

The magazine of the Greater Manchester Coalition of Disabled People

coalition

December 2012

£3.00

THE LIFE AND DEATH ISSUE



Coalition, the
official magazine
of the Greater
Manchester



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Coalition Magazine is published by the Greater Manchester Coalition of Disabled People. To contribute or subscribe, please contact: The Editor, GMCDP, Aked Close, Manchester M12 4AN

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Subscriptions: £15 per year

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Editorial Comment

Welcome to the winter edition of Coalition.

The euphoria of the summer Olympics and Paralympics are now a distant memory. The temporary ceasefire in the ongoing war against disabled people has now been abandoned by the various elements of the media and politicians alike. Well, it was nice while it lasted!



On a more sombre note, the recent case of a 51 year old disabled man who had a DNR (do not resuscitate) order placed in his file by a local NHS Trust is truly alarming. When the man returned from hospital to the residential home where he lives, staff discovered the DNR notice in his medical notes from the hospital. The sole reason for the DNR notice was given as, 'Down's Syndrome.' This had been done without even consulting the man's family, who visited him every day whilst he was in hospital. To place a DNR notice on someone's medical records without consulting the patient or their family is unfortunately not unheard of, but

placing a DNR notice on someone's medical chart due to their impairment or medical condition is reaching a new low, even for the NHS.

The way we end our lives is an issue to which we all give thought, especially as we get older. It's an issue which crosses political boundaries, religion, culture, and divides families and friends. Do we preserve life at all costs, or are only some lives worth saving, whilst preserving other lives is futile and merely postpones the inevitable?

In this edition of the magazine we have two strikingly different views about one element of this big issue - that of assisted suicide. I would like to thank both contributors for tackling an issue that we as disabled people seldom talk openly to each other about.

Also in this edition, we have articles about the lives of disabled people in Turkey, cartoons from Crippen, a look at why terminology is so important, and much, much more.

Brian Hilton

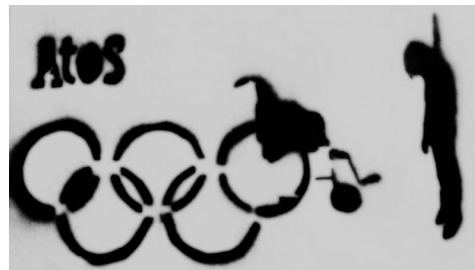
The Sting



Couldn't Give Atos

Hardly a week passes without further damning evidence piling up at the door of Atos (and their Coalition paymasters) regarding their abhorrent treatment of disabled people.

We are told of dozens of cases of people passed fit to work who have died before their appeals can be



heard, people who have committed suicide as a result of their appalling treatment during Work Capability Assessments, doctors hired by Atos to carry out the tests ignoring evidence in order to fulfill the quota of only one in eight applications succeeding, one-third of appeals to Tribunals being upheld at a cost of over £50million (and growing by the day).

Even the man who advised the government on testing welfare claimants, Prof. Malcolm Harrington, has called for changes to be made to the 'fit for work' tests in order to make them, 'fairer and more human.' His reward was to see his recommendations rejected and he was

asked to, 'step down as a government advisor,' – or in plain English 'sacked'. It staggers belief that despite this shameful record, Atos's parent company boasts on their website that the company



is a global leader in 'Corporate Social Responsibility'! If it had any commitment to acting responsibly, let alone morally, it would refuse to carry out these degrading, disreputable and deadly tests immediately, forcing the government to make changes. Feel free to visit the website (www.uk.atos.net/en-uk/) and join the many disabled people who are posting their contempt for the role Atos has undertaken for profit.

In the meantime, the actions of the doctors and other health mercenaries who collaborate in delivering such a flawed system are facing challenges through their professional bodies. If you are called for a 'fit for work test' make sure you keep a record of the doctor and any other 'professional' you are called to see. If you are treated badly make a formal complaint about their conduct to the appropriate authority, e.g. the BMA, RCN. Together we can make the government, Atos and the medical profession give a toss.



