Foucault Studies

ARTICLE

Genealogies of Disability in Global Governance: A Foucauldian Critique of Disability and Development[*]

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ABSTRACT: In this article, I engage with the ways in which disability is governed within the Millennium Development Goals (MDGs) (United Nations 2000). Using a Foucauldian perspective on the governing of populations in modern states (Foucault 1991), I problematise this politics of disability and development by interrogating the ways in which biopower, through the constructions of modern development frameworks, has shaped our understanding of disability and impairment. I pursue this historical trajectory by tracing the emergence of the Global Burden of Diseases (GBD), a global study developed by the World Health Organization (WHO) and the World Bank in the 1990s (Murray and Lopez 1996). The forms of knowledge emerging in these global frameworks shed light on genealogies of disability in the twenty-first century. By re-visiting a postcolonial critique of Foucault's conception of power in the context of Third World's struggles for liberation (Said 1986), I suggest that a Foucauldian critique in disability and development could be deepened through its engagement with postcolonial studies. A critical and genealogical perspective on disability and development, I argue, is useful for understanding the government of disability and impairment in the intersections of global and local histories.

Keywords: disability, development, disabled subject, global governance, discourse, power, inclusion, exclusion

Introduction

In the context of rapid social change in the twenty-first century, the inclusion of disability into policies and practices represents a paradigm shift in the ways in which disability is governed in the international development agenda. The phrase "disability and development" has emerged in development policies as a response to the critiques that

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disability activists, along with a number of development agencies, instigated regarding the absence of disability within the Millennium Development Goals (MDGs), a policy instrument developed by the United Nations to reframe development policies in the new millennium.[1,2] The emergence of the MDGs, along with a range of institutional policies and practices developed to mainstream disability within this global policy framework,[3] construct new ways of understanding disability and impairment. This discourse on disability and development has also marked a shift in the politics of development in the twenty-first century, that is, its politics of mainstreaming, framed under the term *inclusion*,[4] rekindling the debates over the politics of inclusion and exclusion in global governance. In short, this development process has marked a historical shift in the ways that Third World populations are governed in international development regimes.

In this article, I engage with the ways in which disability is governed within this historical and geopolitical context. Drawing on a Foucauldian perspective with respect to the government of populations within modern states,[5] I problematise the politics of disability and development by interrogating the ways in which—that is, *how*—biopower, through the constructions of modern development frameworks, has shaped our understanding of disability and impairment. I pursue this line of argument by tracing the emergence of the Global Burden of Diseases (GBD), a global study developed by the World

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[1] Bill Albert, "Is Disability Really on the Development Agenda? A Review of Official Disability Policies of the Major Governmental and International Development Agencies", *Disability (KaR); knowledge and Research* (2004). Accessed on August 20th, 2010. Available at: http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/RedPov_disability_on_the_agenda.pdf;
United Nations, "United Nations Millennium Declaration" (2000). Accessed on September 10th, 2011. Available at: http://www.un.org/millennium/declaration/ares552e.htm.

[2] Approved by the United Nations at the turn of the twenty-first century, the MDGs aims to achieve global development through its eight objectives, including reducing poverty; achieving primary education for all; achieving gender equality; reducing child mortality; improving maternal health; combating HIVs and malaria; ensuring environmental sustainability; and developing global partnership (United Nations, "United Nations Millennium Declaration"). While disability was sidelined in the eight objectives set out by the MGDs, the mainstreaming of people with disabilities into the Millennium Development Goals in development strategy in 2002 signifies an important shift in the institutional agenda within the global context of development (Albert, "Is Disability Really on the Development Agenda?").

[3] E.g. United Nations, "Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts" (2011). Accessed on February 10th, 2012. Available at: http://www.un.org/disabilities/documents/review_of_disability_and_the_mdgs.pdf.

[4] Ibid.

[5] Michel Foucault, "Governmentality", in Graham Burchell, Colin Gordon and Peter Miller (eds.), *The Foucault Effect: Studies in Governmentality with Two Lectures by and an Interview with Michel Foucault* (Chicago: University of Chicago Press, 1991).

Health Organization (WHO) and the World Bank.[6] The forms of knowledge emerging in the GBD and the MGDs shed light on genealogies of disability in the twenty-first century. Finally, by re-visiting a postcolonial critique of Foucault's conception of power in the context of the Third World's struggles for liberation,[7] I suggest that a Foucauldian critique in disability and development could be deepened through its engagement with postcolonial studies.[8] A critical and genealogical perspective on disability and development is, I argue, useful for understanding the government of disability and impairment in the intersections of global and local histories.

Revisioning Development: Making Sense of Historical (Dis-)Continuities

In his critique of the discourse on development, Vincent Tucker argues that development is not a natural process.[9] Discourse on development has in fact been associated with the myth of civilisation and social progress that shaped the project of modernity in the West. Developed by modernisation theorists in the aftermath of the Second World War, development discourse is embodied in the modernist ideology of industrialisation and social progress, mirroring (western) Enlightenment ideology. Elevated to the status of a universal truth by so-called developed nations, the idea of "development" is constituted through the myths of economic growth and industrial development and the generation of social and political institutions modelled after the United States of America. For example, the concept of progress—upon which the development thesis is framed—is associated with industrial capitalism, the organisation of new forms of labor, the use of science for an era of exploration, and the conquest of science over nature. Yet, as Tucker insightfully points out, slavery and exploitation took place throughout this era of "progress." Through the mechanisms of global capitalism, furthermore, development produces the images of "Third World" as the Other in the global trajectory of the Empire. Historically, development has resulted in multiple types of impairment for individuals in (so-called) developing countries.[10] Warfare, accidents, landmines, and the polluting effects of environmental degradation, along with conflict and trauma in post-conflict areas have produced impairments.[11] Yet, impairment has been naturalised in governmental practices through the

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[6] Christopher JL Murray and Alan D Lopez (eds.), *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020* (Harvard School of Public Health on Behalf of the World Health Organization and the World Bank, 1996).

