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Whose Disability (Studies)? Defetishizing Disablement of the Iranian Survivors of the Iran-Iraq War by (Re)Telling their Resilient Narratives of Survival

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Abstract: This article is part of a larger inquiry into the production of disabled bodies due to violence. I examine processes of disablement in the global south, namely Iran and Iraqi Kurdistan, by wars launched and nurtured by both the local nation-states in the Middle East as well as the global north - the United States, Russia, and Western Europe. Utilizing a dialectical and historical materialist approach, I studied the Iran-Iraq war, the longest war of the 20th century. I explore how the disablement of global southern bodies in imperialist and nationalist wars is persistently naturalized – that is, attributed to the natural state of affairs in those regions, with the inevitable consequence that they cannot be connected to the violence of ongoing global and regional imperialism. This paper briefly touches upon the theoretical framework and methodology utilized to conduct this research, as well as the "problem" of disability in Iran. Subsequently, it goes on to extensively discuss the living conditions of the surviving Iranian veterans and surviving civilians of the Iran-Iraq war told through their own resilient voices. The veterans' narratives expose their post-war experiences, including poverty, unemployment, inadequate medical-care, lack of medication due to the U.S.-imposed economic sanctions, and the presence of a dysfunctional disability-measurement system employed by the Iranian state. As a survivor of this war myself, I invite the reader to bear witness to how the violence of imperialism and nationalism not only renders people disabled, but also fetishizes their disablement by masking/mystifying the socio-political and economic relations that mediate the violent processes that render people disabled. By focusing on the veterans' actual living conditions, this paper seeks to defetishize disablement, shifting the narrative of disabled veterans and civilians from tales of terrorism, heroism, living martyrdom, and patriotism, towards recognition of *disability* of/in human beings in need of care and support.

Key Words: Iran-Iraq war; disabling imperialism; disabling nationalism; defetishizing disability; Iranian veterans; Middle East

Whose Disability (Studies)? Defetishizing Disablement of the Iranian Survivors of the Iran-Iraq War by (Re)Telling their Resilient Narratives of Survival

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The world's military spending was 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). Landmines and random explosions result in the largest number of disabilities caused by wars and armed conflicts. Every month, at least 2,000 people are killed, injured, and/or acquire disability by landmines in more than 70 countries around the world (United Nations, 2007). The Middle East, the Balkans, Central Africa, and Southeast Asia are home to millions of disabled people (Priestley, 2015).

Inspired by Razack's work on Aboriginal bodies who die in police custody in Canada, this paper examines how the global-southern body, especially in war-torn places such as the Middle East, is "considered to be one that is already dead, and thus a body on whom a full measure of care would be wasted" (2011, p. 1). The disablement of global southern bodies is often somehow *fetishized* as the only explanation we can expect from peripheral and disappearing regions (e.g., the Middle East) (Erevelles, 2011; Gorman, 2016; Meekosha, 2011; Kazemi, 2017). Erevelles (2011) defines fetishization of disability as the process/es by which the socio-political relations and/or economic agendas behind the production of disability and

disabled bodies are somehow mystified/masked/naturalized/justified. I analyze how the disablement of global southern bodies in imperialist and nationalist wars are persistently "naturalized" – that is, attributed to the natural state of affairs in those regions, with the inevitable consequence that they cannot be connected to the violence of ongoing imperialism (Erevelles, 2011; Gorman, 2016; Kazemi, 2017; Meekosha, 2011).

This article is part of a larger inquiry, the partial results of which have been published elsewhere (see Kazemi, 2017), which explores the production of disabled bodies in Iran and Iraqi Kurdistan by wars that are often launched and nurtured by the global north (the United States, Russia, and Western Europe) as a manifestation or 'case' of disablement in the global south. Using a dialectical and historical materialist (DHM) framework (Allman, 2007), I studied the longest war of the 20th century, the Iran-Iraq war. The analytical method was organized in two parts: processes and relations. By "processes," I refer to the processes of production and perpetuation of disablement: "Living with" disability and "remaining" disabled under inadequate care in a class-based capitalist society ruled by a theocratic state, while facing the global community's silence and indifference. I discuss the living conditions of surviving Iranian veterans and civilians of the Iran-Iraq war using their own voices, as a means of : a) bearing witness to the Iranian survivors' resiliency as they tell their stories in Iran; b) retelling their stories as a means to resist the fetishization of their disability/injury; and c) reclaiming the space of Disability Studies (DS) as a war-survivor *and* a Middle Eastern woman, by problematizing discursive relations to the "problem" of disability produced by violence in the global south. Drawing on Razack's (2011, p. 1) conceptualization of "those who are already dead to us," I suggest being from the global-south or from the "third world" is also often viewed as a disabling "condition." Indeed, the most progressive of inquiries—those that acknowledge injury to "third