Couldn't Care Less

The recent jailing of six evil scum and suspended jail sentences given to five others (they most definitely shouldn't be called 'support' workers) responsible for horrifically abusing disabled people at Winterbourne View private hospital is to be welcomed.

But this scandal was not uncovered by the many agencies and bodies that are supposed to ensure that such



wanton abuse is detected and stopped. Instead it is the BBC's Panorama programme that we have to thank for highlighting this 'culture of cruelty' before anyone was killed. Action should now be taken against the directors of Castlebeck Ltd, who employed these people and who are responsible for not acting to prevent, 'a culture of ill-treatment [that] developed and cruelty bred cruelty.'

Judge Ford QC stated that, 'The hospital was run with a view to profit and with a scandalous

lack of regard to the interests of its residents and staff.’ The directors should not be allowed to profit from this abuse and should be declared unfit to run any other company. Action also needs to be taken against the various health and local authorities who ‘commissioned’ this care. What did they do to ensure that the ‘care’ they were buying was actually being delivered? Or did they merely accept the lowest bid, and to hell with quality?

The systematic failure of all those responsible for delivering care and support needs to be subjected to a public enquiry. If such scandals are still occurring in institutions, you can be sure they are also occurring in the homes of individual disabled people, where it is much, much harder to expose. The whole system is rotten and is likely to get worse, as the cuts to care funding mean that even less will be spent on ensuring that evil scum are not recruited and that appropriate training and support is given to those who genuinely want to deliver good quality care and support.



Ultimately our politicians (both nationally and locally) are responsible for ensuring that we are protected. Write to your MP and Councillors and ask them directly what they have done following this scandal to ensure our safety. Please forward any replies to Scorpio c/o GMCDP.



Justice Denied

A third of all prosecutions brought for hate crimes against disabled people in Greater Manchester failed when they got to court last year. The explanation for this disturbing failure to deliver justice is to blame the victim: 'The main reason for unsuccessful prosecutions is the victim withdrawing their support for the case and not attending court.'



Perhaps a deeper look at the lack of support and encouragement given to complainants would serve to explain this apparent 'unwillingness' to attend court: Funding for disabled people's organisations that provide advocacy support has been slashed; CPS officials have been shown to be reluctant or

inept in pursuing hate crime prosecutions; disabled people have been determined to be 'unreliable' witnesses by judges who are unwilling to accept people with certain medical conditions as 'credible'.

Before criticising the victim perhaps the Crown Prosecution Service would be better served putting its own house in order and therefore gaining the trust of disabled people.



A Rock and a Hard Place

The opinions of Katie Price (or 'Jordan' when getting her kit off) and Frankie Boyle may not be at the top of many people's agenda but they have posed an interesting dilemma for those of us with a bit of time on our hands. Which side are you on when it comes to the on-going feud between the model/author/charity fund-raiser, etc. and the comedian?



'The Price' has been very active in not only defending her son, Harvey, but also challenging the general lack of facilities for other disabled children. Throughout the Olympics she also campaigned for the

Olympic flame to stay alight for the duration of both the Games and the Paralympics. Frankie Boyle has been making jokes about disabled people, as he has been about every other section of society. Katie Price thinks that this is disgusting and that disability is no laughing matter.



I might not always agree with Frankie's humour but I would rather be included rather than ignored. I also have no problem with Katie campaigning for a more inclusive society, but I can't accept her being my moral compass. What do you think?

The Sting



Time To Talk... Assisted Suicide – The Last Taboo?

Anne Rae argues that assisted suicide is a right that should be open to any individual, including disabled people.

I have read everything I can find on this subject – for and against. I have thought incessantly about it, and talked it over with as many people I can find willing to discuss it. Only one person has disagreed that it should be a legally permissible act, but I know that many people reading this will agree with that person.

