DISABILITY AND JUSTICE

Exam Strategies: Acknowledge the different types of disabilities, as this will have implications for the rest of your argument.

Questions to think about:

- What constitutes a disability?
- How should 'disabilities' be defined and conceptualized? What does a commitment to inclusion and recognition require in the way of treating those with disabilities?
- Can contractarian accounts of justice give a plausible account of justice and the severely disabled?
- What should constitute fair provisions and adequate accommodation for the disabled and how should the costs be distributed?

My own position: *I think neither the medical nor the social model are completely accurate in conceptualizing disability. The medical model is inadequate because it neglects the ways in which changing society can enhance the capabilities of the disabled – e.g. accessibility for wheelchair user. But the social model goes too far when it says that disability can, in principle, be removed. This is clearly false, there are some disabilities which cause pain and suffering, and those no social change can alter. As policy responses, the way we accommodate disabilities will depend on the type of disability, and how costly accommodation is. Though it is the most sensitive response, in some cases it can be too costly, and so it would be appropriate to use targeted resource enhancement or personal enhancement instead.*

DEFINITIONS AND CLARIFICATIONS

- Why is disability of particular interest for political theorists?
  - Because of the way in which it juxtaposes two basic and powerful sense of injustice (Wasserman and Blustein 2016)
    - i. Treatment of some people as moral, social or political inferiors on the basis of irrelevant characteristics and
    - ii. Creation, perpetuation or simple failure to correct disparities between individuals in income, wealth, health and other aspects of well-being on the basis of morally irrelevant factors.

- What challenge do egalitarians face when dealing with disability?
  - An egalitarian needs to think about how we can adjust our theories and the world such that everyone can function as an equal. We want to **represent disability as a type of disadvantage that requires policy responses, but while still treating people with disabilities as equals**.
    - Additionally, there is also the challenge of burdens imposed on the caregivers for those with disabilities, which are closely connected with issues of gender justice (Nussbaum 2006)
  - Jacobs (1993) goes as far to say that if an egalitarian theory of social justice does not satisfactorily address the controversial "problem of compensating individuals for handicaps", then it should not be considered as a serious candidate for endorsement.

- What does inclusion and recognition require?
  - **Inclusion** can mean to ensure a minimum threshold of decent living. A more demanding notion would be to "*live a normal life, simply taking part in the life of society on the same terms as others.*" (Wolff 2013)
  - **Recognition** is the acceptance of equal worth and embraces the idea of identity and difference rather than the idea of equal citizenship. Everyone should be recognized for his or her special identity (this comes from the literature of multiculturalism).

- How do we see disability and what are common models?

  - Typically, **disability is defined in terms of two elements**:
    - Physical or mental characteristic labelled or perceived as an impairment or dysfunction
    - Significant personal or social limitation associated with that characteristic
  - **The Medical Model** treats disability as an individual physical or mental characteristic with significant personal and social consequences.
  - **The Social Model** sees disability as a relationship between individuals and their social environments and locates the disadvantage primarily in the social structures rather than in the individuals themselves.
  - **IMPORTANT:** In defining disability one should defer to the disability community (as e.g. Barnes does), since they are better placed epistemically, and it might otherwise be disrespectful to them.

- What do we owe people with disabilities?
  - The question to this answer will **depend on what we think constitutes a "disability".** A proper understanding of disability is a constitutive part of what is owed to PWD, because the different existing models of disability (medical and social model) suggest different policy responses.

- What is the paradox of disability?
  - Happiness survey shows that **those with disabilities do not report lower happiness or satisfaction with their lives than those without**. Exception: Those with mental health difficulties and chronic diseases.