world" people—insist on a direct parallel between "backwardness" and disability. Not surprisingly, the "natural body" that is made possible by viewing disability as a flawed version of humanity is the same "natural body" that installs the "first world" and/or imperialist powers as owners of everybody's lands and resources. Flawed bodies, or what Razack (2011, p. 21) calls "insufficiently modern bodies frozen in a pre-modern, pre-capitalist mode" are not owners of their own natural resources, such as people of the Middle East who are often caught up in wars and never-ending conflicts. The comparison between disability and belonging to the "third world" yields both similarities and differences. Global-southern bodies (refugees, immigrants, "terrorists", etc.) disturb, as does disability, and global-southern-ness reminds the "first world" people of something they know but would rather not (and indeed cannot) know if they are to continue as the benefactors of an imperialist relationship. Yet, what is remembered and consequently repressed differs. Imperialists must repress knowledge of their own violent histories of conquest and occupation. Thus, the disturbance that is *being from the "third world"* can be understood as intimately related to land, natural resources, and to imperialism.

Naming my agency and subjectivity demands clarification. I was born in the middle of the Iran-Iraq war, in which chemical weapons were used on civilians, including unarmed women and children, leaving them with life-long physical and emotional injuries. 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 the country's post-war situation, and today lives in exile (i.e., Canada). As a survivor of this war myself, I invite the reader to bear witness to how the violence of imperialism and nationalism not only renders people disabled, but also fetishizes the processes of disability production by masking the socio-political and economic agenda behind those processes in the global context.

How is the Disability of (Certain) Disabled People Fetishized?

According to Erevelles, when historical and social relations that create disability are overlooked, disability gets fetishized (2011). While DS scholarship focuses on the contemporary attitudes and barriers that turn impairment into disability, it often ignores the historical, political, and economic contexts that produce disability (2011). Erevelles claims that the romanticization of DS has obstructed recognition of the roots of the ableist tradition in the global context. Understanding disability as a local issue conceals the geopolitical nature of disablement and reinforces existing power relations. 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). In an example, 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.

Even so, the global north rarely acknowledges disability and disablement in the "third world." 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* [emphasis added].

Theoretical Framework, Methodology, and Data

Marxist theory, informed by geopolitics and a DS lens provides the theoretical framework for the DHM analysis... Marx suggests 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 (Allman, 2007). The DHM analysis is organized in two parts: (1) 'processes of disablement' that are carried out through (2) 'social relations'. Processes include the *production* of disability, as well as the perpetuation of disablement as a socially- and politically organized condition, and not just a biomedical one. A case study methodology was used, and according to Eisenhardt (1989), case studies can draw upon a combination of data collection methods. The data for this project consist primarily of digital study of the Iranian war survivors' narratives (e.g., books/memoirs, websites, visual arts, reports, documentaries, published interviews, eyewitness accounts, and veterans' and survivors' weblogs), as well as documents that indicate how the parties involved in the war organized it to unfold and why (e.g., U.N. Security Council Resolutions (United Nations, 1987) and documents from the U.S. National Security Archives that have recently become declassified (NSA Archives, 2015). The process of the perpetuation of disablement includes poverty, institutionalization, unemployment, state corruption, inadequate medical care, lack of medication due to the U.S.-imposed sanctions, chemical incarceration[1], lack of disability accommodation, lack of physical and emotional accessibility, and the dysfunctional disability measurement system employed by

[1] 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).

the Iranian state. As I have pointed out before (Kazemi, 2017), there is a high rate of suicide and addiction among the surviving veterans, with many experiencing survivor's guilt, extreme poverty, and post-traumatic stress disorder (see for example Namehnews.ir, 2013).

Iran-Iraq War

Contemporary historian Homa Katouzian describes the Iran-Iraq war in the following terms:

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).