[7] Edward Said, "Foucault and the Imagination of Power", in D. C. Hoy (ed.), *Foucault: A Critical Reader* (Oxford: Blackwell, 1986), 149-156.

[8] See Ibid.

[9] Vincent Tucker, "The Myth of Development: a Critique of Eurocentric Discourse", in Ronaldo Munck and Denis O'Hearn (eds.), *Critical Development Theory: Contributions to a New Paradigm* (London: Zed Books, 1999), 1- 26.

[10] Colin Barnes and Alison Sheldon, "Disability, Politics and Poverty in a Majority World Context", *Disability & Society*, vol. 25, no. 7 (2010), 771-782.

[11] Shaun Grech, "Disability and the Majority World: A Neocolonial Approach", in Dan Goodley, Bill Hughes, and Lennard Davis (eds.), *Disability and Social Theory: New Developments and Directions* (London:

global formulations of such strategies as "disability prevention and rehabilitation,"[12] the discursive practices perceived by the WHO as a truth for development. As a rationale for the production of its policy on "disability prevention," for instance, the WHO argued that "general measures include efforts to promote socioeconomic development and improve the health status of some 800 million people who still live in absolute poverty."[13] Interestingly, almost three decades later, the World Bank has found that this development thesis has been under siege. It is estimated that between 15% and 20% of poor people who live in so-called developing countries are disabled people.[14] The World Report on Disability further suggests that "persons with disabilities experience worse educational and labor market outcomes" and "are more likely to be poor than persons without disabilities."[15] Thus, in order to tackle the relationship between disability and poverty, the new development agenda has focused on normalisation and inclusion into the economic mainstream, justifying development as a political rationality for the reconstruction of the disabled Subject in developing countries. For example, in *Social Analysis and Disability*, the World Bank rationalises its new approach through appeal to economic development:

> Mounting evidence points to the high economic costs of excluding people with disabilities on the development agenda and the productive cycle—as it is estimated that the global annual GDP loss due to exclusion of people with disabilities from the labour market is between US\$1.37 and 1.94 trillion. Furthermore, disability does not affect only one individual, but usually has ongoing repercussions on an entire household, especially in terms of time and money that is required to provide special care for an individual with disabilities.[16]

I contend that Foucault's work on governmentality can enable us to re-examine the disability and development thesis, that is, to understand the logic of disability and development, especially in relation to constructions of the disabled Subject in the disability and development discourse.

Palgrave Macmillan, 2012), 52-69; Karen Soldatic and Shaun Grech, "Transnationalising Disability Studies: Rights, Justice and Impairment", *Disability Studies Quarterly*, vol. 34, no. 2 (2014). Accessed on July 25th, 2014. Available at: http://dsq-sds.org/article/view/4249/3588;

[12] World Health Organization, *Disability Prevention and Rehabilitation. Report of the WHO Expert Committee on Disability Prevention and Rehabilitation* (Geneva: WHO, 1981). Accessed on July 21st, 2014. Available at: http://whqlibdoc.who.int/trs/WHO_TRS_668.pdf.

[13] Ibid., 15.

[14] World Bank, *Social Analysis and Disability: A Guidance Note - Incorporating Disability-Inclusive Development into the Bank-Supported Projects* (2007). Accessed on October 15th, 2010. Available at: http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/SAnalysisDis.pdf.

[15] World Health Organization and World Bank, *World Report on Disability* (Malta: World Health Organization, 2011), 39. Accessed on September 30th, 2011. Available at: http://www.who.int/disabilities/world_report/2011/report.pdf.

[16] World Bank, *Social Analysis and Disability*, 3.

Interpreting Foucault: Governmentality Studies Re-considered
Foucault offers a distinct way in which to understand the constitution of the Subject through forms of power in modern liberal societies. For Foucault, individuality is neither the real atom of society nor an ideological illusion of liberal economics, but rather an effective artifact of a very long and complicated historical process.[17] Foucault, contrary to ideologies of the Enlightenment, does not assume that there exists a prediscursive self or autonomous Subject. He argues, instead, that the Subject emerges within distinctive historical conditions. For example, liberalism exercised governance through the use of rationalities, disciplines, and interventions into the lives of individual bodies. Foucault used the concept of governmentality—that is, the art of modern government in liberal states—to exemplify the ways in which the idea of "population" was constituted and subsequently became a tool of government with the emergence of modern societies.[18] This geopolitics of modern governance constructed the Subject through forms of power that states within the regime of territorial sovereignty exercised.[19]

