 2016k, 2016l, 2016m, 2016n, 2016o) (Irna, 2014); (Javanonline, 2014); (Mehrnews, 2014); (Namehnews.ir, 2013); (Quds Online, 2015); (Shohadayeiran, 2016); (Asriran, 2016); (Jamnews, 2014); UN Security Council Resolutions (United Nations, 1987); NSA documents (all available in appendices), such as *National Security Archive Electronic Briefing Book No. 82* (Battle, 2003) and (NSA Archives, 2015); *Bonyad e shahid* (The Foundation of Martyrs and Veterans Affairs, 2017); *Sazman-e-hefz-va-nashr-e-arzeshhaye-defa-e-moghaddas* (The Foundation for the Preservation and Publication of Values from the *Sacred Defense* [my emphasis]) (Defa Press, 2016).

Documentaries: *Forgetting* by Ahmad Soleiman nia (Soleiman nia, 2012); *Echo of Silence* by Hamid Zargarnejad (Zargarnejad, 2013); *Memories For All Seasons* by Mostafa Razzagh Karimi (Karimi, 2013)

Eyewitness Accounts: Farideh Shafai and Ramezanali Kavooosi's eyewitness testimonies at (Shafei, 2016) and (Kavooosi, 2009)

Chemical Victims Blogs: Sardasht Chemical Victims Society Website (DVCWO) (DVCWO, 2013), Society For Chemical Weapons Victims Support (SCWVS, 2013), and The International Support Network for Victims of Chemical Weapons website (OPCW, 2011).

Appendix Six: Additional Statements from Survivors

Additional Statements from Survivors

In every section, I quote the surviving veterans, civilians, and sometimes their family members directly, in order to have their voices heard. If the survivor's name is known, I mention it. If not, I just call them *disabled war survivor/anonymous disabled human*.

26. On September 29, 2014, *Al-Monitor: The Pulse of the Free Media in the Middle East* wrote:

Majid, 50, a chemically injured veteran[,] who has severe breathing problems due to the irreparable and extensive damage to his lungs, needs around-the-clock care and periodic hospitalization. In an interview with *Al-Monitor*, he says, "It's my worst nightmare. Even when I am in serious need of being admitted, I keep putting it off until I absolutely have to go, or until my wife drags me to the hospital. In the hospital, I feel more like a prisoner than a patient. It's difficult to get admitted into Sasan Hospital, where I need to be admitted once in a while. Although I am a regular patient there, I still have to wait my turn each time to get admitted. I think they probably have at least a few vacant beds most of the time, but they still make you wait. I don't know why." (Samimi, 2014)

1. Sara, Majid's (pharmacist) wife and primary caregiver, tells *Al-Monitor*,

We are not treated with respect at all. There is a lot of talk when it comes to the issues of my husband and his peers, but very little is practical. I cannot trust the hospital staff, especially the nurses, so I insist on staying with Majid throughout each hospital stay, but I must pay around 20,000 Toman [equals \$8 CAD] a day in bribes. It's so tough to live in this situation. We have a teenager. The amount of financial help we receive from the administration is little compared to Majid's medical needs, and I have to take [time] off work occasionally to play caretaker, so I lose a lot of pay. The financial strain I undergo is so extensive that I honestly hardly have space in my mind to think or worry about the other aspects of our problems (Samimi, 2014).

2. An anonymous disabled veteran who has been shell-shocked (acquired brain injury), is mentally disabled, and living in a psychiatric and rehabilitation ward, in a documentary footage uploaded on YouTube, states:

I have nothing to say, because they gave me so much shock I don't even remember. I used to recite lots of poems, now I don't know anything. I forgot everything. They make you unconscious, then they plug into something and you jump up and down and then you wake up with your eyes like two bowls of blood (Soleiman nia, 2012).

3. Another anonymous disabled veteran, in the same documentary footage uploaded on YouTube, states: "The intelligence ministry's agents have beaten me up to shut me up. They have injected methadone in my blood, which is worse than morphine." (Soleiman nia, 2012)

4. Another disabled war survivor, while addressing a member of parliament, states: “Have you ever stayed one night in a veteran’s home just to witness how the family sleeps while the veteran coughs until morning.” (Shohadayeiran, 2016)?
5. Ali Molavian, who has become shell-shocked as a result of being near the air-defense canons, left a comment online:

I have lost my hearing ability and had a head trauma. Since 1990, I've been after getting a disability support from the state and nobody has ever paid any respect to my request. My hearing has become worse and [the adverse effects of] hearing explosions in my head has taken me to a point where I have tried to take my own life. For the sake of Imam Mahdi, help me so I can buy a hearing aid (Afkarnews, 2013).

6. One veteran mentions that he is forced to take 114 pills a day. In a documentary footage, uploaded on YouTube, veterans reveal that they are heavily medicated all the time to keep their mouths shut and to control their pain. They say that they have to use too many medications for eliminating pain and stress/anxiety. Just like many types of painkillers, some of these medications create dependency in their users which could cause overdose or addiction (e.g., morphine addiction) (Soleiman nia, 2012).
7. An anonymous veteran states that the guards force him to take all his medication, but he spits them out, and then they beat him up (Soleiman nia, 2012).
8. Karim Nour Mohammadi’s wife⁹⁹ says that the staff in the hospital do not even let her see/know what medication they are giving to her husband. She wants to take him to a better hospital (*Atiyeh*, which is a private hospital), but the current hospital (*Sassan*) doesn’t let her¹⁰⁰. Their son believes that his father’s condition put his brother under so much pressure that he eventually committed suicide. One of the doctors sends them

⁹⁹ Unfortunately, the veteran’s wife burnt herself alive on March 6, 2017 as I was writing this dissertation (ir.voa.com, 2017).

¹⁰⁰ Iranian veteran Karim Nour Mohammadi’s wife burnt herself alive in public after protesting for a long time to receive a spot in a nursing home for her disabled husband. On the sign that she is holding, she writes that their son committed suicide at the age of 12. Her husband has been imprisoned in the Sassan hospital by the foundation for the past 10 days and that she has been displaced as a result. She has no choice but to sleep in parks.

Adopted from <https://www.youtube.com/watch?v=EqfZau0hDfM&t=420s>

diapers, for he knows how expensive it is to look after a disabled person. Her son states: “People often think that we get so much support from the state, while we even value those diapers that are sent to us by a caring doctor. Please pray for my dad’s bedsores if you cannot afford to do anything else” (ir.voa.com, 2017; Badriyoon, 2016).

9. An anonymous veteran states:

They kicked me out of the army for “not having control over my mind.” They never told me that I would have this percentage and that percentage, if I crossed that line? Nobody understands the feeling that we had those days. We would cry and beg to go on a mine before our friends, so we would get hurt and not them (Soleiman nia, 2012) [quotation marks are my emphasis].