What has disturbed me so much about the argument against assisted suicide is that nowhere have I seen or heard from the ‘against’ lobby any recognition, understanding or compassion of or for the person who has either come to a point where they want to be dead, or who can foresee a time when they might well want to be dead, and might need some help at their chosen time to die. As somebody said to me, ‘It’s not the dying that’s terrifying – it’s the not being able to.’ The spectrum of mental and physical suffering is a very long one – at the one end there are headaches and heartbreaks that get better or bearable; at the other unspeakable mental anguish, and/or physical pain. The other

long spectrum is that of any individuals' tolerance level of mental or physical pain – we are all so very different in what we can bear, and it is quite appalling that judgments about people are made according to how they score on both those spectrums.

People who have real problems at what are considered the low end of these spectrums are labeled 'drama queens' by lay people, or neurotics by the medical profession. People who seem able to endure the most terrible end of the spectrums are, 'wonderfully brave – quite incredible,' and we are free to not worry too much about them – but does anyone really give them space to say how they feel? This is not to suggest at all that they might want to die; but they might really need to share how they feel, and to feel understood.

But, and here is the nub of the matter, there are and always have been people who really cannot tolerate what is happening to them, and if they can, they commit suicide. For people who also want to die but have reached a stage where it was impossible to do that, there was no help, at least not openly.

If they were lucky enough to have a courageous, kind General Practitioner, pain

killing medication would be upped to the point of being lethal, and no questions asked.

I know from nursing friends that that still happens, and I do not consider that to be anything other than pure, unadulterated



compassion. Please do not bring Harold Shipman in at this point – he was a murderous aberration who has nothing to do with this issue.

Over the last five years or so the thinking around assisted death has changed radically. There has been, quite rightly, revulsion against the introduction of institutionalised state killing of ill and disabled people by demand as is reputedly practiced in Holland and the state of Oregon in the U.S. (re. Oregon, please see further comment below).

The real change has been instigated by some disabled people, and non-disabled, threatened people by the onset of severe dementia or Alzheimer's disease, or who have had a catastrophic stroke. Documentaries about Dignitas have opened up the previously taboo

subject of death itself, and the controversial issue of whether people should have the right to die with help, and without fear of prosecution of the helper.

Some of the people who have gone to court to prevent that have got the ruling they wanted, whilst others who have made the mistake of trying to make it legal for the medical profession to be involved in the process have not.

My reluctant opinion is that the medical profession should not be involved at all. The initial tenet of the Hippocratic Oath is: First, do no harm. But, if pushed, I would be inclined to argue that forcing anyone who had lost all autonomy over their lives, all ability to communicate, and found the indignity of not being able to do anything for themselves totally unbearable, to live until a natural death occurred, is actually doing very real harm, but as some members of the Disabled People's Movement are convinced that the medical profession cannot wait to instigate covert genocide on all of us, keeping the medical profession well out of it seems sensible.

I have to say that as the DPM's slogan is, 'Our Rights, Our Lives, Our Choice,' I am much confused by the vehement opposition by a

number of disabled people to those who are demanding to have the right to die, with assistance if needed, at the time of their choice.

It is really dreadfully sad that anyone should find life so unbearable that dying, to be dead, is all they want to be.

I love being alive, but over the last 3 years the specter of the real possibility of completely losing autonomy over my life has loomed uncomfortably large, and the fact that I could opt out of living with that is a great comfort. In my life I have known people who have committed suicide in the most horrible way, and none of them did it on the spur of the moment. All of them were loved, supported and solvent; only one was a terrible shock – that was the one that nobody understood, but realised in retrospect that there had been uncharacteristic changes in him. If people don't talk, what can be done? The idea that people can be 'saved' from suicide by counselling, a sea change in society's attitudes, meeting and talking to people dealing with the same issues, may, occasionally be right, but in my experience none of that would have saved the people I knew.

Those fighting for the right to commit assisted suicide are not acting on a whim, nor on a wave of depression – going to Switzerland to use the

services of Dignitas is a long drawn out, expensive business. People are free to change their minds up to the last minute, and the people who run the 'service' can and do refuse to help people thought not to be choosing to die for deep seated, rational reasons.