Biopower, a new form of power that is tied to the government of bodies and populations, was formed through mechanisms such as the dividing practices instituted within the penal system and methods of confession that governed sexual practices in western liberal societies. The relationships between forms of power and knowledge that were formulated in these processes have constructed the modern individual.[20] These processes—namely the processes of objectification and subjectification—turn the individual into the speaking subject, who is positioned to articulate the truth of institutional discourses. Power relations construct forms of control and dependence, while simultaneously shaping the individual's self-knowledge.[21]

The government of the disabled Subject is a part of *this* history. Modern institutions construct power through the production, tabulation, and calculation of impairments. This system of knowledge constructs normality and difference through a scientific norm around which technologies of power function. The norm, at the same time, is used to govern bodies through the control of impairment. As Tremain argues, the category of impairment persists to legitimise governmental practices.[22] The goal of disability studies, therefore, should be to problematise new forms of power in modern societies by revealing how power has functioned to govern impairments through the rationalities and technologies of

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[17] Michel Foucault, *Discipline and Punish: The Birth of the Prison,* translated by Alan Sheridan (New York: Pantheon Books, 1977), 194.

[18] Foucault, "Governmentality".

[19] Mitchell Dean, *Governmentality: Power and Rule in Modern Society* (London: Sage Publications, 1999).

[20] Hubert L. Dreyfus and Paul Rabinow *Michel Foucault, Beyond Structuralism and Hermeneutics* (Chicago: University of Chicago Press, 1983).

[21] Michel Foucault, "The Subject and Power", in H. L. Dreyfus and P. Rabinow (eds.), *Michel Foucault: Beyond Structuralism·and Hermeneutics* (Chicago: University of Chicago Press, 1983) 208-26.

[22] Shelley Tremain, "Foucault, Governmentality, and Critical Disability Theory: An Introduction", in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: The University of Michigan Press, 2005), 1-24.

management. A Foucauldian approach to disability studies would thus aim to unveil the "productive constraints of modern (bio-)power" in ways that problematise the governmental practices through which impairment is naturalised. As Tremain writes:

> A Foucauldian analysis of disability would show that the juridical conception of disability that is assumed within the terms of the social model and most existing disability theory obscures the productive constraints of modern (bio-)power. A Foucauldian approach to disability would show that the governmental practices into which the subject is inducted or divided from others produce the *illusion* that they have a prediscursive, or natural, antecedent (impairment), which in turn provides the justification for the multiplication and expansion of the regulatory effects of these practices.[23]

Interestingly, in the twenty-first century, global governance has sustained its regulatory practices through the deployment of technologies of government. This regime of governance, based on the Westphalian Treaty, is characterised by the geopolitical agenda regulating the operative relationship between nation-states and their subjects.[24,25] Perhaps a clear example of the historical continuities in this regime of global governance is the historical formulation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD),[26] the first UN treaty on the human rights of persons with disabilities in the twenty-first century. Historically structured within supranational institutions and frameworks of human rights,[27,28] the CRPD relies upon contested ideologies. In taking a

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[23] Ibid., 10-11; emphasis in original.

[24] Richard A Falk, *Human Rights Horizons: The Pursuit of Justice in a Globalizing World* (New York: Routledge, 2000).

[25] The term *Westphalian* refers to the Treaty of 1648, which established key governing principles for governing international state system through the national-territorial sovereignty. According to Richard Falk, despite the evolvement of international human rights regime in the twenty-first century, global governance has continued to be governed by the premises put forth by the Westphalia. (See Falk, *Human Rights Horizons*) For Nancy Fraser, however, the Westphalia is a political imaginary that mapped the world through mutually recognising sovereign territorial states. (Nancy Fraser, "Reframing global justice", *New Left Review,* vol. 36 (2005), 1-19. Accessed on May 15th, 2008. Available at: http://www.law.yale.edu/documents/pdf/Fraser_ReframingJustice.pdf) I suggest that this political imaginary has been applied to governing international human rights and disability rights, which is exemplified through the formulation of the CRPD and its monitoring system. For further information, see the United Nations' Handbook for Parliamentarians (United Nations, *Disability; A Handbook for Parlimentarians*, 2007), available at http://www.ipu.org/PDF/publications/disabilities-e.pdf

[26] United Nations, "Convention on the Rights of Persons with Disabilities" (2006). Accessed on September 30th, 2011. Available at: http://www.un.org/disabilities/convention/conventionfull.shtml.

[27] Helen Meekosha and Karen Soldatic, "Human Rights and the Global South: The Case of Disability", *Third World Quarterly*, vol. 32, no. 8 (2011), 1383-97.

[28] While the genealogy of human rights must be distinguished from that of development discourse, the co-existence of these discourses in neoliberal governance in the twenty-first century illustrates the ways in which power is structured to govern the disabled Subject. This article exemplifies the ways human rights discourse in global governance is a part of global governance. It does not argue for a universal history of human rights, nor does it aim to deconstruct human rights theory. For historical accounts of

human rights approach to impairment and disability, rather than a medical approach, the CRPD focuses its attention on the ways in which structural barriers disable people through the myriad of ways in which particular barriers hinder the participation of disabled people. Through the social model that the CRPD adopts, impairment itself becomes effectively naturalised as a biological fact of the body, allowing little room for consideration of any kind of redistribution of wealth and power that might be required to rectify the circumstances of people who become impaired through historical processes of imperialism, colonialism, globalisation, and neoliberal capitalism. In their response to this sort of narrow conception of emancipation for disabled people, Meekosha and Soldatic argue, therefore, that the global disability movement must grapple with both the colonial and imperial histories and the local-global economic specificities that sustain the unequal power relationships that continue to oppress and disable people in the Global South.[29]