10. Sa’id Sa’adati from Masjedsaleman has been chemically injured twice. He writes that he has gone to combat just to uphold his leader's *fatwa*, but after getting injured twice and suffering a lot, he attempted to claim disability support. He states:

I don't want university entrance quota for my children. Nor do I want free swimming pool passes, or even fixed income for lying down at home all day. What I want, instead, is an opportunity to work. I have appeared protesting before the parliament more than 20 times holding signs/banners requesting a job. Nobody, in return, has paid any attention to my request so far, and that has caused me to decide to go on hunger strike as a last resort (Kasaeizadeh, 2013).

11. Ali Kordlou:

Are right and left hands related to each other or not? Last week, I went to the [foundation's] medical commission, and I explained to the doctors that I have serious problem in both hands and can't move any of them any longer. My neck also has serious arthritis. They told me that my problems have nothing to do with the war, and therefore, I shall receive no disability percentage for these issues. I told them that since I have lost my right hand in the war, I have put all the pressure on my left hand and my neck. Now, I have arthritis in my neck and my left hand. How can you say that this is irrelevant to the war (Fashnews, 2016j)?

12. Seyyed Hadi Kasaeizadeh: “For those who deny us, I will give you three addresses to attend and witness our pain with your own eyes: Nesar Dire [town], Sardsh [town], Zarde [village], and Sasan Hospital in Tehran.” He tells us that another veteran’s father

died in lineup in a pharmacy while waiting to receive his medication (Kasaiezadeh, 2015). He adds:

I think the medical staff at the foundation work like robots who have been brainwashed and just manage to make us feel worse. I myself never go to the hospital as long as I am conscious, unless I faint or have a seizure, then my children take me. How can they compare what we did [in the war] to a few numbers/digits [disability percentage]? I have given up on them in this life, but in the afterlife I will make sure that justice is served.

13. Mahmood's wife says that her husband (a mentally disabled veteran with an acquired brain injury) was hospitalized from 1991 to 1999 in the Sassan hospital and she felt responsible to take care of him, even though there were nurses available to care for him (Jamnews, 2014). She says that her whole life is comprised of staying in the hospital or looking for her husband's medications. They have a son who is a medical student. The veteran's wife says that it was very hard for her to raise a child in their home, which was always unpredictable in terms of yelling, screaming, or throwing cellphones by her husband, one of which almost hit their son's eye. This is not the whole story, she says:

There can be nothing in the house that smells, from food to scented bathing products. The veteran has no tolerance for anything that smells. I cannot even cook an egg in the kitchen without bothering him. Aside from his medications, he needs a life with no stress and some facilities, such as Jacuzzi, physiotherapy, and massage. We were able to buy a Jacuzzi for him and that has been very effective in reducing his pain (Jamnews, 2014).

14. An anonymous veteran states:

I lost my best friends, frank and honest, amazing people. I am shy to talk about my own problems now when I have witnessed collecting my friends' organs and sticking them into their bodies, so we could bring their coffins home. When I came back from being a prisoner of war in [Iraq], I witnessed terrible things from this state that I feel like I had a better life in captivity, not knowing your own side of the combat would be so unfair to you (Soleiman nia, 2012).

15. An anonymous group of mentally disabled veterans with brain injuries who are institutionalized, along with the on-site psychologist, talk about their living conditions in a documentary that was uploaded to YouTube (Soleiman nia, 2012). The

institutionalized veterans tell the cameraman that the feeling of worthlessness hurts them: “We are useless and everyone has forgotten us.” They say that their addresses change very frequently, or they go homeless, because their landlords kick them out of their homes. Their stress makes them very irritable, and they accelerate swiftly to the point of screaming and swearing for no apparent reason. The on-site psychologist states that if people were only aware of their condition, then they wouldn’t take it personally and would try to understand the veterans’ trauma and stress and act accordingly (Soleiman nia, 2012).

16. An anonymous veterans adds “homeowners don’t rent their place out to us; they say we are crazy.” (Soleiman nia, 2012)

17. An anonymous veteran’s wife, in an interview, states:

My husband is still living in a war zone. Why have our governors and state-members forgotten our young people so soon? War has been forgotten, but we still have to live with it. Why does my husband scream all night? Come and see the poverty. My husband sells bus tickets and sleeps on the street! It’s very hard for us to survive financially. To get reimbursements for one kind of prescribed medication, I have to run up and down the stairs in the martyr’s foundation for two months in a row. Or to hospitalize my husband, I have to negotiate with the Sassan hospital for hours and hours. We are treated like “lepers” while I thought the whole society will be proud of us (Soleiman nia, 2012).

18. An anonymous veteran states: “Explosion waves changed my life forever...a bomb explodes 5 feet away from me.” (Soleiman nia, 2012)

19. An anonymous veteran states: “Just give me a small piece of land, I will plant vegetables and build a small cabin to live in.” (Soleiman nia, 2012)

20. An anonymous veteran asks the cameraman: “Do you even have the government’s permission to make this film?” (Soleiman nia, 2012)

21. An anonymous veteran states:

I was a captive prisoner in Iraq for 15 months. Since the war, everything has gotten worse. Nobody is familiar with our problems. Our families don’t know what to do with us. I see my friends all the time, my dead friends. When I got

hospitalized, I felt worse. Even though I had a tiny problem, I felt much worse bearing witness to other veterans' pain, stress, and restlessness (Soleiman nia, 2012).

22. An anonymous veteran's wife states:

I would never step inside the foundation, as much as they make me run after a little sum of money to pay for my medications. One day I told them, "If you could give my husband's health back to him, I would never ever step inside this place". Going there early morning and coming back late at night... it is very difficult to raise two young children, look after a disabled person and run after reimbursements for months. One day I told them, "Please help me, I have small children". And they said you just got your percentage and want to have everything all at once. That's impossible; you need to wait (Soleiman nia, 2012)

23. An anonymous veteran:

I've heard stories from my chemically injured friends who had gone to Germany to receive treatment. In there, they saw an old gentleman who had a button attached to the left side of his shirt. My friend got curious and asked one of the staff who spoke Farsi why people are respecting this person a lot? And they said: "Don't you see his button, he has participated in WWII?" Why don't we use an indicator, something similar to that button (hero-like) to identify our mentally disabled veterans, so people know that they need to be patient with them and avoid any type of confrontation or loud voice?" (Soleiman nia, 2012)

24. Janbaz (this username means disabled veterans) with a mental disability states:

If you love Imam Hussein, pray for my death (Nasr, 2014).