In Iran, millions of conscripted 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 weapons and required long-term treatment. Iraqi forces 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 disabled veteran population in Iran is estimated to be between 400,000 and 560,000 (Alaedini, 2004, cited in Moore & Kornbelt, 2011; Human Rights Watch, 2018, p. 21fn). The reasons the exact number is not known can be traced back to the fact that many of the

veterans never identified themselves to the Disabled Veterans and Martyrs' Foundation (DVMF) 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 sense that the rest of the disabled population typically does not receive the same privileges that veterans do. In the case of Iran, the DVMF is the organization in charge of providing this special treatment. According to the most recent Human Rights Watch report on the rights of disabled people in Iran (2018, p. 27) as well as the disabled veterans' own words, the current long-term care sponsored by the Iranian state for them and for civilians, is inadequate and inefficient (see, for example, Entekhab.ir, 2016; Fashnews, 2016a; Fashnews, 2016b; Fashnews, 2016c; Fashnews, 2016d).

Proving Your Disability

The DVMF[2] 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 chemical weapons, then the Foundation will determine their percentage. For example, they require proof from civilians 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, 2016d; Irna, 2014; Javanonline, 2014).

[2] It is worth mentioning that it is not easy to find credible academic sources concerning the Iranian state's corruption due to the extreme censorship of the media in Iran. Clearly, no scholar is allowed to investigate state corruption or publish any critique of the "sacred" state. This is the case 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, even though he is not even elected democratically.

The Foundation is a major player in Iran's construction and developmental industry projects, such as hotels and estates. This would suggest they have sufficient funds to invest in major residential and commercial projects. Disabled veterans, however, are usually told that the Foundation does not have enough money to meet their needs, and therefore, they should just be "content" with what is given to them. The DVMF, which veterans simply call "Foundation" (Bonyād) in short form, is known for corruption and scandal. Even domestic newspapers controlled[3] by the state's Ministry of Culture and Islamic Guidance have reported this corruption (Andisheh-kermanshah, 2016; Aftabnews, 2016).

The DVMF has a Health Deputy Branch responsible for convening medical commissions and determining the "disability percentage" of injured veterans. The percentage determined by the Foundation plays a significant role in the veterans' lives. This is because the percentage determines the quality of healthcare they receive, benefit levels, medications, as well as the amount of financial support for which they might qualify (see for instance, Farhangnews, 2014; Fashnews, 2016e; Ghamari-Tabrizi, 2009; Javanonline, 2014; MehrNews, 2012; Mehrnews, 2014). Essentially, the number/percentage defines almost every aspect of life. This is why, even when introducing themselves, veterans mention their percentage, almost as if it is a part of their identity. For example, they call themselves a-certain-percentage-veterans (e.g., 40%-veteran). Historically, the assessment of veterans' needs has been done according solely to specifics directly related to their medical condition (WHO, 2011). Currently, attention is paid to what the veterans' needs are in a more holistic manner and to what can facilitate their rehabilitation process or improve their functioning process (WHO, 2011). The Iranian state requires that disabled veterans and civilians "prove" their disability in order to receive any financial help,

[3] See the Human Rights Watch's report (2018) on the rights of disabled people in Iran and "Iran: Flawed Convictions for Journalists, Human Rights Watch," Human Rights Watch news release, May 3, 2016, https://www.hrw.org/news/2016/05/03/iran-flawed-convictions-journalists

medication, and/or treatment. The first item on the long list of supporting documents is 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 DVMF, 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.

According to the survivors' own words and the information presented at the DVMF's website, this document contains two key components (see for example, Alef.ir, 2010; Javanonline, 2014; shohadayeiran.ir, 2015). The first is the record of a certain incident (shooting, explosion, bombing, etc.) that resulted in injury or disability. The second is the record of treatment received. Obtaining both of these parts can be 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. According to the survivors, many of the explosions and bombardments led to the destruction of such papers (see Alef.ir, 2010; Javanonline, 2014; shohadayeiran.ir, 2015). Therefore, it is not easy to find proof that a particular explosion happened at a certain time and place, twenty or more years prior. Secondly, combat field hospitals, which kept a proof of treatment provided 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. It was also sometimes the case that veterans who acquired an injury in battle did not seek immediate treatment and continued to fight to help their fellow soldiers. Now after almost four decades, they cannot prove

that they had to make a decision between surviving, by receiving a timely intervention, or letting others die. Furthermore, there are many cases of veterans only beginning to experience health problems due to something that happened to them during the war many years later (see Afkarnews, 2013; Alef.ir, 2010; Andisheh-kermanshah, 2016; Javanonline, 2014; shohadayeiran.ir, 2015). One veteran wrote in an online comment on a news website that when he sought help from the DVMF, 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 (see Alef.ir, 2010). As such, veterans who do not possess the accident memo with full details face numerous obstacles in convincing the DVMF of their injury.