Goodley and Lawthom observe that at the core of the economic and knowledge society in the twenty-first century is Foucault's notion of biopower: the forms of knowledge and practices through which human subjects comes to understand themselves.[30] Within a human rights regime, these forms of biopower encompass two key characteristics: First, this form of power is not possessed by states or agents, but rather is mediated through the discursive structures that constitute standards of normality and deviance. Second, this form of power is "positive" insofar as it produces behavior in conformity with the dominant standards of human rights.[31] To put it differently, human rights are constructed as a norm against which certain behaviors are measured as acceptable. As Foucault compellingly argued, the process by which the Subject transforms himself or herself into the object of institutional surveillance through the adoption of certain behaviors perceived to be norms is a manifestation of the ways in which power works through the art of government in modern liberal states. Thus, we should ask these questions: How, if at all, can a Foucauldian perspective enable us to understand the trajectories of neoliberal governance through the governmental discourses and practices around which the disabled Subject is governed in the contemporary history? How can we locate *this* history within the specificities of development discourses and practices? To address these questions, I offer a genealogical perspective on the emergence of the disabled Subject in development trajectories[32] through

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human rights, see Eve Darian-Smith, *Religion, Race, Rights: Landmarks in the History of Modern Anglo-American Law* (Oxford and Portland: Hart Publishing, 2010); Neil Stammers, *Human rights and social movements* (London: The Pluto Press, 2008); and Falk, *Human Rights Horizons*.

[29] Ibid.

[30] Dan Goodley and Rebecca Lawthom, "Disability and Empire: Making Sense of Disability in Changing Economic Times", in Akihiko Matsui, Osamu Nagsase, Alison Sheldon, Dan Goodley, and Yasuyuki Sawada (eds.), *Creating a Society for All* (Leeds: The Disability Press, 2012), 31-39.

[31] Ivan Manokha, "Foucault's Concept of Power and the Global Discourse of Human Rights", *Global Society*, vol. 23, no. 4 (2009), 430.

[32] Michel Foucault, "Nietzsche, Genealogy, History", in Paul Rabinow (ed.), *The Foucault Reader* (New York: Pantheon Books, 1984).

the policy instrument referred to as the "Global Burden of Disease" (GBD) and through its disability construct called "Disability Adjusted Life Year" (DALY).

Neoliberalism and the Global Constructions of the Disabled Subject

As one of the key reports developed in the arena of public health internationally, the Global Burden of Disease (GBD) is a global metric for governing health in development policies. This global report—the product of a group of experts from the Harvard School of Public Health under the co-sponsorship of the World Health Organization (WHO) and the World Bank—disseminated the major findings of a study on the Global Burden of Diseases (GBD) that was originally conducted in 1990. The discursive construction of disability in this 1996 report is crucial for understanding the globalisation of the biomedical model in relation to the ways in which disability is governed in development discourse. Christopher Murray, the Director of the Harvard Institute for Global Health, and Alan Lopez, the Director of Epidemiology and Burden of Disease Unit, served as the key authors of the GBD report. The rationale for the control of the global endemics of diseases is highlighted in their introduction of the report:

> The next two decades will see dramatic changes in the health needs of the world's populations. In the developing regions where four-fifths of the planet's people live, non-communicable diseases such as depression and heart disease are fast replacing the traditional enemies, such as infectious diseases and malnutrition, as the leading causes of disability and premature death.[33]

The report continues with a projection of the global population's health conditions until 2020 as potentially endangered by "ill health:"

> By the year 2020, non-communicable diseases are expected to account for seven out of every ten deaths in the developing regions, compared with less than half today. Injuries, both unintentional and intentional, are also growing in importance and by 2020 could rival infectious diseases worldwide as a source of ill health.[34]

The GBD study could be regarded as an instrument of the biopolitics of health within the globalisation of development policies. As population growth became a significant issue for developing states in the 1990s, the governing of bodies in the geopolitics of global governance was urgent. This historical condition required institutions to obtain data on the demographic distribution of diseases and illnesses, as well as on the patterns of mortality and impairment within nation-states. Population management—a distinctive technology of power in modern government—was administered through biomedical techniques, such as methods of measuring depression, heart diseases, and malnutrition, which were seen as the

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[33] Murray and Lopez, *The Global Burden of Disease,* 1.
[34] Ibid.

source of "ill health" deemed to have emerged in the modern context.[35] The management of a population's health demonstrates the emergence of governmentality in the modern development regime.

At the end of the twentieth century, the improvement of health conditions was regarded as a global objective for development. The biopolitics of health enabled policymaking institutions to focus on such issues as governing the population.[36] For example, the GBD report articulates a number of problematics in the global governance of health, such as the challenges of "non-communicable diseases" for the global community. As Bryant and Harrison put it in their publication *Global Health in Transition: A Synthesis*, "[N]ations everywhere are grappling with the economic and ethical dilemmas of achieving and maintaining healthy populations, since they are both cause and consequence of truth development."[37] Understandably, as both the GBD and the *Global Health in Transition* reports seem to imply, the loss of health was perceived as a threat for development in a neoliberal context. The governing of populations' health, exercised through global health surveillance, constructed new forms of power. Epidemiological research—the study of the "distribution and determinants of health-related states or events (including disease)—was used as a technology of power for control of diseases and other health problems."[38] For example, the cost of investment in human capital, through the use of evidence-based research on health issues, was taken as a rationality with which to inform public health policymaking. Through these technologies of government, the GBD rational*ized* neoliberalism by offering a biomedical metric with which to measure the cost of disability in public health.