Neither will they help people who have depression, or a non-terminal illness. Going to Court to seek protection for family members or partners who may help them if necessary is a stressful, exhausting business. Suicide on demand in Oregon is not simple either – a disabled woman is taking the state to court because she has been advised that anyone helping her to die will be prosecuted. Her submission is that this constitutes discrimination against disabled people, as non-disabled people are able to freely commit suicide as and when they so decide to do. I understand that a disabled person over here is to take the same action on the same grounds. This is not going to go away.

The fear that if assisted suicide became legal, that it is a slippery slope



leading to abuse, is understandable, but I do think that preventing abuse and protecting

people from it is not an impossible system to set up. After all, a clear statement of the intention to commit suicide, with or without assistance, in the presence of a totally disinterested third party is one thing – it is what it is. Unsolicited mercy killing, involuntary euthanasia, unauthorised ‘Do Not Resuscitate’ notices – all equate to murder or manslaughter, and should be treated as such.

This is not about disabled people saying they want to die because they are disabled; it is about any individual who finds themselves in an unbearable situation, a situation where they can no longer act for themselves.

A tight, legal, monitored framework set in place, within which assisted



suicide may happen, would provide more protection for all of us than exists now. The current situation is messy, confusing, and actually does lay us open to danger; killing us surreptitiously, whatever the motive, is relatively easy as things are now. It puzzles me greatly that assisting a suicide is a crime – as committing suicide is not a crime, logically, how is it that assisting in something that is not a crime, becomes a crime? I would like to see compassion, understanding and respect – yes,

respect – for people determined to take back control of their lives, even if it is to end them. None of us has the right either to say people of sound mind cannot make this choice, or to try to create barriers to stop them doing so.

Ascot

Ascot? – They're attention seeking?
Everyone's attention seeking,
Cept the mentally ill

Ignored about
We're only seeking
Recognition of our plight

In the Bars, where workers drink
Exaggerating what they think...
Dressing up in Clothes and Jobs

I think... that, surely,
They're attention seeking,
Everyone's attention seeking,
Cept the mentally ill,

Ignored about
We're only seeking
Recognition of our plight

Why is it, when I'm only screaming,
They call, the girl, attention seeking

By

Carol Batton

Disabled People Need Assistance To Live Not Die

The following article by Clair Lewis (aka Dennis Queen) first appeared in The Independent back in 2010 and challenges the notion that, “its better to dead than be disabled.”

There is a saying among disabled people that goes: "If it hurts, we know we're alive." Like most humans our natural instinct is not merely to survive but to flourish. For this we need assistance to live, not die. Disabled people suffer so much neglect, isolation, exclusion and discrimination that some volunteer for euthanasia. But this is not the only way to address suffering. What about assistance to live?

When healthy people are suicidal, the usual response is to try to help them live better lives, not provide a solution which encourages them to die. It seems that disabled people are the only people who can be suicidal and mentally competent at the same time.



Help offered to people with suicidal feelings is often inadequate. But however strapped for



cash the NHS is, the one thing they won't do is offer to finish the job off properly.

This is why people like me are so concerned about the Director of Public Prosecution's new guidelines on assisted suicide. On the surface, they look like an attempt to equalise the legislation – they move the focus on to the motivations of the assistant, widen up who may assist in a suicide and pay particular attention to whether an assistant's actions were "compassionate". But what is the definition of compassion? Killing someone isn't usually seen as compassionate, except when we're talking about sick people, because we're subject to the social belief that it is better to be dead than disabled. I wonder if the DPP's insistence that a victim must have, "Reached a voluntary, clear, settled and informed decision to commit suicide," will also apply to a physically healthy person who has expressed a desire to end their life? If not, this guidance remains as discriminatory as before.

Most people who have stared death in the face

will tell you how much they value their life. Humans are resilient, but most of us do not realise that until our capacity is tested. That is why people who have severe illnesses need to be the experts informing discussions relating to end-of-life care.