DISABILITY IN POLITICAL PHILOSOPHY

- How has disability been treated in mainstream analytical philosophy?
  - Often disability is **used in an instrumental and negative way**
    - Examples: Parfit's thought experiment of the **handicapped child** is asking the question of whether one is acting morally wrongly if you have a disabled child. Or an objection to the Kantian view that people have moral status when they have moral agency is that there are people with cognitive disabilities which lack such.
  - Wendell (1989) writes about her experience of becoming disabled in the 1980s, and that when she consulted The Philosopher's Index looking to find literature on "Disability", "Handicap", "Disease", the **depressing results** she found were mainly dealing with the questions:
    - Under what conditions is it morally permissible/right to kill/let die a disabled person
    - How potentially disabled does a fetus have to be before it is permissible/right to prevent its being born?

- What have "**mainstream" philosophers** said about disability in their work?
  - **Dworkin** has been the first philosophers to take disability seriously and to come up with a solution. He is asking: What does justice owe to people with disabilities?
    - For Dworkin, the 'unfair' disadvantages that disabled persons experience comes from their **natural endowments**, construed as each person's misfortune or "bad brute luck" (Tremain 1996)
    - His proposal: Everyone has external and internal resources, and we should try and equalize over the whole package of resources. PWD lack internal resources and so need more external resources to compensate. They should be **compensated with money** so that they have the same packaged value of resources as a result of an increase in their external ones.
      - How to compensate? For this, Dworkin sets up the hypothetical auction of bundles of endowments, a taxation and transfer system. The insurance market converts bad brute luck into option luck, whereby only bad brute luck should be compensated for.
    - Kymlicka (1990) suggests Dworkin asks us to imagine persons behind a "modified veil of ignorance", one behind which they do not know their place in the distribution of natural talents.
  - Critiques:

- Dworkin’s solution is possibly **insulting and demeaning**. It conceptualizes disability as a lack within the person and that financial compensation can make up for it. It **assumes a straightforward medical model** (Wolff 2013). So the critique of luck egalitarianism by Anderson would seem appropriate here.
    - Reply: There are resources in luck egalitarianism which can include accommodation, so the whole language around compensation might be mistaken. There is no reason why a luck egalitarian cannot advocate social change to account for bad brute luck. For example, Cohen has no problem with saying that we need to enable equal access to advantage for PWD.

- Dworkin’s redistributive scheme with which to compensate PWD is not one which would promote social justice, because it fails to take account of the power relations that perpetrate those practices (Tremain 1996). This is because by constructing the “problem” of disability as one which arises due to “natural” circumstances, he privatises it, thereby neglecting to look at the **social power relations** that institute the numerous disadvantages which impinge upon disabled people’s lives.
    - Those social power relations entail that PWD have **drastically limited resources of opportunities than able-bodied people.**
    - Dworkin himself claims that one principle of egalitarian liberalism demands that government treats all of its citizens equally with respect to resources of opportunity. But he neglects the possibility that some constituents, by virtue of their disability, race, gender and so on, do not get their fair share of public resources (Tremain 1996)

\> **Rawls** makes many simplifying assumptions in his *Theory of Justice*: no migration, no disabilities, everyone in the normal range of human functioning... and he never came back to relax the assumptions of no disabilities.
Stark (2007) calls this the “**fully cooperating assumption**” which states that all citizens will be regarded as physically and mentally competent and hence able to participate fully in schemes of cooperation.

- *"Beside prematurely introducing difficult questions that may take us beyond the theory of justice, the consideration of these hard cases can distract our moral perception by leading us to think of people distant from us* ***whose fate arouses pity and anxiety****..."*
- Rawls did not claim that we need to care for those with disabilities, because this **does not fit within the framework of "*justice within co-operators*"**. We also lack a metric for people's lack of ability, and Rawls **wanted to keep things simple to primary** goods. For him, society is a scheme of cooperation, and we need to think about what to do so that people with disabilities are included - once they are in the scheme, then the principles of justice can be applied.