Disability Adjusted Life Year (DALY), a construct of disability in the GBD, emerged in development programs as a method with which to monitor the distribution of impairment in public health surveillance. DALY is expressed by the number of years lost due to "premature death" and years living with "disability" in a condition specified by its severity and duration. One DALY is equivalent to one lost year of healthy life. The total DALYs for a given condition in a population is calculated by summing up the number of Year of Life Lost (YLLs) and Years Living with Disability (YLDs). Disability is calculated by taking into consideration a number of variables, including the incidence of a disease or injury, the average age of its condition since the onset, the estimated duration of the "disability," and the severity of such conditions as observable and measurable conditions. For instance, to calculate the incidence of "disability" within a given population, DALY takes the number of years lost per incidence, multiplied by the number of cases within that incidence. This mathematical formula objectifies the distribution of impairment within

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[35] Ibid.

[36] Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton, N.J.: Princeton University Press, 2007).

[37] John H. Bryant and Polly F. Harrison, *Global Health in Transition: A Synthesis* (Washington D.C.: National Academy Press, 1996), 1.

[38] See the World Health Organization's website at http://www.who.int/topics/epidemiology/en/

specific populations under the rubric of the global agenda. Further, a classification of disability through "disability weight," which ranges from classes I to VII, is applied. Each class signifies the degree of severity for that particular "type of disability." For example, disability is "weighted" by taking the amount of time lived with each of the disabling conditions, such as diseases and injuries, in both treated and untreated states. As such, DALY is a method for governing disability through the production of impairments. That is, DALY offers a specific method for the measurement of disability through categories of impairments, rationalised as a method for governing bodies in the global South. DALY does not distinguish its conceptualisation of disability from categories of impairment. By defining disability as a problem of health loss, manifest in the "disorder" located within the individual body and mind, DALY exemplifies "the (il-)logical progression from impairment to disabled identity," applied primarily to populations in the global South.[39] As Soldatic and Grech suggest, "[T]his logical progression from impairment to disability represents a particular logical trajectory where it is assumed that the claiming of impairment will move one to a position of disability identification."[40] Hence, this logic conceals the biopolitical production of impairment within distinctive historical contexts. By concealing the ways that power has constructed impairment through its geopolitical spaces, global governance performs its biopower through the selection of which bodies and minds matter to the development regime.[41]

Erevelles illustrates these biopolitical and economic rationalities when she observes that DALY is premised upon the rationality of cost-effectiveness in resource distribution.[42] For example, cost-effectiveness is measured by the number of DALYs saved from each intervention. The cost of each intervention is weighted against the potential productivity of the individual who receives that intervention. As such, the productivity of the individual is a basis for cost-saving. At the same time, however, this investment is deemed not cost-effective when it is invested in individuals perceived not as valued as others based on age and disability status. Consequently, disabled people assumed to have more "disability weight" are perceived to have less value and are, thus, treated as non-deserving of public health services.

The implicit assumption on which the definition of disability in the terms of DALY relies, that is, the implicit assumption of DALY according to which disability is an opposite of health, manifests what Campbell calls "ableism."[43] Ableism is an organising framework rooted within a specific historical condition. As a conceptual tool, ableism transcends levels of governance, constructing norms through the structure, procedure, institutions, and

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[39] Soldatic and Grech, "Transnationalising Disability Studies".

[40] Ibid.

[41] Ibid.

[42] Nirmala Erevelles, *Disability and Difference in Global Contexts: Enabling a Transformative Body Politic* (New York: Palgrave Macmillan, 2011).

[43] Fiona A Kumari Campbell, "Exploring Internalized Ableism Using Critical Race Theory", *Disability & Society*, vol. 23, no. 2 (2008), 151-62.

values of civil society. Located within complex genealogies of knowledge that emerge in the modern context, ableism operates through concrete systems of knowledge. These systems of knowledge operate in global institutions as *ways of governing* the disabled population through the biopolitics of health. As a management technology in neoliberal governance, DALY constructs the biomedical model of disability through the government of the population's health that is constitutive of forms of power. DALY modes of surveillance, exercised by the state and local institutions, reinforce technologies of self-governing, as the individual's health status becomes a condition for the measurement of his or her productivity in a neoliberal state. This process of objectification and subjectification makes the individual subject to, and dependent on, the institutional treatment of disability as a category of illness, objectified through the existence of impairments.