Despite the slow march towards equal rights for disabled people and those with long-term illnesses, the government would prefer to ration healthcare, and social services are underfunded to the point that they now refuse support to anyone not in serious crisis. Meanwhile, the media is misleading the public that disabled people's lives are terrible.



They rarely consider the reasons, other than

our impairments, why we might be having such a bad time. Social isolation, abuse, lack of equipment, being dumped in institutions, lack of opportunity, poor healthcare, insufficient support and inaccessible housing contribute to making people feel their lives are not worth living.

I believe the root of public opinion is fear of suffering, and I agree that nobody wants to suffer. So why are we not looking for solutions that do not involve people having to die? The concept of liberating people from suffering by offering them fatal medication is more like an idea for a horror movie than a social policy.

Impairment / Disability – Where Are We Going Wrong

Regular contributor Eowyn Amath tackles that old chestnut of terminology and why even some politicised disabled people don't seem to get it right.

Increasingly over the last few years I have been concerned about the terminology disabled people are using. It is not only those who are new to disabled people's groups (such as GMCDP) or the wider Disabled People's Movement, it is also people who have been around and have known the issues for quite a lot of years.



I find that many people who have done Disability Equality Training, and/or say they know and use the Social Model of Disability, seem to have some problem with using the distinction between 'impairment' and 'disability'.

From my very first day of Disability Equality Training in May 1993 I have had no difficulty with the distinction. I found it makes absolute sense to refer to impairment when talking about a person's distinguishing physical, sensory, mental or other difference to what is considered 'normal', while using disability to mean the barriers and discrimination 'out there' in society.

I know many people don't like the word 'impairment', but we need an over-arching word to cover the physical, sensory, mental or other aspect of a person which leads to a disabled person experiencing barriers or discrimination.

Time and time again in meetings and discussions I find disabled people talking about, "my disability," or, "people with disabilities." It makes me want to bounce up and down in my chair with frustration and then do an impromptu Social Model session every time. I also find it very disheartening and worrying.

Where are we going wrong with explaining the Social Model?

Why are disabled people sitting in training sessions about the Social Model and terminology, yet still coming out at the end of it and using the word 'disability' when meaning 'impairment'?

Shouldn't we sit down with people and ask why they are still using these words in the wrong

way? Shouldn't we be looking at our explanations and asking why they aren't working? Shouldn't we be looking at how we can strengthen people's understanding and commitment to using the Social Model as it should be? As a means to highlight how society still needs to change and focus on removing the barriers, not looking at and trying to change the disabled person?

It is a serious issue we need to address. With threats to grassroots disabled people's organisations, and with the spread of government and local authorities paying lip-service to the Social Model without

any conviction to use it for removing barriers (but as a means of couching service changes in more palatable terms), it is vital that disabled people are being consistent in the words we use.

The Real Prescription

“You need to be more
in touch with reality”

So I took the pills and
Nothing feels real since

Carol Batton

She Says “I’m Jesus”

She says “I’m Jesus”...

And I know she is not...

She is a normal human being

Called Jean

Carol Batton

Disability in Turkey - the last 20 years

This article gives insight into the experiences of disabled people in Turkey, in particular visually impaired people.

Written in two halves, the first half by a non-disabled teacher and the second half by a visually impaired student, it gives both an overview of social and legislative development in Turkey and personal experience of attitudinal barriers.

Claire Ozel writes...

Much has changed since I arrived in Turkey twenty years ago. "What a country! No disabled people?" Of course there were, mainly at home, many literally not counted. State 'special schools' had provided education for years.

Education has been a way out; in some families the sighted child worked on the farm or got married early, while the blind siblings all went to university. Pressure from European Union entry requirements brought about more obvious progress. In 1997, the Administration for Disabled People was established under the Prime Ministry. In 2002, they carried out a first survey, showing 12.29% of the population to be disabled. While the reliability of the data might be questioned, it was a start. The issue was shown to be significant.