Counter-Rehabilitation Protocol: More Disabled, Higher "Percentage"

Another problem evident from the veterans' accounts is that they are usually struggling to raise their designated percentage so as to get more or better care. For instance, the veterans whose disability percentage has been determined as less than 25% usually complain because few of their needs are ever met. A percentage below 25% qualifies a veteran only for basic medical insurance (Alef.ir, 2010). According to the veterans' own words, veterans whose disability percentage is 49% or below can use the university entrance quota only once for their children, but children of veterans with a percentage of 50% or above can use the quota as many times as they want with no restrictions. 50% and above can also qualify to receive a car (See for instance, Farhangnews, 2015; Kaleme.com, 2016; Mehrnews, 2014).

Many of the veterans think that the "percentage system" is a discriminatory one, for it divides them into groups with drastically different benefits (see their own words in Alef.ir, 2010). The percentage system is also problematic because it is not rehabilitation-friendly;

instead, it incentivizes the exacerbation of veterans' health issues (Soleiman nia, 2012). As such, the system pushes veterans to think that the worse they become, the higher percentage they receive and the better care they can get. Often, the idea of rehabilitation after trauma is about helping the person feel better and getting them closer 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, pushing veterans to never become rehabilitated or feel better. If they do, they risk losing the percentage they have already been given, which means losing already-inadequate benefits. Additionally, reading the veterans' accounts, I have come to realize that the percentage system has been effective in disuniting the veterans and reducing them to "percentage" categories who often envy each others' supposed disability benefits. Therefore, instead of perceiving themselves as one community with similar needs who can get organized and fight for their rights, they have been pushed by the state's dividing policies to perceive each other as competing rivals.

Resilient Narratives of Survivors

In this section, I quote, or tell a story of, a few of the surviving veterans, civilians, and sometimes their family members directly, to illustrate their living conditions and resilience. One anonymous veteran states**:**

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).

Another anonymous 5% veteran with a direct bullet injury in the right ankle and post-traumatic stress shares:

> 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 proof for your injury in the war; you need to show us proof of treatment right after injury in a war zone field hospital or clinic. This is absurd, because I couldn't possibly have had someone taking my photo, as I got injured on the frontline (shohadayeiran.ir, 2015).

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

> I got shell-shocked trying to rescue my fellow solder. 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, you don't get more than 3% disability percentage (Afkarnews, 2013).

Veteran Mehdi Ghaeini describes how his brother, Akbar Ghaeini, also a veteran, committed suicide due to not being able to work, economic pressure, and the stress caused by unemployment (see Tabnak.ir, 2009). He attempted to obtain a disability percentage. Even though the application was complete, the Foundation refused to acknowledge his disability. Akbar burnt himself alive before the eyes of the staff of the Foundation in Qom city. His death was a response to the Foundation's lack of accountability and failure to validate his needs.

According to Mehdi, his brother participated in the war as an expression of his commitment to his faith. He never applied for disability support as long as he could work, despite his serious chemical injuries. It was only when he realized that being shell-shocked would prevent him from working that he applied for disability support (see tabnak.ir, 2009).

Yet 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 daughter (kaleme.com, 2016). He was a 25%-disabled veteran who had purchased a 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 for 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 submitted a request for a loan, which was also denied. After the news circulated, different organizations passed the ball to each other and did not hold themselves accountable for the event (kaleme.com, 2016).

Other similar accounts abound. A veteran who later became a teacher from Masjed Soleiman jumped into a lake behind a dam in Katvand (Namehnews.ir, 2013). 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).

Vafa, a veteran 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).

The "Problem" of Disablement in Iran

The medical model is a dominant framework used to interpret disability produced by war in Iran. In Iran, disability is perceived as a "problem," located in the individual, which needs to be "fixed." Religious factors are also significant to consider when examining disability in Iran (Goodrich, 2013). Growing up in Iran, I have witnessed how disability is sometimes seen as a punishment for a sin that you must have committed at some point in life. In some cases, disability is seen as an "exam" that God wants you to take in order to test your faith. Religious societies may also be inclined to show pity to disabled people, the penniless, and orphans, based on the perception that they are destitute (Goodrich, 2013). This view, often referred to as the "charity" model in DS (Oliver, 1983). Jaeger and Bowman (2005, as cited in Goodrich, 2013) explain how this interpretive approach to disability is oriented to cure, and the belief that for the disabled person to receive a cure or healing, a "miracle" must take place. However, disability resulting from war is sometimes seen differently than other kinds of disability. For instance, it