The government of impairment, through the constructions of DALY, exemplifies *how* neoliberalism has governed the populations in the global South by constructing disability as medical, psychiatric, and behavioral problems; furthermore, DALY can be theorised as an instrument of global health that constructs knowledge about individuals through its biomedical, technical, and economic rationalities, that is, an instrument of global health whose forms of knowledge construct ableism through a normative belief that impairment is inherently negative. Thus, impairment should be ameliorated, and where possible, cured or eliminated.[44] In fact, the rationalities of the GBD and DALY, as shown, illuminate this ableist ideology. Within modern capitalist societies, a deep-seated assumption works to eliminate so-called disorder or imperfection. Thus, the problems taken to be associated with impaired bodies must be monitored and controlled through the institutional objectification of diseases and illnesses. Impairment—within this global and local cartography of health surveillance—is seen as an opposite to the ideal image of healthy population, and thus, must be corrected or removed in order to maintain the stability of the capitalist social order. The biomedical model in governing public health reflects the dominance of the "individual pathology,"[45] a rationality of development in the government of health and disability in the development context.

Rioux and Daly argue that DALY is a representation of the dominant way of thinking about disability as illness.[46] They argue that DALY makes a false assumption that all disabilities are rooted within the individual body, rather than within the broader structure and environment that construct them. While their argument succinctly highlights the problematics of global governance through the dominance of modernist, individualistic, and scientific rationalism, I would suggest that it is precisely through these rationalities that neoliberal governance justifies its methods of governing difference. In this classification, impairments (read as disability) have been objectified and naturalised as a human

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[44] Ibid.

[45] Marcia Rioux and Tamara Daly, "Constructing Disability and Illness", in D. Raphael, T. Bryant and Marcia Rioux (eds.), *Staying Alive: Critical Perspectives on Health, Illness, and Health Care* (Toronto: Canadian Scholars' Press, 2006), 305-24.

[46] Ibid.

condition. They are identified through mental, physical, and behavioral "disorders." This method of diagnosing "disorder" brings into light how the Cartesian epistemology is exercised in governing impairment, now globalised through neoliberal governance. Specifically, global health institutions—structured on the modernist belief that the problems that a given individual experiences are located within the individual's own mind/body and must be controlled through the use of biomedical interventions—rationalise populations' problems through observable, quantifiable, and descriptive methods. Thus, through the use of epidemiological research and biometrics such as DALY, the Subject is individualised according to methods of classification that are assumed to provide evidence for policymakers in global and local health institutions to develop cost-effective policies. In so doing, categories of impairment exist to individualise structural problems and, thus, justify neoliberal governance by marking the Southern body as invisible.

The GBD and its disability construct, DALY, shed light on the *problematic* of global governance in governing the Third World's bodies. The disabled Subject is constructed in order to conform to, and is dependent on, a set of institutional rules that regulate development by a set of pathological and scientific standards. The concept of "bio-citizenship"[47] will help us further problematise the government of the disabled colonised body through development discourse.[48]

Genealogies of Disability in Global Governance: What's the Problem?
Despite the debates around political and economic re-configurations of globalisation, Rose argues that critics have failed to see how the contemporary idea of citizenship has been embodied within the norm of health and health education.[49] The concept of bio-citizenship is associated with the ways that bodies were governed within the geopolitics of global governance. In the process of institution-building, states used citizenship projects as ways to govern their populations. The key purpose of citizenship projects, Rose explains, was to tie the bodies of citizens to a pre-determined territorial boundary established by nation-states.[50] Citizens were distinguished from non-citizens primarily through the biological conditions of their bodies, conditions such as skin, blood, and national and communal affiliation which made them subject to, and dependent on, forms of government exercised by state power. The concept of bio-citizenship is a useful one with which to understand inclusion and exclusion in the context of disability and development where the biological underpinnings of the health policies of the current development regime have continued to govern disability by categories of impairment. The ways in which the neoliberal state has constructed bio-citizenship through the discursive regimes of biomedical knowledge

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[47] Rose, *The Politics of Life Itself,* 135.
[48] Michelle Jarman, "Resisting "Good Imperialism": Reading Disability as Radical Vulnerability" (2005). 118. Accessed on March 10th, 2012. Available at: http://www.uwyo.edu/wind/_files/docs/jarman/resisting%20good%20imperialsim.pdf.
[49] Rose, *The Politics of Life Itself.*
[50] Ibid.

illustrate how citizenship projects have continued to be the key methods for governing populations in the twenty-first century. As Rose argues, the use of biomedical techniques,—such as the selection of genes of the fetus and technologies of screening—has individualised the human subject through technologies of optimisation in governing bodies.[51] Goodley and Lawthom observe this biopolitics by borrowing from Hardt and Negri's thesis on the Empire in relation to the trajectories of the DSM-IV:[52]

> The use of the DSM-IV exemplifies an adoption of biopolitical discourses of psychiatry and psychology, which have their potential pitfalls and problems: not least in reducing complex humanities to the level of simplistic humanity markers.[53]

The construction of disability as illness in global discourse exercises forms of biopower. The globalisation of a biomedical approach that uses techniques of power such as the GBD and DALY is evidence that new forms of power are constituted in global governance. The discursive formation of disability in health and development constructs disability as *dis*-order, *dys*-function, and as the representation of the risk of diseases and death. Other examples, such as the globalisation of biomedicine through the DSM-IV in such countries as Bangladesh, Malaysia, China and Vietnam, demonstrate the problematics of the biomedical model now reframed under the rhetoric of inclusion in global governance.[54] This neoliberal approach constructs disability as a health problem through its exclusive emphasis on the impairment of the individual, whose biological conditions are observed and governed by nation-states. The paradox of governing bodies in development is that the biomedical constructions of expertise and knowledge have perpetuated impairment in the local specificities of the global South.