25. Jamshid's wife tells us that every night her mentally disabled husband gets her to play

the role of an Iraqi prisoner of war and that this drama lasts until morning. In the morning, the veteran takes his medication and gets relaxed, kisses the back of his wife's hand, and asks her to forgive him. When Jamshid gets triggered, he attacks her and their children. The wife, however, never gets upset or offended. She says she understands her husband's pain and the condition he lives with (Jamnews, 2014).

26. R. S. from Lorestan:

In 1986, I was drafted to go to the war. An accident caused an explosion inside my tent and rendered me disabled in my hand. I was taken to the hospital behind the front line by my fellow soldiers, and then I was sent to the *Fayyazbakhsh* hospital in Tehran. Now I'm a 15%-disabled veteran, due to the explosion near

my hand. The shell-shock has never been mentioned in my file, but I'm receiving treatment from a psychiatrist due to the mental problems I experienced after the explosion I was exposed to. I've been also hospitalized in *Baghiatollah* hospital. As much as I go to the martyrs' foundation, I keep getting the same answer that I should bring proof from the combat field hospital [usually a fragile tent in the desert] that I was exposed to an explosion, which they call *soorat-e-sanehe* (memo of the accident). I can't carry on a conversation with my family. For the sake of God, help me please, my life is like prison. I hope you get compensated in heaven (Afkarnews, 2013).

27. An anonymous veteran says he suffers tremendously and is tired of lying to his kids,

saying that the authorities would care for them eventually someday (Alef.ir, 2010).

28. An anonymous veteran:

I've been belittled and humiliated by the foundation so much that I cannot even begin to describe the things I've been told by the authorities. During the war, my best friend died in my arms. Today, I'm very traumatized. I keep bursting into tears. I've witnessed so many scenes that I can never talk about them to others who haven't been there. The foundation doesn't recognize me as a veteran, even though I went to them after 30 years when I really needed help (Kasaiezadeh, 2016).

29. An anonymous veteran:

I was a nomad when I was 5. Our place was hit by Iraqi bombs, and I got shell-shocked. Then they took me to a hospital. That hospital also was hit after a while, and every document burnt. Today, when I ask for help, they keep passing my file from one hand to another. Recently, I was told that since the field hospital was hit too, I no longer could prove that I was treated there at five-years-old, hit by chemical weapons. I was just 5 (Alef.ir, 2010).

30. An anonymous veteran:

The people who make decisions for our present and future have never been in the same situation as us. For instance, they have never been in the middle of a war zone; they have never eaten leaves instead of food and taken shelter under a tree for days; they have never climbed up the mountains in the snow and dark (Alef.ir, 2010).

31. Amirhossein, son of a veteran says:

My dad participated in the war for 83 months and got injured. Even though he is hospitalized in the Milad Mental Hospital that belongs to the foundation, they gave him only 5% [disability]. He doesn't receive any financial help, insurance, benefits, or anything else. Only God can help us at this point. Is there anybody who can help us? (Afkarnews, 2013).

32. Ali Hojjatdoost states: "I fought for 40 months in the war. A few times, I was shell-

shocked. And once I was hit by chemical weapons. However, I still do not have a [disability] percentage, and I am suffering from my injuries. Where should I go? Is there anyone who can help me with this matter? (Javanonline, 2014)

33. An anonymous veteran's wife says that her husband was in grade 8 when he volunteered to go to the war. She complains that the doctors in the medical and health commission of the foundation are so young that they wouldn't have had any idea about the war with Iraq and the things that the veterans went through (Afkarnews, 2013).

34. Jamaladdin Forghani, a 30%-veteran, was disabled by acquiring an injury in his back:

I am a 20%-disabled veteran. I have not been given any benefits by the foundation. They have not even provided me with any medical treatment. I am diabetic and have a full insurance (which they call *bime-ye-takmili*). I have claimed my expenses, but they have not paid me anything (Afkarnews, 2013).

35. Sayyed Mohammad Hossein Hosseini Tabar:

In 1980, I got disabled. It has been three years that I have been after getting recognized as a disabled veteran (*ehraaze-jaanbazi*). But the foundation ruthlessly denied my recognition as a disabled veteran (*jaanbaaz*). I want justice to be served on the day of the lord, so these people get what they deserve. I hope for this new administration [President Rohani] to be successful in understanding our pain, as the children of the revolution. I hope for them to replace the foundation's staff with people who care for us and really want to help us. I served for 24 months in the war. I was very good at my job; the commander of the unit praised me for rescuing 35 of my fellow soldiers. However, I got hit by a shrapnel shell. I got treated in *Saleh-abad* clinic and went back to the frontline. Unfortunately, my life was ruined after being shell-shocked by the explosion waves. My family says that they wish I had not gone into combat in the first place, since nobody recognizes me as a disabled war veteran anyway. I cannot work due to my mental disability. They [the foundation's medical commission] only recognized 10 months of my involvement in the war. If I ask them to review my application for the second time, it takes forever [at least five years]. If somebody can help me, may Abolfazl [Imam Hussein's brother who was maimed and killed in Ashoura] reward them (Afkarnews, 2013).

36. Abde-e-Khoda states:

I have been chemically injured with eight shrapnel shells in my neck. And the shrapnel shells are not treatable. Basically I am not able to work anymore. The disability percentage they gave me was 20%. Where am I supposed to go? What am I supposed to do (Afkarnews, 2013)?

37. An anonymous veteran states: “They just wanted us for war.” (tabnak.ir, 2009)

38. An anonymous 5% veteran with a direct bullet injury in the right ankle and post-

traumatic stress states:

I have had a series of hospitalizations in psychiatric institutions. Am I a mentally disabled veteran or not? The foundation says you don’t have a proof for your injury in the war; you need to show us a proof of treatment right after injury in a war zone field hospital or clinic (*soorat-e-saneheye-hamzaman*) [simultaneous accident memo]. This is absurd, because I couldn’t possibly have had someone taking my photo, as I got injured in the frontline source, maybe (shohadayeiran.ir, 2015).

39. An anonymous veteran states:

The minimum percentage for mentally disabled veterans has been pronounced to be 25. I am a mentally disabled veteran, why doesn’t my percentage change to 25% then? (Alipour, 2016)

40. Shahriyar:

35 years ago, I got injured in my right big toe; and 30 years ago, when I was serving my military service, I got injured in my left foot. Now, I am mentally devastated. I didn’t apply for disability support until 2006; however, I am very weak now. After 35 years, when I went to them, they passed me from town to town and at last they gave me only 5%. Since 1990, I have not been paid anything. I sent several letters to the martyr’s foundation, but they wrote back to me every time saying that their budget is very tight. I asked them as a 30% [-veteran] when they are going to sign me up for a car grant.¹⁰¹ They responded back that the 50%-veterans are still in the line, never mind the 30%-veterans (Alipour, 2016).