Critiques:

- Rawls’s account is problematic, because it claims that some of the disabled are not capable of cooperating as free and equal citizens (Richardson 2006)
- The Humean account of circumstances of justice which Rawls endorses excludes from the initial situation people who are unusually expensive, needy or dependent. This assumes that we can design political principles without taking “abnormal” impairments into account and is highly **unrealistic.** Nussbaum (2006) explicitly criticizes Rawls for his theory of justice in the social contract tradition says virtually nothing about issues of mental impairments.
    - *“the disabled are not an anomaly, but a likely part of any society we can expect to live in”* (Brighhouse). It would be a mistake to postpone the difficult questions about justice and disability.
    - The **key issue with Rawls’s account is the claim that distributive justice is guided by the ideal of reciprocity.**

‘JUSTICE AS FAIRNESS’ AND DISABILITY

- How can Rawls’s Theory be extended so that it can accommodate the disabled?
  Any proposal must be **consistent with the approach of contractarianism**, i.e. to support principles of justice by showing that those principles can be justified to the individuals who will be subjected to them. The proposal must also be consistent with a **guaranteed social minimum**. (Stark 2007)

  - Brighouse: **Running the OP procedure in two stages**. Reflects the ides that disabled people, whatever their income within a system of just inequality before special compensation is factored in, should have additional resources devoted to addressing their disability.
    - The first one would run as Rawls describes it, with the familiar results (Liberty and Difference Principle).
    - The second stage would seek a principle specifically for the disabled wherever they are in the initial distribution of social primary goods. Parties are deprived of all relevant information again but they know what principles have been selected in the first stage.

    Thus, Brighouse shows that Rawls’s theory can do more for the disabled than is sometimes thought.

  - Stark (2007): **Retain the fully cooperating assumption in the original position but drop it at the constitutional stage of the theory.**
    - This way, constitutional conventioneers imagine that they might be disabled in a way which prevents them from participating in a scheme of cooperation – thus, they will factor this in when designing the social minimum.

MODELS OF DISABILITY

THE MEDICAL MODEL

- What is the medical model about?
  - The **medical model locates the disability with the individual itself**, saying that it is a physical or mental characteristic which has personal and social consequences
  - The implication of such a view is that **by removing the impairment, we can remove the disability.**
  - Complication with this view: Not all disabilities can be easily “repaired” – medical interventions may have detrimental consequences.
- Objection:
  - Cannot accommodate for the way in which social change can enhance people’s capabilities and is possibly disrespectful.

THE SOCIAL MODEL

- What is the social model about?
  - There is no single agreed formulation, but Koch (2001) defines disability to be: “*a social discrimination that limits opportunities of persons of difference… [and] results only when physical difference is not accommodated by society*.”
  - Argues that the **disability is at least in part socially constructed**: We have designed a world which works better for some people and less so for other people, e.g. building houses with staircases which are not accessible for people in wheelchairs. It disadvantages people which have differences.
    - The **bravest form of the social model says that in principle, we can remove all disability** – provided we create a world in which everyone can function as an equal (this can be criticized, however).

- Closely linked with the **capabilities approach:**

  - The guiding notion of the capabilities approach is a **life with, or worthy of, human dignity**, where that life is constituted: *"capabilities are not understood as instrumental to a life with human dignity: they are understood, instead, as ways of realizing a life with human dignity, in the different areas of life with which human beings typically engage."* (Nussbaum 2006)
  - This is an outcome-oriented political doctrine about basic entitlements and can be based on individuals' varying needs for resources, and also on their varying abilities to convert resources into functionings.
    - The capabilities approach claims that it is because of differences in their internal or natural endowments, as well as differences in their social and cultural setting, **individuals are not equally able to convert resources into capabilities to function**. (Anderson, Pogge)
  - Example: Wheelchair user or blind person has less capability than the "normal" person to get around public places, but this is a social problem: society has not provided enough access in public spaces.

  - Objection: Barclay (2010) argues that it is **implausible to suggest that just entitlements for people with disability can be secured solely by eliminating discriminatio**n, as Anderson or Pogge suggest. Resources for people with disabilities must sometimes be justified on the grounds that some natural endowments pose disadvantages even in societies that do not discriminate. She further argues that there need be nothing at all disrespectful about this way of explaining disadvantage.