As Hughes argues, modernity has constructed particular ways in which bodies are valued and devalued in modern societies.[55] He suggests, furthermore, that negative response to difference has been strongly influenced by the civilising process, where the desire for truth and purity was the root of exclusion for disabled people. Modernity constructs forms of knowledge, such as psychogenesis and sociogenesis,[56,57] in order to

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[51] Ibid.

[52] Goodley and Rebecca Lawthom, "Disability and Empire".

[53] Michael Hardt and Antonio Negri, *Empire* (Mass.: Harvard University Press, 2000), 37.

[54] See http://www.globalautism.org/; Goodley and Lawthom, "Disability and Empire"; Hozumi Araki, "The Current State of Autism Spectrum Disorders in East Asia and Related Issues", in H. Araki, T. H. Y. Nguyen, and H. X. Yin (eds.), *The Current State of Children with Autism Spectrum Disorder and Their Familities in East Asia* (Institute of Human Sciences: Ritsumeikan University, 2013), 5-13.

[55] Bill Hughes, "Civilising Modernity and the Ontological Invalidation of Disabled People", in Dan Goodley, Bill Hughes, and Lennard Davis (eds.), *Disability and Social Theory: New Developments and Directions* (Houndmills: Palgrave Macmillan, 2012), 17-32.

[56] Ibid., 17.

[57] According to Hughes, the term *sociogenesis* refers to social processes that root-out and eliminate those representing an error or imperfection to the moral standards of modernity (Hughes, "Civilising Modernity and the Ontological Invalidation of Disabled People"). The term *sociogenesis* also refers to

devalue, exclude, or normalise undesired bodies in the modernist desire for purity and freedoms.[58] As such, modern rules and power are structured to govern nation-states and their subjects through co-existing and incommensurable discourses of rights and development as a problematic of government in the global agenda.

Re-engaging Foucault: A Postcolonial Encounter

In this article, I have engaged with the ways in which power has been produced as a consequence of global governance that restructures our relationship with disability. The ways that power operates through specific mechanisms, discourses, and programs—such as the GBD and DALY—are perhaps the most typical exemplars of what Foucault refers to as biopower. As Tremain argues, echoing Foucault, "power functions best when it is exercised through productive constraints, that is, when it *enables* subjects to act *in order* to constraint them."[59] This form of power, through its system of discourses, including human rights and development discourses *vis-à-vis* the globalization of biomedical knowledge, functions to create a set of standards that agents, institutions, and individuals use to govern others, while simultaneously exercising self-government in the global regime of governmentality.[60]

Foucault's insights help us to understand the relationships between disability and modernity with reference to specific historical questions: Why the problem? Why is it that certain problems have emerged in certain historical times?[61] A key contribution of Foucault's project, as Manokha claims in his work on human rights, is the conception of power that is not reducible to the properties or intentions and characteristics of particular agents.[62] Indeed, this conception of power, as demonstrated, is essential in revealing the ways that the discursive structures of human rights and development have legitimised exclusion and domination. Yet, as Manokha goes on to argue, a strictly Foucauldian analysis would stop there, as it does not attempt to explain changes from the functioning of productive relations in the political economy of capitalism. Or, as postcolonial theorist Edward Said provocatively comments, what remains paradoxical in "Foucault's imagination of power" is that the forms of injustice revealed by his analysis of power are,

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strategies of curing the undesired, such as the existence of impairment, through the medicalisation of disability. These strategies construct disability as ontologically "invalid" and "uncivilized". Psychogenesis, on the other hand, is the psychic constructions of the normate and disability through the modernist norm on "clean and proper body". Considered deviating from the norm, disability is the epitome of "what not to be" (Hughes, "Civilising Modernity and the Ontological Invalidation of Disabled People", 22). As a consequence of this ableist ideology, disability is perceived as located at the margins of humanity.

[58] See also, Zygmunt Bauman, *Liquid Modernity* (Cambridge: Polity Press, 2000).

[59] Tremain, "Foucault, Governmentality, and Critical Disability Theory", 4; emphasis in original.

[60] Wendy Larner, "Neo-Liberalism: Policy, Ideology, Governmentality", *Studies in Political Economy*, vol. 63 (2000), 5-25.

[61] Michel Foucault, *The Politics of Truth*, edited by Sylvère Lotringer and Lysa Hochroth (New York: Semiotext (e), 2007).

[62] Manokha, "Foucault's Concept of Power and the Global Discourse of Human Rights".

by his analyses, left more or less unchecked.[63] This notion of power would, therefore, erase any opportunity for adversarial response to the process of subjugation.

As Said reminded us, what Foucault seemed to be unwilling to grant in his "total economy of discourse" is the relative success of what the former calls the "counter-discursive attempts" by feminist and minority groups in the west and the Third World to challenge the misrepresentations of discursive power.[64] An engagement with the Third World's struggles for liberation, for instance, can shed light on forms of coercive power, that is, on "violence done to psychically and politically repressed inferiors in the name of advanced culture."[65] As Said argued, however, this unwillingness on Foucault's part does not imply that he legitimised the dominion of power by declaring it inevitable. Nevertheless, a historical consciousness of these struggles would require us to engage more critically with Foucault's thesis through "a kind of antithetical engagement" that allows us to continue to question power and domination in the current context in relation to Foucault's own problematics: the relationship between subjectivity and the idea of justice; between the category of the aesthetic and the negation of power; between genealogical and critical history; and most importantly, as Said argued, between Foucault's archaeologies and social change itself. [66] In part, this argument shows the relevance of Foucault's thesis in the contemporary context of development; at the same time, however, it challenges us to construct alternative acts and possibilities that are not yet displayed in the contemporary project of modernity.