In July 2005, Turkey's Disability Act was passed after consultation with many. Though some were unhappy to have lost 'rights' (tax



exemptions, etc.), many thought it was good legislation. However, full of nice concepts, the Act was toothless. Without clear penalties for non-implementation, the changes that happened were superficial, slow and tokenistic.

The UN Convention of the Rights of Persons with Disabilities was signed by Turkey on the earliest date – 3rd March 2007. On 28th September 2009 Turkey signed the Protocol and ratified the Convention. It looked good so far... Then came 7th July 2012, the deadline 7 years after the 2005 Disability Act, by when all Turkish public services, buildings, institutions, etc. were supposed to be accessible.

At the last moment, a decision to 'postpone' for another 3 years was agreed between the Disability Confederations and the Parliament, though many disability organisations were opposed to postponement.

Those angered enough by this are developing skills and learning to better argue for what they want.



In 1995, wanting to get an English language book brailled for a university student, I paid my first visit to Goreneller School for the Blind, where the only braille printing press was busy brailleing school books.

On a topical note, the teacher who invited me there 17 years ago has just coached Turkey's Paralympic Goalball team to a bronze medal at their first Paralympics, in London. Gokhan Ince changes lives by offering opportunities.

Very quickly I was diverted away from brailleing to getting to know the children, improving my

Turkish as I described origami instructions to them.

Many have now got to university, where some set up the Visually Impaired Students' platform.

Muharrem Öcal now writes

In recent years, sports have played a larger role for disabled people. Lots of us now play football, basketball, goalball, etc. through sports organizations.

Some people have developed their skills in other areas such as Nejdet Turhan, a blind climber, and Eşref Armağan, a blind painter.

Whether in private or state employment, most disabled people cannot work in their area of expertise. For



instance, someone studying for a PhD in Psychology was told to be a telephone receptionist... because she is blind.

Many disabled people aim to work for the government, where benefits are better. The private sector's prejudice against disabled people is seen when some bosses tell disabled workers that they will be paid but not to come to the office.

The law says that 4% of a company's workers must be disabled people; however, the punishment for non-compliance is so small that lots of private companies just prefer to pay the fine rather than employ people with severe disabilities.

Attitudes and expectations of families (as everywhere) have been a major barrier, not giving young disabled children equal opportunities or exposure to life, protecting them in a society that, until recently, had no social support.

However, 6 years ago, the introduction of a state Disability Payment saw many disabled people get registered. Figures are now stronger, and people are claiming their rights.

More are getting into higher education, where the 2006 Disability Directive requires all universities to have a disability unit.

In March 2012, the 6th annual Turkish Universities' Disability Workshop was attended by 450 participants.

Many young disabled people are now standing up to traditionally low expectations. As in many cultures, disabled people have been traditionally pitied and given assistance as 'required' by different religions.

Ten or twenty years ago those who wanted to move away from paternalistic protection were at

a disadvantage. No one had expected them to need skills for full participation, responsibility or competition, so they had to acquire these skills before setting off.

Opportunities such as those with the European Union and other projects, as well as providing funds, demand organisational skills, report writing, accounting and documentation. However, they allow people to try new experiences and meet others from other places, within and beyond Turkey. Such networks then continue beyond the initial project, reconnecting and consolidating into later work...

Knowledge of 'others-like-me' is spreading fast through the media and internet, and in the media 'disabled success' stories, as we've seen at the Paralympics.

As in some other countries, the most vocal are the visually impaired. Working with friends, asking for rights-not-favours, standing up against emotional approaches, many are leaping forward.