41. Vafa states:

I was hospitalized due to extreme distress and mental problems. In there, I met a young man, and we became friends. An advantage of places like this is that patients get very close very fast. The young man talked to me about himself, the fact that he is unemployed, and that he has convinced a doctor to prescribe an inpatient treatment for him so he can get another 10-15% from the foundation. It is interesting that he was too young to have participated in the Iran-Iraq war. In fact, he thought he could gain something by claiming falsely that he was in the war. What he didn’t know was that there was nothing to gain but suffering and waiting. The reality is that even when the real veterans commit suicide, they get accused of mental instability or addiction to drugs. Usually, when they seek

¹⁰¹ Sometimes, the state gives special attention to certain veterans who are close to them and who agree with them in ideology and praxis. Some state members get promoted so fast by claiming that they have participated in the war, while they might have not even become disabled at all. Only five percent of the disabled veterans receive quality care (VOA PNN Rooyekhat, 2015).

treatment with a mental disability, they get told that they should be grateful for being alive and should not be asking for money. That guy didn't know that the authorities in the foundation easily reduce your percentage, which determines all the benefits you can get (Nategh, 2012).

42. A veteran's son states:

Hi I don't know what to say. Honestly what is this situation that you have created for us? I cannot even speak with my father properly and comfortably. This is all the result of the damn war. I hope you all die. I have a good father. He says he went to the war for Imam [khomeini] and the nation. But, know that my father was a 30% veteran, and now he is 20%. How come can a person get better while getting older, according to you? (Nategh, 2012)

43. An Rahmatollah Seyyed Tamba says that he was chemically injured and got disabled when he was only 13:

Now that I am 42-years-old, the problems have emerged. I live with my mom and three sisters in a small rental apartment, and I can't get married due to my sexual problems caused by the chemical injuries. For the sake of my grandmother, Prophet Fatemeh, if you can do something, come forward and help me (Javanonline, 2014).

44. An anonymous veteran states: "These [whatever the foundation claims] are all lies. If you are under 25%, you don't get anything at all" (Javanonline, 2014).

45. Janbaz-e-gereftaar:

The high commission on chemical injuries didn't recognize me as an injured person, and I was told that I should wait three years before I can show up at the commission again. I am supporting a family of five with no vision and malfunctioning lungs. Even right now, as I am writing this comment, my face has blisters on it; it has discharge dripping and hurting me. Do you actually think that I would live three years to go to the commission again? I want my God to serve justice to those doctors of the medical commission who determined my percentage very low. Come and help me. If you don't help us, you are not fair (Javanonline, 2014).

46. Mohammad states: "you ratify laws, but they are never implemented." (Nategh, 2012)

47. An anonymous veteran:

I am a disabled veteran who sleeps while sitting sometimes. I use Salbutamol and foreign [not manufactured in Iran] medications, and since I didn't know how to read the instructions [which are in English usually], I have damaged and destroyed all my teeth. They gave me 15% disability percentage. I am not the

only victim of this tyranny; some people don't even get more than 5% (shohadayeiran.ir, 2015).

48. Hadi Soleimani:

Whenever somebody got killed during the war, it was easy to believe it from their collar [that was left behind]. But now, we cannot prove that we are alive, unless we jump through hoops for years for a probable chance of getting recognized as a disabled veteran. If a new war happens, I would refuse to go and fight (Shohadayeiran, 2016).

49. Mahmood's wife states that even though her husband takes 48 pills [a day], they have

reduced his disability percentage from 24% to 10%. The medical commission of the foundation wants to monitor veterans' rehabilitation process [to reduce or fix their percentage] by subjecting them to medical tests and scans that are not good for them.

This veteran's family has no shelter, but a good person who might want the place back at any moment has offered them a small apartment. The veteran's wife adds:

Percentage is so important that it has become the first thing everybody asks us about. As if the health problems are not enough, now we have to deal with financial issues as well. Our eldest daughter is a university student in a photography program, and we cannot even afford to buy a camera for her. Our daughter takes 38 pills everyday and wants to drop out of university, but we don't let her. The day that the war started, we were not told that we would be treated with this percentage system one day. Today, wherever I go, I have to declare the percentage first (Jamnews, 2014).

50. Parya Davar Balabaglou, daughter of disabled veteran Yunes Balabaglou, who is

mentally disabled and injured by chemical weapons, states:

Ten years ago he [the father] used to work for the foundation and his injuries were much more manageable [treatable], but as soon as he quit his job, he got worse. Before, we had no financial problems and my father was doing better. Now, he gets paid only 480,000 Toman [equal to \$120 CAD]. Can you survive with this money? Please invite him back to work (Alef.ir, 2010).

51. Darioush Ahmadrza Bahmanyar states: "Is it fair to not be able to function at all, and yet get 25% [disability percentage] only?" (Alef.ir, 2010)

52. An anonymous veteran states: "Why didn't they categorize us based on our 'percentage'?"

when they asked us to go to war? Why am I '15%', and the other person '40%'? Are we 'percentages'?" (Alef.ir, 2010)

53. Tabeiz (this username means "discrimination in English) states: "I am a 43% disabled veteran, who was given the 43% at the army, but the foundation gave me 10% only? Why? Why did I ruin my life? Why did I not leave the war? Why did I clean the minefields for 80 months?" (Alef.ir, 2010)
54. An anonymous veteran states: "Below 25%, you don't get anything! Even if you have served for 120 months without having an application with the foundation, they do not see you as an *isargar* [someone who has sacrificed]! I am 15% and have served for 70 months, but they wouldn't give my son a job (Alef.ir, 2010).
55. An anonymous veteran's son says that facing this difference in percentage system is making him question everything, even the meaning of a disabled veteran. He has come to believe that maybe only veterans with 49% and above are very respectful and deserve benefits, and not those with lower percentages. Some veterans say that due to the deterioration of their health, as they age, they should go for a reassessment [that usually takes 3-5 years]. However they usually don't, because they are afraid that their percentage will be reduced, instead of being increased (Alef.ir, 2010).
56. Ahad states: "We are only important during *The Week Of Holy Defense*¹⁰² and the global day of fighting chemical weapons. Why can't the authorities care about us during the rest of the year?" (Alef.ir, 2010)
57. An anonymous veteran states:

I served in the war with Iraq for 6 months. I have an unemployed daughter who is a graduate from a technical university. My other daughter was not able to use the

¹⁰² The rhetoric that the Iranian state uses to refer to the Iran-Iraq war is ideological. For example, the Iran-Iraq war is referred to as *the imposed war* or *eight years of holy defense*. The Week of the Holy Defense is a week in the national Iranian calendar that commemorates the Iran-Iraq war. During the holy defense week, the national media talk about the Iran-Iraq war and broadcast movies about the war.

university entrance quota. I was also fired from the bank that I used to work for, due to my illness. Now I feel much worse, since I feel dysfunctional and naïve (Alipour, 2016).