- Example: **Everyone spoke sign language** on the island of Martha's Vineyard (Groce 1985)
  - One in 155 was born deaf, everyone learned sign language and so the deaf were fully integrated into every aspect of life. Groce concludes that under those conditions, deafness is not a disability

- Objection against the social model:
  - By implying that discrimination causes disadvantage/disability, the social model may neglect forms of disability which cause harm, pain or suffering and which would be appropriate to remove.
  - Extreme versions of the social model implausibly understate the role of the impairment itself as a source of disadvantage (Shakespeare 2006, Anastasiou and Kauffman 2013)

THE WELFARIST ACCOUNT (KAHANE AND SAVULESCU 2009)

- Define disability as a **stable physical or psychological property of a person that leads to a significant reduction of that person's level of wellbeing relative to some given context**.
  - Goes beyond the social or medical model of disability. When referring to a "stable physical or psychological property", they are *not* meaning impairment, but rather *any* intrinsic property of the agent. So the definition is not normative.
    - This implies however, that a lot of things may fall under this disability concept that wouldn't count as disability in the medical model. Example: Asthma, weakness of will, lack of confidence…
- Three advantages:
  - Disability is context-dependent: It might not be a negative factor if the person's wellbeing is not actually reduced by it
  - Inclusivity: the model implies we all have disabilities of various sorts
  - Offers an explanation why disabling traits should be corrected, for our lives might be worse if we don't

- The **welfarist account of disability is best understood as a degree concept** – the degree comes from the amount of well-being lost by the presence of the disabling condition
  - The **medical model on the other hand is both a threshold and a degree concept**: Small deviations from normal functioning (e.g. shortsightedness) do not count as disability, but larger ones do.

DISCUSSION

- Both models taken by themselves are inadequate (Kahane and Savulescu 2009)

    - Medical model is inadequate because there **is no reason to think that a trait is bad or in need of correction merely because it deviates from typical human functioning**
    - Social model is faulty because even were we to remove all illegitimate social prejudice, there would remain a variety of disabling traits that we would have good reason to correct (for example if they cause severe pain for the person with disability?)
        - *But this is controversial*!

- Objection to using one or the other model: Both social as well as medical model rest on **false dichotomy between biological impairments and social limitations**
    - **Disability is complex**, in which biological and social factors are deeply interwoven and hard to tease apart (Martiny 2015)
    - **Even 'impairment' shouldn't be treated as a strictly biological phenomenon**. There does not seem to be a stable biomedical basis for classifying a variation as an impairment:
        - Example: 'medicalization' of some conditions (shyness, anxiety) and 'demedicalization' of others (homosexuality). Tremain (2001) argues that impairments "*must no longer be theorized as essential biological characteristics of a 'real' body on which recognizably disabling conditions are imposed*". Instead, being classified as having an impairment is part of the social process of disablement.
            - Note: This is paralleling the debate among feminists and gender theorists about whether we can distinguish sex from gender on the ground that gender is socially constructed, whereas sex is not. (sex→impairment, gender→disability)

- **Other features of human beings that we would not consider disabilities, like sex or race, can also lead to discrimination and limited ability to exercise capabilities**: Women or people of colour are often disadvantaged in societies, due to restrictive laws and attitudes of other people. And yet, we wouldn't say that being a women is being disabled.
    - Thus, while disabilities often have some source in social arrangements (as the social model suggests), they do not count as disabilities unless they also have some medical source (Brighouse 2001)
    - Hence, an adequate conceptualization of disability requires a recognition of impairments as an objective basis for classification, to **distinguish disability from other forms of discrimination** (Bickenbach 1993) – but note how this is criticized above.