An interesting consequence of lack of brailled material in Turkish is that visually impaired Turks got onto the internet very quickly, to access their first real sources of materials, texts and connections. GETEM, the Visually Impaired

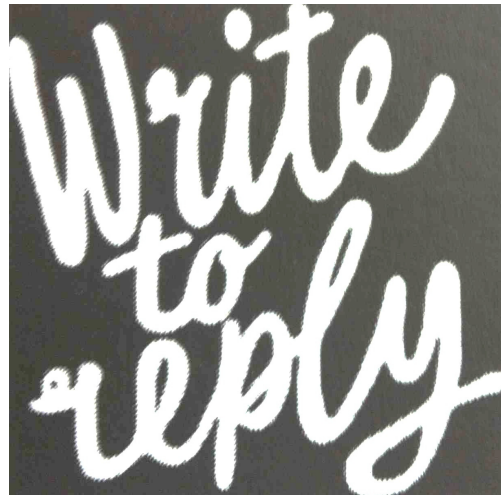


Internet Library (founded at Bosphorus University in 2008), has a growing number of electronic and audible materials. As well as novels and text books, there are past exam questions for students preparing for university entrance. The most popular book library among blind people, Kitap Sevenler, had been freely distributing copyrighted books (scanned by volunteers) online. However, a court case taken by publishing companies has closed the library.

We hope this will be resolved. In recent months a law was approved which gives blind people access to all books published in Turkey. A few other smaller state and university libraries offer a similar service, though accessing electronic course books is still difficult.

In Turkey, more and more disabled people are developing skills in lobbying and grappling with matters of organization. Maturation comes, as always, through experience and trial and error. Partial success means opportunity to reflect on what didn't go as hoped.

Pioneers are going for wider aims and higher targets, while role models multiply inspiring others and opening channels, working together, going abroad and ... anything more you can think of.



In the June edition of Coalition the article 'A Time For Renewal' by T Pain suggested that those disabled people's organisations opposing the closure of REMPLOY factories were misguided.

Here Debbie Jolly responds on behalf of Disabled People Against Cuts (DPAC).

DPAC thanks GMCDP for the request to respond to what has become known as 'The Pain Article'. First we need to say we believe the focus on segregation and cost was a misguided one put forward in the Sayce report, and subsequently repeated by a number of DPOs.

Is the segregation of a few thousand disabled people working in jobs they enjoy really so bad when there are threats of local authorities forcing disabled people back into residential institutions, when the Independent Living Fund is being transferred to local authorities without

being ring-fenced, when disabled people are subjected to the horrors of the Work Capability Assessment with increasing numbers of suicides and deaths resulting from that 'revolving door' process? When segregated education is back on the agenda for disabled children and young people in a big way under this Tory government?

When disabled people set themselves alight outside job centre offices because they were refused ESA and didn't receive job seekers allowance? When disabled people are left without food, and are being made homeless at an alarming rate? When benefits are being cut making the extra costs of disability impossible to meet?

Apparently these issues do not fit with current agendas – so let's forget all that and concentrate on a few disabled people in paid work who happen to work in a place that employs 80% disabled people- bloody hell the CILs and DPOs better watch out –not to mention the DUPLO ambassadors –are they next?

The question for them is when does segregation become representation? And the question for us is are we as disabled people being 'led' by representative people or those segregated from the everyday realities of those on low or no incomes?

This so -called segregation in Remploy factories is not like that of

being put into a institution by the likes of Worcester council or any other local authority because of Tory cuts-Remploy workers could always leave if they wanted to- they worked alongside non-disabled people too, so ‘segregation ‘ may not even be an adequate term.

But this along with the argument that workers cost the state too much has been thrown around like some kind of ideological confetti – disagree with the Remploy issue and you’re not a politicised disabled person, disagree with the Remploy issue and you go against the disability ‘movement’. Why? Why are alternative views based on factual evidence rejected as ‘bad behaviour’?

Have we now come to that kind of Stalinist approach that ‘the movement’ has been accused of in the past? Isn’t the point that disabled people share, discuss, and support each other? How did we get to the stage in which a few well paid disabled people spoke for us and told us what was right and what was wrong? How we should and shouldn’t think about this issue or that issue? A recent Disability Rights UK statement read:

“Disability Rights UK wants vigorous action to support the Remploy workers to have