might be celebrated as a form of "heroism," "sacrifice," or an indicator of strength (Goodrich, 2013). In Iran, like many other societies, disability is generally associated with a sense of tragedy and shame. In other words, the disabled person and his/her family are expected by society to experience grief and shame (Goodrich, 2013). In the public's view, having acquired a disability through war is different from other kinds of disability, such as congenital or acquired through natural causes or accidents. This is largely due to ideological perceptions that people uphold, such as "patriotism" or "martyrdom," concerning the justness of the fight in which disablement occurred. Therefore, veterans receive a certain amount of respect that non-veteran disabled people rarely do. Kashani-Sabet (2010) points out that the relationship between disability and the state can vary drastically based on possible causes of disability. This is definitely the case in Iran. However, this does not mean that veterans necessarily receive special attention from the state. 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.

The Iran-Iraq war produced hundreds of thousands of disabled veterans. Generally, the Iranian state estimates that about four percent of the population is disabled (Moore & Kornblet, 2011; WHO, 2011), although the most recent report issued by the Human Rights Watch states that the number is likely between 11 and 14 percent of the population, or about 9 to 11 million people (Human Rights Watch, 2018). There are 800,000 disabled Iranians survivors of the war with visible burns, blindness, chronic fatigue, sexual dysfunction, mood disorders, and/or severe bleeding problems who have received no acknowledgment from the international community whatsoever (Ahmadi, et al., 2006; Bajoghli, 2015; Najafi Mehr, et al., 2012; Wright, 2014). Today, after nearly three decades, Iranian veterans and their immediate caregivers and family members face financial hardships in accessing medication and healthcare (Samimi, 2014).

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 (Goodrich, 2013). 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) suggests that these reactions are also common in Iranian society toward disabled individuals. Disabled people in Iran have a long history of struggling with being erased, "undermined, misunderstood, marginalized, and pitied[4]." (Goodrich, 2013, p. 6) 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 (Human Rights Watch, 2018; Samimi, 2014). Negin Goodrich (2013) describes that in Iran, there is legislation in place to protect the rights of people with disabilities, such as *The Comprehensive Law to Protect Disability Rights,* 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 (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 organization is ever punished for violating them.

Sanction-Imposed Medication Shortages and Overmedicating

Disabled veterans who have inhaled or touched chemical agents often require expensive medications in order to survive the pain, breathing problems, and restlessness that they can

[4] See also Human Rights Watch's most recent report on the rights of disabled people in Iran (2018, p. 9)

experience on a daily basis. 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). On the other hand, there are veterans who 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 might be given an injection or subjected to electric shock to keep them silent (see the veteran's testimony in Soleiman nia, 2012). 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 asleep[5]. However, as Bonnie Burstow (2015) suggests, 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.

Unemployment and Lack of Accommodation for Mental Disability

Mentally disabled veterans are those who have acquired a brain injury of one type or another due to exposure to explosion blasts, or shrapnel shells. Those who have to deal with

[5] See more examples at Soleiman nia, 2012.

post-traumatic stress or brain injury often exhibit overstimulation, irritability, and self-harming behaviors. Unfortunately, there are also reports of domestic violence inflicted by some mentally disabled veterans against their spouses and children. (See for example, Jamnews, 2014; Soleiman nia, 2012; Tebyanfilm, 2011).

Additionally, many of the veterans have housing problems due to unemployment and poverty (see e.g., Fashnew, 2016b, 2016d; Ir.voa.com, 2017; Namehnews.ir, 2013; Nasr, 2014; Soleiman nia, 2012). 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 (Namehnews.ir, 2013; Soleiman nia, 2012; Tebyanfilm, 2011). In most of these cases, veterans' wives must bear the responsibility of breadwinning and caring for the family by working both inside and outside the home. Employers are also known to fire war veterans when they find out about their mental disability. It would make a great difference if employers, instead of dismissing veterans, remained considerate and accommodating of their disability.

In one case, the wife of a veteran could not care for her disabled husband, and, therefore, needed the DVMF to provide institutional care for the veteran, but the DVMF refused to act (ir.voa.com, 2017). Their excuse was that "the family has already received so many benefits" (which is almost always false). In this particular case, the veteran was 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 DVMF in March 2017 (ir.voa.com, 2017).