- Barclay 2010: **Doubtful about the view that discrimination causes disadvantage** can be extended to account for *all* the disadvantages faced by people with disabilities. Why? No way to fashion social institutions so that they are equally accommodating of everyone
    - Example: A society which maximally accommodates the blind will be different to one that is maximally accommodating of the deaf, or the cognitively disabled. There is **no "disability-neutral" way of organizing society**. "*Which society one considers ideal will be sensitive to which particular group of people one has in mind*". So the shape of any social environment will always be more favourable to some than it is to others. And some might be in tension with each other.
        - Example: Wheelchair users may have problems with tactile paving which gives locational cues to visually impaired people, or partially sighted people may request large text on white background, whereas people with dyslexia may prefer black print on yellow paper (Shakespeare 2006)

This lets us consider…

FORMS OF DISABILITY

IMPORTANT: **Distinguishing between different types of disability is crucial**. As Wolff (2009) says, it is not clear that attempts to show how justice can be achieved for people with problems of physical disability will have much relevance to cognitive disability. One **who represents those with mobility difficulties cannot speak for everyone** in the disability community.

PHYSICAL DISABILITY

- **"Naïve" Definition** of physical disability: **Disability is impaired physical functioning**, relative to human species norms, which leads to reduced opportunities, capability, potential, well-being, thereby making the disabled person worse off (than others, or how they would otherwise be).
    - Obj.: **Very normative**: Characterizes disability as some form of impairment that is a deficit, says that it is 'reduced' functioning and that it leads to lower well-being. This is not necessarily true: For example, once has been regarded as an impairment has nowadays been normalized, e.g. glasses.
        - What counts as "normal" depends on the society in which the standards of normality are generated (Wendell 1989)

- **More sophisticated definition** (WHO): "*Disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.* ***Disability is thus not just a health problem****. It is a* ***complex phenomenon, reflecting the interaction between features of a person's body and features of the society*** *in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers*."
    - This definition says that disability lies in the interaction between features in the person and features of society – there seems to be a **misfit**. Though it tries to be more sensitive, disability is still defined as an impairment, however.

- Barnes's (2009) **value neutral model of disability** (note that this is distinct from the social model):
    - Based on the "**mere difference view**" of disability, which says that disability is not a defect of departure from "normal functioning" but rather, a valuable part of human diversity which should be celebrated and preserved. To be physically disabled then, is not to have a defective body, but simply to have a **minority body**.
        - Obj.: This view can lead to us **caring less about ensuring that individuals are not harmed** – impairments can be harms in themselves when they cause severe mobility issues or pain. No degree of changing attitudes will alter this fact.
            - For example, philosopher and person with disability Shakespeare has changed his attitude on the degree to which social change can help people with disabilities as a result of experiencing more and more pain himself resulting from his disability.
            - Reply: Perhaps we then need to distinguish between those disabilities which are causing active harm, and those which can be "done away with" by social change.

    - Being physically disabled can be ***locally*** **bad but does not have to be** ***globally*** **bad** for a person. Hence, one can adopt the mere-difference view whilst also agreeing that disability can sometimes be bad for a person.
        - Example deafness: True that deaf people cannot enjoy beauty of music, and no social change can alter this. But not true that deafness is something bad per se. Deaf people still have enjoyable and special experiences in their lives, some of which non-deaf people cannot even experience. **It is not that the local bads of disability are "compensated for" by special abilities – rather, living with a disability may still produce unique and valuable experiences** (which we would not term extra abilities).

    - **Limits and Objections**:

    - Barnes only focusing on *physical* disabilities, her conclusions cannot be straightforwardly extended to cognitive or mental disabilities. Although some cognitive disabilities, like Autism, might be well explained by the mere-difference view.
    - On the one hand, Barnes acknowledges that being disabled may sometimes lower overall well-being, that some aspects of some disabilities are bad-differences – but on the other hand, she draws **general conclusions** about disability as a whole, e.g. that there is "*no discrepancy between the cases of causing an infant to be disabled and causing an infant to be non-disabled*."
        - This makes us wonder whether we ought to remain with a unified category of disability (Begon 2016).
    - There is a **lack of guidance** regarding what individuals are entitled to, instead Barnes's focus lies on what is permissible (Begon 2016)
        - Rather than questioning whether the mere-difference view is compatible with offering cures to disabled adults, we are interested in whether the disabled are entitled to demand that the government fund a development for cures
    - Objection: Accepting a mere-difference view will mean that it would be permissible to cause disability and impermissible to remove it.
        - Response: We shouldn't cause disability even if it is a neutral feature, because it would constitute unjustified interference with an agent; because of the high transition costs of becoming disabled, and because we disapprove of changing identity-determining traits (Barnes 2009)