58. Rahim Sadaghat was five-years-old when a chemical bomb hit the Sarcheshmeh Square of Sardasht at 4:30 pm. He emphasizes that he doesn't receive any disability support, because his "percentage" is 20% [less than 25%]. If your percentage is less than 25, you only get health insurance but not the disability support that is given as a monthly payment for veterans who cannot work (their percentage is less than 25) (Kasaeizadeh, 2012).

59. Mohammad, a chemically injured 15%-disabled veteran in Shishdar region, states:

I got shell-shocked trying to rescue my fellow soldier. On the same day, they took me to Shahid Salimi combat field hospital and after a while I felt troubled mentally. I went under treatment for mental disability. I went to the Ilam province's revolutionary guards station. Now, they say we have no record for the Salimi hospital. When I go to the medical commission, they tell me that I have been injured in my lungs. Since you don't have your mental disability/injury incident memo (soorat-e-saanehe ye aasab)/[memo of a mental disability causing accident], you don't get more than 3% disability percentage (Afkarnews, 2013).

60. An anonymous veteran's son asks his father why he went to the war, just to come back and make their lives miserable (from interview footage sent to me by a contact from Iran).

61. A veteran, who committed suicide in 2006, was believed to have been mentally disabled. A while ago, the veteran went to the foundation and injured the security guard with a metal bar, while in an aggressive and nervous state. Then he went to different departments, broke the glass doors at the entrance, and verbally insulted the staff. After the incident, the foundation cut his financial assistance, which caused so many problems for the veteran and eventually led to his suicide (Shomalnews, 2006). The authorities claimed that the veteran was a "psychotic patient."

62. Another veteran, Heydar Noori, 25%-disabled veteran with a mental disability and

injured by chemical weapons, committed suicide by strangling himself from a building's stairs. ILNA news agency confirmed the news but did not comment [they said they did not know anything about this matter]. Iranian parliament members, Esmail Kowsari and Mostafa Rahmadoost, both told ILNA in an interview that they have never received news regarding the suicide. The attorney general of Golestan province commented on this incident by saying that we should also think about the veterans' loneliness besides other things. When this news was published online, people left several comments which are worth reciting here (shohadayeiran.ir, 2015):

Anonymous: "Of course they didn't know anything." (shohadayeiran.ir, 2015)

Anonymous: "Was the veteran from Israel? Is that why they cut his monthly financial assistance?" (shohadayeiran.ir, 2015)

Farzand-e-Shahid: "The staffs of the foundation are very rude and aggressive, such that we as families of the martyrs do not even feel like going to the foundation in the worst circumstances. Mentally disable veterans are not psychotic; they just reach this point because of people like you." (shohadayeiran.ir, 2015)

Nashenas: "Don't you know that the mentally disabled veteran's behavior is out of his control? Why did you cut his monthly assistance?" (shohadayeiran.ir, 2015)

Shahrvande Golestaniye Janbaz: "What would you do if they cut your monthly income? You all should be held accountable and fired." (shohadayeiran.ir, 2015)

Nashenas: "These poor veterans went to the war and ruined themselves. You are even more psychotic than an injured person like him. You should have understood his pain. Why didn't he go to other organizations and places and break their glasses. This shows that he was entitled to something in here that you guys refused to give him. In the midst of all economic problems in this country, you cut his wage?" (shohadayeiran.ir, 2015)

Omid: "Do you need us to kill ourselves in order for you to believe us? We go crazy,

because we work for years to complete an impossible application just to be called psychotic.” (shohadayeiran.ir, 2015)

Nashenas: “Shame on you! Your first comment was that he was psychotic? How dare you?” (shohadayeiran.ir, 2015)

Seyyed: “If there were no disabled veteran, you wouldn’t have had a job.” (shohadayeiran.ir, 2015)

Nashenas: “If these authorities at the foundation are guilty in this matter, they should be executed in public right before the foundation.” (shohadayeiran.ir, 2015)

Morteza: “Higher-ranking authorities in Tehran are guilty – those who let the head of the foundation in Golestan province to be the same person for 20 years. In today’s world, flattery pays more than honesty.” (shohadayeiran.ir, 2015)

Abbas: “How can they understand our pain when they have never been to the battlefield?”

Salimeh: “This is the result of being a disabled veteran for 20 years. Thank you authorities.”

Reza: “Mr. Manager, you stick to your desk [ambition]; God pays us without calling us psychotic” (shohadayeiran.ir, 2015).

Mehdi: “Instead of listening to the pain of those disabled people in need, you cut their wages? How pathetic? How can you do this” (shohadayeiran.ir, 2015)?

63. A veteran’s brother said that his brother committed suicide due to not being able to work, economic pressure, and the stress caused by unemployment. He attempted to obtain a disability percentage. Even though the application was complete, the foundation refused to acknowledge his disability. The veteran (Akbar Ghaeini) burnt himself alive before the eyes of the staff of the foundation in Qom city. The veteran killed himself because of the foundation’s irresponsible and unaccountable response to his needs. Mehdi Ghaeini, the veteran’s older brother told everyone that his brother attended the war, just as a sign of his faith; therefore, he never applied for his

disability support/percentage as long as he could work, despite his serious chemical injuries. He applied for his disability support after he realized that being shell-shocked would prevent him from working. Not getting a response from the foundation, his traumatized state finally led to his extreme action as he took his own life by burning himself alive (tabnak.ir, 2009).

64. Another veteran, who was working as a blue-collar worker, burnt himself alive before the municipality building. There was a rumor that he couldn't afford to buy a proper dowry for his daughters. He was 25%-disabled veteran who had purchased a cubical/table in the local farmers market from the municipality. After four years, he was told to empty the table because they did not intend to renew his permit. He fought his right to keep the table for a long time by going back and forth to the authorities, but they never paid any attention to his request. He even asked for a loan, which was also denied. After becoming completely hopeless, he burnt himself alive before the municipality building. After the news scattered around, different organizations passed the ball to each other to shrug off the responsibility of solving a veteran's problem – a veteran who just wanted a table in the local farmers' market (kaleme.com, 2016).
65. Another veteran teacher from Masjed Soleiman jumped into a lake behind a dam in Katvand (Namehnews.ir, 2013).
66. Another veteran intended to burn himself alive, but his lighter did not work and that gave the authorities enough time to intervene. Therefore, his attempt at taking his own life was not successful (Shomalnews, 2013).
67. Negin Goodrich, in a comprehensive account of the history of disability law in Iran, tells us an important story about a (war survivor) disabled boy called Mohsen. Mohsen's mother, Mrs. Taha, in an interview with Goodrich, stated:

It was actually during the Iraq-Iran war when I was taken to a hospital, after hours of

delay, to deliver my baby. At that time, most of the ambulances were either sent to the borders or at the service of the air-attack victims in Tehran and other cities. So, our son, Mohsen, was born with hours of delay. As an infant in his early weeks, he showed no signs of disability; yet, I remember, from his early months he could not grab his toys or crawl. Since my husband and I had raised another child (our three-year-old daughter, Mahbubeh), we were experienced enough to find out that our son's growth did not look natural (Goodrich, 2013, p. 2)

68. Mohammadreza's wife states that her husband is mentally disabled:

Even a doorbell is enough to set him off and make him even attack his family with a knife. I asked the foundation to send him for a medical treatment to Europe but they said that they never send mentally disabled patients overseas. The veterans gets paid 1,400,000 Iranian Toman [which is equal to \$500-600 Canadian Dollars, from which \$180 to \$200 CAD is his nurse/personal support worker's wage]. The army is good to us. They give us everything we need, except very rare and special medications that are supposed to be given to us by the foundation. However, sometimes they fail to give it to us. My husband and I go after those medications all the time. I myself have travelled through 8 countries to find my husband's medications. For instance, once I went to the border of Lebanon and Israel just to find one type of medication that I was told only a pharmacy near the Israeli border has it (Jamnews, 2014).

69. On July 25, 2016, Fashnew News Station wrote:

Please for the sake of God, echo the voices of these disabled veterans and civilians [in Nesardireh village], out of whom 400 people are without any disability percentage since 1988. Every time that they hold the [medical] commission session [at the foundation], only very few people get their disability recognized and measured. Most of the residents of this village die with incurable sicknesses or chemical injuries without holding any medical insurance. These veterans with no percentage have been silenced and have nobody but God (Fashnews, 2016e).

70. An anonymous veterans state: "24 countries of the world united to do this to us" (Soleimania, 2012).

71. Amirhossein Khorram's disability percentage was reduced from 50% to 25%, and eventually it was revoked entirely as a result of him confronting the foundation. He used to work for the foundation, but he refused to remain silent facing fraudulent impersonation in the foundation.¹⁰³ For instance, he found out that some people received a veteran identity card

¹⁰³ Impersonation or identity-making here means engaging in fraudulent activity to get disability-percentage and its benefits while you are not a disabled veteran but you pretend you are.

without being a veteran. He voiced his opinion and was kicked out as a result (Entekhab.ir, 2016).

72. Mohammadreza Gheybi states: “Where were you when it was war? For the sake of God, increase the financial support for [veterans] below-25%.” (ShohadayeIran, 2014)

73. Razmandeh (This username means soldier in Frasi) states: “I was in the war for a few years. Thanks to God, I am fine. You who say/do anything not to lose your throne: be aware that 2500 years of monarchy was destroyed by the will of this nation. This nation didn’t start the war; you did. Act in a way that if you need help again, a hand would stretch toward you.” (ShohadayeIran, 2014)

74. Seyyed, son of a veterans states: “you did something that if there is ever a war, nobody would go to fight - veteran’s son” (ShohadayeIran, 2014)

75. 10%-Veteran states: “under-25%-veteran is supposed to die. That’s it with three times injury”. (ShohadayeIran, 2014)

76. Iran Press News correspondent Azeri-Bagha reported that on June 7, 2012, while a few veterans from the *Baghiatollah Rehabilitation Center* had gone to the presidential office to talk with the administration about the barriers they faced on a daily basis. Two of the veterans, who couldn’t go with the rest stayed behind, were shocked to witness that the Veteran’s Foundation’s staff showed up at the *Baghiatollah Rehabilitation Center*, beat them, and knocked their wheelchairs down. Then they collected all veterans’ stuff and said that they needed to evict. One of the neighbors even saw that the building’s sign had fallen down. After the veterans came back, they called police. The police arrived and tried to protect the disabled veterans from the foundation’s staff and asked them what they wanted. The staff claimed that the veterans must leave, because they own this place now. Then the police asked if

they had any warrant to show, and they didn't have anything. Later on, they fired the personnel, provided no food, and threatened that they would block water and hydro. One of the veterans said in an interview "these people asked us to leave without having prepared an alternative place for us. Finally they gave an address to another place and two of the veterans went there and there was no place for them over there". Later on, the foundation sent an official letter to the nursing home, which said that the building was old and that the fire department was evicting them. The head of the fire department then was interviewed and said that the fire department had no authority to issue evictions and that they had not received any orders (IranPressNewsTube, 2012).

77. An anonymous veterans states:

I have served 22 months in the battlefield against Saddam. I have a 10% percentage with the armed forces commission. But the foundation has not given me any percentage. They say your documents have been destroyed in the *504 Hospital*. What's my fault? I am shell-shocked (Afkarnews, 2013).

Appendix Seven: Step by Step Building the TDM

Process of building TDM from the Case Study Step By Step Narrative

First I unpacked the concepts of ideology, nation-building, class-based society, theocratic nationalism, and "nation-expanding" as core dynamics of capitalist social relations. The process of the *production of disablement* in the case study consisted of six categories: nation-building, initiating a military invasion, prolonging the war, using unconventional weapons, the global community's silence, and certain nations' support for Iraq. The process of the *perpetuation of disablement*, in the case study, included poverty, institutionalization, unemployment, state corruption, fetishization of disability by the state, inadequate medical care, lack of medication due to the U.S.-imposed sanctions, chemical

incarceration (being overmedicated with psychiatric drugs), lack of disability accommodation, lack of physical and emotional accessibility, class hierarchy, and the dysfunctional disability measurement system employed by the Iranian state. The data analysis suggested that as the result (i.e., form) of these processes, there is a high rate of suicide and addiction among the surviving veterans, with many of them experiencing survivor's guilt, extreme poverty, and post-traumatic stress.

I also concluded that besides commemoration sites, museums, holidays, texts, movies, and other cultural portrayals of the Iran-Iraq war, as significant sites for the Iranian state's survival, the veterans' disability¹⁰⁴ *becomes an ideological role* for the disabled veterans to fulfill. This construction is then propagated through popular culture, poems, films, museums, and a myriad of events. This is what I called *fetishizing of disability*, as a *process*, which masks the reality of disablement in wounded soldiers. Finally, this chapter demonstrated that since the end of the war, the Iranian state has managed to hide the inadequacy of care for the veterans' disabled bodies under the *idea* of "living martyr," to maintain its survival, achieved partially through the project of cultural nationalism, which occurs at the price of silencing a myriad of *actual* war stories.