In short, Foucault's thesis of power needs to be positioned in the contemporary context through an understanding of the uniqueness of historical specificities that shape our global and local landscapes. In fact, the question of power, formulated through the historical continuities and discontinuities between the global South and North, enables us to speculate about new relations of domination and exclusion in the global trajectories of development. While the cultural politics of development has continued to foster new forms of domination, the struggles of disadvantaged populations, including disabled people in developing countries, have been evident of the emergence of counter-hegemonic struggles against the Enlightenment thesis. Drawing on development theorist Escobar, Grech reminds us of the need to deconstruct development by reflecting on "how development proceeded by creating abnormalities."[67] Such abnormalities and docile bodies have been produced through fragmented histories of colonialism in the global South. He suggests that "we need to learn about the histories and contexts we are talking about at the most micro level, and to do so without undermining the complexity […] of these spaces."[68] Such forms

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[63] Said, "Foucault and the Imagination of Power", 155.

[64] Ibid., 153.

[65] Ibid.

[66] Ibid., 155.

[67] Shaun Grech, "Disability and the majority world: A neocolonial approach", in Dan Goodley, Bill Hughes, and Lennard Davis (eds.), *Disability and Social Theory: New Developments and Directions* (Houndmills: Palgrave Macmillan, 2012), 60.

[68] Ibid., 65.

of knowledge have constructed categories of impairment based on what Said theorised as Orientalism—a historical process that constructs knowledge about the non-western Other through the transnational history of the Empire.[69]

In a departure from a totalising history of colonialism, this article has offered a particular perspective of the history of development within the present context. The article problematises development as a historical structure that produces new expressions of inclusion and exclusion within its regimes of knowledge. In this historical condition, Foucault's work enables us to problematise the ways that neoliberal, imperialist, and neocolonial discourses construct the disabled Subject by rethinking our positionality in relation to forms of inclusion and exclusion that construct our relationships with disability in development discourses. A Foucauldian perspective on disability and development problematises the ways in which global governance depoliticises and naturalises impairment as a personal, individualistic problem. In addition, such a perspective reveals forms of biopower associated with the constructions of "biological citizenship" in global governance through the normative regimes of rights and responsibilities. As Foucault said in his reflection on knowledge, the point is that not everything is bad, but that everything is dangerous, which sets the stage for us to engage in political activism.[70] This engagement in political activism is an important undertaking of Foucauldian theory, one in which this article itself has participated.

What is needed is a politics of knowledge on disability and impairment that is revisioned through the critical and genealogical perspective of development. As Soldatic and Grech posit in their transnationalising account of disability studies, the traditional boundaries for disability studies must be re-identified and expanded.[71] The task of doing so includes the need to democratise disabled identities and deepen our cosmopolitanism to recognize the plurality of claims for disability theorising. Importantly, they argue, this politics of theorising needs to be inclusive of "those claims framed by the *logos* of impairment submerged within the South."[72] Alongside this recommendation for an anti-colonial perspective on disability and impairment, I would propose that while we must account for a plethora of voices and knowledge in questioning the legitimacy of development thesis, the democratic voices of disabled people from the global South must be taken more seriously in order to de-colonise the politics of development. As Tucker argues, we must "rethink development in order to redress the problems [and call] for a plurality of discourses, a plurality of audiences and a plurality of terrains."[73] This thesis, I therefore submit, can foster a counter-hegemonic account for resistance to power. Such a counter-hegemonic account allows critics to engage with the struggles of disabled people in the global South through new boundaries of knowledge upon which disability theorising can

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[69] Edward Said, *Orientalism* (New York: Pantheon, 1978).

[70] Foucault, "The Subject and Power".

[71] Soldatic and Grech, "Transnationalising Disability Studies".

[72] Ibid., in "The Double Moves", para. 1.

[73] Tucker, "The Myth of Development", 15.

evolve. Indeed, this undertaking could open up new possibilities for transforming power and domination in Southern contexts.

Conclusion

The emergence of disability and development marks a historical shift in the global governance of disability that has shaped our relationships with disability in mainstream institutions. The disabled Subject is constructed in development regimes through the biopolitics of governing states and citizens. The ways that biopower constructs the disabled Subject through biomedicine and citizenship projects are poignant in the constructions of global health policies. Foucault's genealogies of knowledge remain powerful tools with which to rethink how we govern ourselves in relation to the institutional norms that construct ableism. The critique that I advanced in this article questioned both how the normative values of institutions are shaped by ableist ideologies and how our bodies are positioned in relation to the norms set out by global health and development institutions. Through a postcolonial encounter, I suggest that a Foucauldian critique can deepen our understanding of the disabled Subject in the current context by raising more critical issues on disability, impairment, inclusion and exclusion in the contemporary history. Rethinking the question of the disabled Subject in new contexts, thus, can have important meanings for understanding how categories of disability and impairment are produced in the global governance of disability and difference.

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