- Within physical disability, there are distinctions as well
    - For example, so-called "**disabled heroes**", are those disabled people who become symbols of heroic control against all odds. They have visible disabilities who nevertheless accomplish things that are unusual even for the able-bodied (Wendell 1989) – e.g. Nick Vujicic (no arms and no legs). This may give the **(false) impression to able-bodied people that anyone can "overcome" a disability**.
        - But many disabled people are not capable of performing such physical heroics, as most reduce or consume energy and stamina
            - Arthritis, Parkinson's and stroke cause severe disability in far more people than do spinal cord injuries and amputations (Bury 1979).

'COGNITIVE' DISABILITY

- Taking issue with the terminology of 'cognitive disability': It sounds like someone is unable to reason, but people with autism or Asperger's are very much capable of reasoning - their brains are just different compared to what we would consider "normal. Wolff uses the term **"Minority mind"** (analogous to "minority body" by Barnes) here.

- **Moral status of the cognitively disabled is contested.**
    - McMahan (1996) argues that we exaggerate the difference between the animal kingdom and humans. This allows us to say that there is something "special" about human beings. Asks us to imagine a "Super-Chimp" (very intelligent chimpanzee, as intelligent as a 10-year old human). From this he derives that this would let us think less of us as humans. The line between human and animal species thus becomes blurred.
        - Singer has argued in a similar vein, namely that many non-human animals have cognitive capacities that exceed those of people with severe cognitive disabilities and that for this reason, the two groups are morally on par.
    - Kittay (2009) responds to this position as both a philosopher and mother of a cognitively disabled child (Sesha), says that it is highly upsetting that her daughter is compared with a Chimpanzee
        - She criticizes McMahan and Singer for their lack of epistemic modesty, the failure to acknowledge that they do not know the people with cognitive limitations they are talking about.

    - The disability activist movement wants to draw a firm line between the animal kingdom and disability

POLICY RESPONSES TO DISABILITY

- Policy responses should be guided by the key concepts of the **disability-activist movement**: **inclusion and independence.**
  - Wolff (2009) suggests that the **goal of policy should be to allow each disabled person to establish a worthwhile place in the world**, whereby "worthwhile" means worthwhile to the individual concerned, rather than "valuable to society".

- A **simple framework for analysing** different kinds of policy approaches has been proposed by Wolff (2009): What determines the opportunities that a person has to establish her worthwhile place in the world are:
  - Her resources – skills, talents, abilities, money, family support
  - Her "social structure" – societal environment like culture, language, social norms

- The **different models seem to favour different policy responses to disability**
  - The medical model appears to support the correction of the biological condition or some form of compensation when that is impractical
  - The social model appears to favour measures to eliminate for exclusionary/discriminatory practices, and the reconstruction of physical and social environment to take into account a wider range of differences.

  But neither model is the "correct" one – Disability represents a misfit between a person and the world, and so we need to **weigh up the reasons for preferring one or other strategy**.

- Whilst many people consider providing resources for disabled people a form of charity, this would be mistaken, because disabled people are placed in a double-bind (Wendell 1989):
  - They do not have access to adequate resources because they are unemployed or underemployed, and they are unemployed or underemployed because they lack the resources that would enable them to make their full contribution to society (Matthews 1983, Hannaford 1985). Disabled people kept in special institutions have no chance to be productive.