Addiction and Suicide

There are high rates of suicide and morphine addiction among disabled veterans. The addiction to morphine should be quite foreseeable due to the enormous pain they 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 report referred to a veteran who walked into the DVMF building and injured a security guard with a metal bar. He then went to different departments of the DVMF, broke the glass doors at the entrance, and verbally assaulted 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).

A 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 subjects had killed themselves by several methods, such as strangulation (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 methods 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).

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 as well. However, in practice, there are no accounts confirming the existence of these benefits (Namehnews.ir, 2013). In every press conference that the Foundation's authorities hold, they claim they do everything they can to ensure the wellbeing of martyrs and veterans' families, but the material reality based on the veterans' accounts 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.

Materiality of Disablement in the Global South

Meekosha (2011) argues that the production of impairment in the global south by neocolonial war and violence has its roots in the global economy concerning resources. She argues that the 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 rarely cites researchers/scholars from the global south who can tell us about this violence. 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. 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). 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" which should be a nightmare for this realm of knowledge that fights "normalcy." Popular/dominant approaches/theories in DS discourse pays little attention to either disabled bodies in non-Western parts of the world – the global south or "third-world" – or to the prevalence of war in these areas, which renders bodies disabled on a massive scale (Erevelles, 2011; Gorman, 2016; Grech, 2012; Kazemi, 2017; Meekosha, 2011; Priestly, 2015).

Is this because the global-southern bodies are racialized? In other words, does DS ignore/erase the "third world" residents because they are not "white"? Does this erasure happen due to an ideological and identity stance known as "whiteness"; or is whiteness the "ideological signifier of a unified sameness" (Bannerji, 2000, p. 15)? 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, cited in Bannerji, 2000), on the other hand, defines "whiteness as a structural power relation that confers cultural and economic privileges." Furthermore, 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. Anita 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".

There have been significant efforts in the DS field to include disabled bodies from the "third world" in the theorization of disability as a way to study both 'disability' and 'race' at the same time (Erevelles, 2011; Gorman, 2016; Grech, 2012; Kazemi, 2017; Meekosha, 2011; Priestly, 2015). 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 Foucault suggested, the inclusion of certain bodies does not mean anything except that they have been previously cut 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).

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" academia. Some DS scholars have tried to resist the whiteness of the field by researching 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 Africa as part of the "third world," they have failed to discuss 'production of 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). This paper built upon their efforts by discussing the living conditions of 800,000 disabled people in Iran as part of the "third world," a place that is rarely mentioned in DS literature.

Concluding Remarks

This article was part of a larger inquiry into the production of disabled bodies in the global south by wars that are often supported and sustained by the local states and by the global north. Specifically, I discussed the living conditions of disabled veterans and civilians in Iran who acquired their disability as a result of injuries acquired in the Iran-Iraq war. By pointing out the living conditions of the disabled survivors, I aimed to show how disability can be perpetuated

and sustained by the lack of care and having to navigate an inaccessible system in order to get the most basic support for survival. My main intention was to depict both processes of living with a war disability, and *remaining* disabled, due to domestic and global indifference. It is important to understand that disability is not just a medical diagnosis but a socially-organized condition that has its roots in social relations operating in the global (read not just local) context. My point here was to show how disability can be both produced and perpetuated by the violence of war, inadequate care, and global silence/indifference.

By re-narrating the resilient voices of some of the disabled survivors, my intention was to re-iterate what Razack has insightfully observed about "people who are already dead to us" (Razack, 2011, p. 1). I believe discussing resilient narratives of disability, like the ones that were discussed here, can take us beyond modernity's projects of the European colonialism and imperialism, because then we can witness how some people are erased from humanity's radar. This paper, to put it another way, was 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, p.8). This paper is a "disruptive" example of living with a disability for popular/dominant DS, for it covers the living conditions of disabled/injured individuals in a place other than the U.S., U.K., Canada, and Australia, namely the global south. By providing a rich backdrop that includes the living conditions of disabled war-survivors, the political issues surrounding the war in question, and the narratives of veterans who acquired disabilities during the war, I made a case for a conceptual framework that engages an anti-imperialist and class-conscious strand of DS. What I have intended to do is to reclaim this space of DS for an embodied Marxist-Feminist theoretical framework that I bring to bear on ableist

violence produced at the vortex of transnational imperialist wars that proliferate disability in the oft ignored spaces of the global south/”third world.”

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