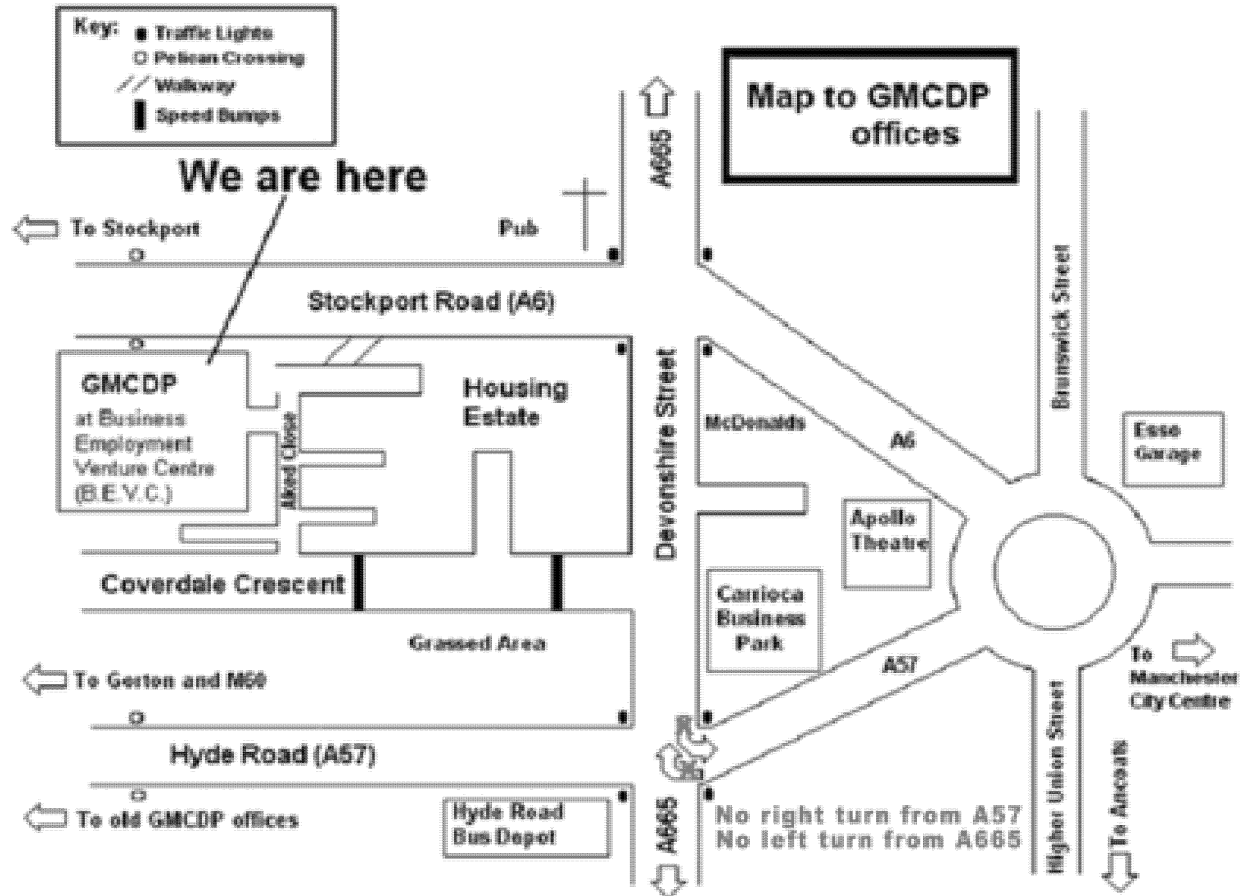
employment.” They had employment! Then their salaried, meaningful jobs were stripped away leaving them on the unemployment scrapheap with millions of non-disabled people.

There have been repeated calls (mainly from Manchester based groups) asking DPAC to ‘open up the debate’. What exactly does that mean? The debate didn’t stop for many of us- it’s been ongoing- and while some of the DPOs continue talking without listening, dictating without thinking: it’s raging! Maybe it’s about time they caught up and started listening to the everyday realities disabled people are facing, because, logically, a debate takes the party calling for it to do exactly that.

If you would like to respond to any of the articles that appear in Coalition, contact:

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