- Wolff (2013) suggests multiple ways in which one can make someone's life better:

  i. **Compensation** – providing financial aid, money

  ii. **Targeted resource enhancement** – giving resources, such as money, which can only be used for a specific purpose. For example, blind people may spend extra money from their universities only on special computers or for people to read them.

  iii. **Personal enhancement** – improving the internal resources of the disabled person (through surgery, medicine, education or training)

  iv. **Social material structural change/Status enhancement** – changing the social environment so that individuals are able to do more with the resources that they have.

  Wolff argues that **social material structural change is best**, as it respects people as they are, it is **non-stigmatizing** because it does not pick particular people out to enhance. It hence treats people as equals and is beneficial because it does not require people to identify.

  Objection: Y**ou cannot make social change that accommodates everyone**!
  Although social and material change can improve things considerably, it is not always feasible in all cases (see below for cognitive disability case). **Accommodating those with disabilities is plausibly giving up a lot of other things**. "***In thinking through public policy approaches, much will depend on the urgency of other claims and the resources society has to meet them***." (Wolff 2013)

    - Example: If everyone had to learn sign language in school to accommodate the deaf, there may be less time left or other subjects which are essential to children's education.
    - Since **capabilities theorists also emphasize autonomy**, there is maybe **some place for personal and targeted resource enhancement.** In cases where medical intervention is cheap, quick, safe and effective it should probably be the preferred way of addressing disability.

Barclay (2010) echoes that it is not possible to create a disability-neutral society for everyone, since the diversity of disabilities does not allow this. But society still has an obligation to try and ameliorate those disadvantage that arise for those with disabilities. "*Avoiding discrimination is one duty, securing distributive justice is a separate duty*"

- **Accommodation is not always an all-or-nothing:**
  - Example: To accommodate the deaf, a community could undertake the costly process of teaching everyone fluent sign. OR it could opt to fund translators and other services for people who cannot hear, which would be less costly.
    - It is not obvious that the latter option would discriminate against the deaf significantly, simply by adopting the less commodious alternative (Barclay 2010)

- Silvers says that to distribute resources to people on the basis of their physical or mental traits will **exacerbate the isolation and marginalisation** that is commonly experienced by people with disability
  - To this, Barclay (2010) replies that **distributive justice is not merely about cash payments** but also about retraining, education programs and funding institutional modifications enabling people with disabilities to engage fully in productive social and political life.

WHAT ABOUT THOSE WITH COGNITIVE DISABILITIES?

- **Status enhancement might not be possible for those with cognitive disabilities.**
  - For example, Wikler (1979) considers the question of whether people who are "mildly retarded" have sufficient foresight to be bound by contracts. He argues that it would be far too costly to accommodate the whole legal regime such that legal contracts are no longer binding in the way, and thereby giving the mildly retarded a way to make legal commitments just like others. **Lowering the bar in this way has enormous costs.**
- Previously, so-called "asylums" have been occupied by people with cognitive disabilities and their carers, keeping them far away from communities. Even when policy changes in the 1980s occurred, such as "care in the community" (facilitated by the Conservative government), problems of marginalization and isolation in day centres remained

- NEW policy proposals in the UK for young adults with intellectual and developmental disabilities are about **targeted resource enhancement**
  - This approach is called "**self-directed support**", revolving around the idea of providing disabled people with their own individual budget and giving them control over how it is spent. PWD, together with their caretakers, can decide how to spend that money, the local authority helps and checks they are safe (Waters and Duffy 2007)
  - For people with cognitive disabilities, this is bringing a new element of **autonomy and independence** in their lives. It also does a better job in integrating them into social life.
    - And as Wendell (1989) argues, dependence on the help of others is humiliating in a society which prizes independence – this is why "*disabled people need every bit of independence we can get*"

- Nussbaum (2006) on what a society should look like which treats the lives of the cognitively disabled and their caregivers with respect: *"A decent society will organize public space, public education, and other relevant areas* *of public society to support such lives and fully include them,* ***giving the caregivers all the capabilities on our list, and the disabled as many of them, and as fully as is possible****”*

> We need to realize the individual needs of everybody: Children who have Down Syndrome have very different needs compared to those with Asperger’s or Tourette’s

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