¹⁰⁴ As if there is no human being that owns that disabled body or disability. As if the body can be separated from the person who animates it. This is how fetishization occurs, once we erase the person that lives inside that body.

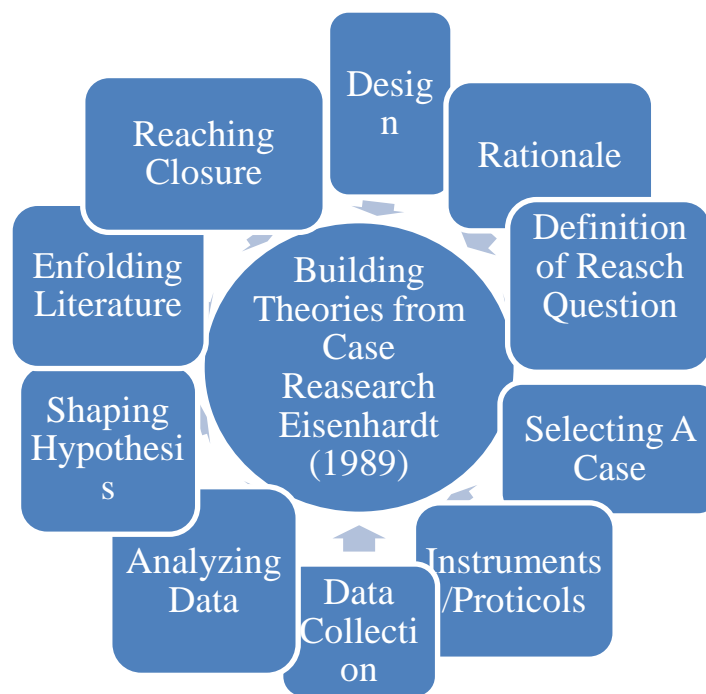


Table Appendix Seven.1 Process of building TDM from the Case Study

Step	What	Why? Evidence?
Research Question	<p>What are the material conditions under which Iranian victims of chemical warfare during the Iran-Iraq war have lived since acquiring their disability? How is the “first world” implicated in the production of disability in the “third world” (i.e., capitalist and imperialist agendas)?</p> <p>How are nationalist/ideological forces (such as the state) in the “third world” also implicated in the production and maintenance of disability (i.e., through the instrument of religious nationalism)?</p> <p>Why is a transnational theory and praxis of disability necessary?</p> <p>As transnational theorists, how are we to understand disability?</p>	<p>Realized that there is little known about the phenomenon of “disability production by the violence of capital (class and ideology), especially war” within DS. Current perspectives seemed inadequate because they have very little experiential substantiations, or they conflict with each other. Therefore, it was not the serendipitous findings that suggest the need for a new perspective, but my own observations combined with the data I have collected.</p> <p>The study found that the social relations that produce and perpetuate disability in the survivors include <i>capitalism</i>, <i>nationalism</i>, and <i>imperialism</i>, all of which operate based on class and ideology.</p>
Theoretical not random sampling (adopted from	Out of 500 narratives/comments that I read for this study, I sampled ¹⁰⁵ and translated 78 of them, as examples to present. I put 25 of them in this chapter and the rest (i.e., 53 of them) in Appendix Seven. I remain	The purpose of my convenience sampling was avoiding the sampling of hegemonic construction of disability and disablement in Iran, and instead, using the survivors’

¹⁰⁵ Based on maximizing variance and in order to covering/representing most forms of oppression that they endure.

Eisenhardt, 2002)	<p>in debt to every other disabled veteran or civilian whose story I have not had the chance to narrate. In the next chapter, I will analyze the emerging themes as they are embedded in the case study. In this chapter, I only narrate the 25 stories/comments that pertain to those analytical themes. The 25 stories/comments that I have chosen for this chapter are <i>key in understanding both processes of producing and perpetuating disability</i> in the survivors. The narratives that I cover here are only a small selection of the accounts I read in hardcopy and online. I have to confess that perhaps one of the most difficult tasks, carrying out this study and writing up the thesis, was the selection of the stories to (re)narrate. It would have been impossible to (re)tell every story, here, in a piece constrained by word-limit. As such, I decided to sample 25 of them using an effective selection criterion that is both ethical and adequate. I say “ethical,” for I can pay my respect to all 78 stories that I have translated for this study by putting them in Appendix Seven. And, I say “adequate” because in the next chapter, I will discuss structural barriers that the survivors have to deal with, and these 25 narratives directly speak to those barriers.</p>	<p>own words, as opposed to investigating what the Iranian state says <i>about</i> it. Some of my data indicated ‘the experience of disablement’ and the rest explored the transnational creation of that disablement. With respect to the documents pertaining to ‘the experience of disablement in war’, I sampled only documents that have been produced by the survivors themselves, as opposed to the documents produced by the government. This is a conscious political praxis on my behalf as an anti-oppression task of historical recovery. <i>Conversely</i>, for the second part, I have relied heavily on the documents created by the Iranian, Iraqi, and American states in order to explore their internal and external relations while discovering how they socially and politically organized the war.</p>
Crafting Instruments and Protocols	<ul style="list-style-type: none"> 16) The ideological rhetoric of revolution, war, and recruitment 17) Theocracy or fighting for “God” 18) Production, trade, and consumption of WMD 19) Production of disabled bodies 20) Immediate treatment/care/hospitalization/expenditure 21) Documentation of damage by local, national, and global response teams 22) Comprehension or making sense of what happened 23) Long-term care/adjustments 24) Questions of class and financial 	<p>Iran-Iraq War: The process of the <i>production of disablement</i>:</p> <ul style="list-style-type: none"> • nation-building, • initiating a military invasion, • prolonging the war, • using unconventional weapons, • the global community’s silence, • and certain nations’ support for Iraq. <ul style="list-style-type: none"> 1. Iraq’s Use of Chemical Bombs on Iran 2. Ideology (“neither West, nor East: the Islamic Republic”),

	<p>hardship</p> <p>25) Imposition of U.N. Security Council sanctions and the resulting lack of necessary medications</p> <p>26) Home care and the free labor of women</p> <p>27) Tokenization of disabled bodies through cultural nationalism</p> <p>28) Peace museum: “museumization” of disabled bodies and the politics of display</p> <p>29) Commemoration of war and martyrdom</p> <p>30) Iran and the Middle East’s future: how many more wars? Is peace ever possible in a class-society?</p>	<p>Class, and Nation-Building</p> <p>3. Sunni Pan-Arab Iraqi Nationalism</p> <p>4. Fetishization of Disability through Cultural Nationalism: The “Living Martyr”:</p> <p>5. “Museumization” of Disablement and Politics of Display</p> <p>6. Many of them are afraid to voice their discontent</p> <p>7. “Proving” Your Disability</p>
Data Collection Studying the Case	My data is comprised of the content of a range of books, websites, visual arts, reports, documentaries, published interviews, eyewitness accounts, and veterans’ and survivors’ blogs, all of which are detailed in Appendix Six.	
Analyzing Data	<p>This case study analysis is utilized for the development of a new model/theory to push the current state of DS forward. During the reading and write-up stages, I pushed beyond initial impressions, especially using DHM, geopolitics, and a DS lens. I used both inductive (allowing dialectical relationships and processes to emerge from the data) and deductive (relying on previous analytical categories, DHM reading, and engaging global politics accordingly).</p> <p>Sometimes I found myself collecting and analyzing data at the same time, which is to be expected in research that aims to build theories from case studies (Eisenhardt, 1988). Notes and a running commentary helped in analyzing the data. Van Maanen (1988, cited in Eisenhardt, 1988) suggests “field notes are an ongoing stream-of-consciousness commentary about what is happening in the research, involving both observation and analysis” (p. 539). Eisenhardt (1989, 2002) suggests that the first step in building a theory is <i>sharpening your theoretical constructs</i>.</p>	<p>The data analysis process involved identifying recurring dialectics as the first transposition from empirical to theoretical, which is considered to be the “first inductive gap” (Bendassolli, 2013, p. 9). Relations (e.g. nationalism) and processes (e.g., disablement) were extracted by (re-)reading every word from the online comments and (re-)looking at every picture and document, scenes from videos, and even a single sentence in a memoir. In detecting the structures of violence and social relations, I perceived them as reemerging, rearranging, and finally reflecting a more abstract concept. This is what can lead from visible to invisible, from evidence to explanation, and from case to theory. My theory-building process was not a synthesis of observational statements, nor a description of the bigger picture. Rather, I went beyond induction, where phenomena can be explained. My data analysis</p>

	First, it is necessary to define constructs precisely and then, building evidence from the case study, enhance, and complete it. The key is generalizability. The constructs should be as precise as possible so in the future scholars can fit their cases into the proposed frame. DHM was used as a theoretical tool encompassing several lenses to unmask/defetishize capitalist, imperialist, and nationalist social relations, and to discover how they produce and maintain disability in global contexts	and interpretation specifically included: incorporating theoretical references and DS literature; documentary review; explanation of the narrative structure of text; contextualizing and interpreting the meaning of image and sound; and DHM analysis of documents and testimonies, in order to expose what the Iranian, Iraqi, and American nation-states conceal/ed.
Shaping Constructs	<p>Class: the dialectical relationship between labor and capital leads to a relation</p> <p>State: is an organized structure made up of people that serves the interest of the ruling class, meaning the <i>capitalist, nationalist, and imperialist</i> powers.</p> <p>Ideology: is a set of beliefs that conceals reality</p> <p>Violence is examined through the DHM lens, meaning it is considered as a <i>relation</i> and a <i>process</i> rather than an event, thing, or phenomenon. It then makes the transition to the final result, which according to DHM is called <i>form</i>. How violence creates disability is a <i>mediation</i> that leads to a form called disability. It is important to pay attention to <i>preexisting conditions</i> that cause violence. Violence of class and ideology, as a process and a relation, results in proliferation of disablement.</p>	<p>The process of the <i>perpetuation of disablement</i>:</p> <ol style="list-style-type: none"> 1. Poverty 2. Institutionalization 3. Unemployment 4. State corruption 5. fetishization of disability by the state 6. Inadequate medical care 7. Lack of medication due to the U.S.-imposed sanctions for over 12 years 8. Chemical incarceration¹⁰⁶ 9. Lack of disability accommodation, 10. Lack of physical and emotional accessibility 11. Class hierarchy 12. The dysfunctional disability measurement system employed by the Iranian state 13. High rate of suicide and addiction among the surviving veterans 14. Many of them experiencing “survivor’s guilt¹⁰⁷,” extreme poverty, and post-traumatic stress
Enfolding Literature	See Chapter Three	See Chapter Three
Reaching Closure	This thesis is a qualitative research project; as such, we are not looking for variables to form a hypothesis. The goal is to find	<ol style="list-style-type: none"> 1. Human activity involved in producing a particular disability?

¹⁰⁶ Inspired by Erick Fabris, I use this term to demonstrate the horrible effects of psychiatric medications that are used to silence disabled individuals as opposed to caring for them in humane ways (Fabris, 2011).

¹⁰⁷ Feelings of guilt for having survived a catastrophe in which others died.

	<p>answers for the research questions that guide our exploration. Within-case searching tactics are quite likely to lead to new findings if the researcher keeps an open mind (Eisenhardt, 1989). Moreover, combining all of the overall impressions and concepts, it is quite possible that relations and processes start to come to the surface.</p>	<ol style="list-style-type: none"> 2. Purely environmental does not fit this model. 3. in certain cases it can be difficult to decouple the human contribution from natural causes. 4. the proposed transnational disability theory can explain disabilities that are produced by seemingly “natural”/environmental disasters/mechanisms with a <i>human contribution</i> driven by economic, political, historical and social factors. 5. Is there unequal power, as prevails in a system of class hierarchy, between those who cause the disability and those who become disabled. 6. What kind of economic (read also social) relations are involved in the case? Are they exploitative, like capitalism or imperialism? 7. Is there ideology involved in producing disability, such as an ideological war that leads to the disablement of participating soldiers and unarmed civilians?
Theoretical Saturation	<p>The key is looking at data from profoundly different angles. In the case of this thesis, I compared my case study to other similar cases of “disability production by the violence of class and ideology (e.g., relations such as capitalism, nationalism, and imperialism)” to ensure that I still see a similar frame emerging.¹⁰⁸</p>	<p>The “emergent theory” is founded on DHM and has four important constructs: <i>class, nation-state, capital, and ideology</i>. At the core of the model there are two arrows that indicate the dialectical (always in motion) nature of the emergent theory. The circle has four components, which demonstrates disability relations in the</p>

¹⁰⁸ For instance, there are children in India who are put in huge pots right after birth in order to grow up with tilted legs. The perpetrators who do this to children force them to beg on the streets as disabled children in order to provoke people’s pity (Srivastava, 2014). This is another case that cannot be explained by the medical or social model of disability because it involves several more factors than just attitudes and barriers. This is a blatant violence of ideology, capital and class that can be explained in the transnational model that this thesis is proposing.

		transnational context. These four relations by which disability is produced and propagated are <i>nationalism, capitalism, imperialism, and theocracy</i> .
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