

The Disabled Person In The Arab World



U.N. International Year of Disabled Persons official logo

By Audrey Shabbas

The United Nations designated 1981 as The International Year of Disabled Persons, with the keynote theme of "full participation and equality." The aim of the Year's activities, programs and long-range planning is to encourage the rehabilitation of the world's estimated 450 million people who suffer some form of physical or mental impairment.

The idea for focusing on the disabled originated with the Libyans. After the Representative of the Libyan Arab Jamahiriya at the United Nations made the proposal, the General Assembly, in resolution 31/123 on December 16, 1976, proclaimed 1981 as The International Year For Disabled Persons. In December 1979, an amendment

to the resolution altered the English title from a "Year For Disabled Persons" to a "Year Of Disabled Persons." Again, it was the Libyans who pressed this fundamental issue, reminding the General Assembly of the condescension implied in the word "for." "Of" implies the intention of fundamental participation by disabled persons in all aspects of the Year—planning, program activities, long-range goals and policy formulation. Hence, 1981 became "The International Year Of Disabled Persons."¹

What is the international picture of disablement that has warranted such attention? Who are the disabled?

Worldwide, 450 million people or roughly 10 percent of the world's 4.3 billion persons have a physical or mental impairment. Estimates indicate that three-quarters of the disabled are receiving no trained help, with 80 percent of the disabled living in the developing countries where less than 1 percent receive any trained help. Approximately 146 million are children under the age of 15. Taking into

account the families of the disabled and all those directly involved in seeking to support them, the United Nations estimates that 25 percent of the world's people are affected by disability.

At the outset, agreement on terminology is in order, as much confusion arises in international discussions due to varying use of such terms. For its discussions this year, the United Nations has agreed upon the following: an impairment is a quality of the individual; a disability is a functional restriction due to that impairment; handicaps are the social consequences of the disability.

An example: In a small seaside community in Asia, UNICEF workers encountered an 8-year old boy who was not in school although it was in session. His mother indicated that he was deaf and could not attend class, although he regularly helped her make baskets as part of the family livelihood. He was obviously intelligent. His impairment was a limitation in hearing capacity; his disability was that he was not able, without help, to learn to communicate; his handicap was that he was being denied the education and socialization opportunities available in the school for children of his age.

Other terms at the forefront of discussions this year are: habilitation/rehabilitation which describes a process aimed at enabling a person to reach an optimum physical, mental and/or social functioning level, thus providing her or him with the tools to change her or his own life; "equalization of

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About This Issue

The United Nation's resolution to designate this year as the International Year for Disabled Persons was first put forth in 1976 by the Libyan Arab Republic out of concern for the world's estimated 450 million physically and mentally disabled persons, most of whom live in developing countries.

Audrey Shabbas, who wrote our feature story on "The Child in the Arab Family" (*Link*, April/May 1979), was able to draw on her husband's expertise in writing this issue: Baba Shabbas, a specialist in special education, guidance and counseling, devoted his degree thesis to "Arab Attitudes Towards the Handicapped."

Informed of Audrey's assignment for *The Link* and her husband's background, the Libyan Government invited the Shabbases to participate in an International Symposium on the Handicapped, held in Tripoli, September 27 to October 6.

A.M.E.U., itself a Non-Governmental Organization member of the United Nations, joins other concerned agencies and nations in advocating not only the rights and rehabilitation of the disabled, but also the United Nations' call for preventative action against such "classic" causes of disabilities as malnutrition, disease, automobile accidents, war, and

unhealthy working conditions.

A free, six-month airmail subscription to the prestigious London publication *Middle East International* has been made available to *Link* readers; see details under Notices on page 14.

Our book selection is *Arabs in the Jewish State* by Ian Lustick, reviewed by Grace Halsell on page 14.

Our first issue in 1982 will look at Palestinian culture under occupation in the West Bank and Gaza.

John F. Mahoney,
Executive Director

opportunities" and "integration and normalization" are two perspectives of the same concept which describes the process through which the general systems of society—housing, transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities—are made accessible to all. This involves removing the barriers to full participation of disabled persons in all these areas, thus enabling them to reach a quality of life equal to that of others.

What are the major impairments which lead to disability? What are the causes?

1. Malnutrition is the greatest single cause of disability in the developing world. It can impair the normal development of both mind and body. Most vulnerable are children whose battle against the crippling effects of malnutrition begin even before birth, in the effects of malnutrition and disease in pregnancy. An example of a malnutrition-caused impairment is the fact that every year 250,000 children lose their eyesight because of the lack of Vitamin A.

2. Disease, communicable and non-communicable, disables approximately 3 percent of the world's population.

3. Mental illness accounts for the occupancy of one-quarter of all hospital

beds, with 40 million people suffering from "functional psychiatric disturbance."²

4. Mental retardation affects between 1 and 4 percent of the world's adult population.³

5. Deafness affects an estimated 70 million people in the world.

6. Blindness affects another 42 million. Trachoma, one of the world's most widespread diseases, affects between 400 and 500 million people of whom 2-3 million are completely blind and a further 8 million cannot see enough to earn a living.

7. Cerebral palsy claims an estimated 15 million victims worldwide.

8. Leprosy affects another 15 million of whom one-quarter are seriously disabled by the disease.

9. Epilepsy also affects 15 million.

10. Alcohol and drugs disabled an estimated 40 million persons who are chronic abusers.

11. Accidents in the home account for 20 million injuries a year, with 100,000 of these a year causing permanent impairment. The worldwide total of those disabled in accidents at home and work is 45 million.

12. Road accidents cause more than 10 million injuries a year, often severe,

with consequences that include amputations, brain injuries, paraplegia and quadriplegia.

13. War disabled are the continuing tragic toll arising from 20th century armed conflict.

Within the developing countries, where the population increases most rapidly, the main causes of poverty-related disablement—malnutrition,⁴ lack of health care, chronic diseases, bacterial diseases which lead, for instance, to blindness—are still very prevalent, while in the industrialized West, new and serious causes have appeared. Almost half of all auto accidents are due to alcohol. Fifty million accidents occur in factories every year. Highly processed foods eaten in the West, as well as air and water pollution, take their toll, possibly leading to certain genetic changes. Hundreds of millions of elderly people are living longer and it is amongst this group that disabilities are particularly high.⁵

With these facts in mind, the United Nations set out five principal objectives for the Year:

1. to promote effective measures for the prevention of disability
2. to help disabled persons in their adjustment to society
3. to promote national and international efforts to provide disabled

persons with training, care and guidance, and work opportunities

4. to encourage research projects designed to facilitate the participation of disabled persons in daily life; ie., by improving access to public buildings and transportation systems

5. to educate and inform the public of the rights of disabled persons to participate in and contribute to various aspects of economic, social and political life

The special advisory committee set up by the United Nations General Assembly is made up of 23 member states, including the Arab countries of Algeria, Libya, Morocco and Oman. The committee has adopted a plan of action describing activities to take place at the national level. National committees for the International Year of the Disabled have been established in 120 developing and industrialized

countries. Though regional and international meetings and seminars are being held, with the involvement and cooperation of major international organizations, the main focus of the Year is on activities at the national level, stressing developing countries. National committees are planning, coordinating, executing and encouraging a wide-range of activities, including:

1. mass media campaigns
2. integration of services for the disabled into general community and national development programs, adopting the concept of integral rehabilitation
3. training of technical and professional personnel
4. coordination and strengthening of government services
5. review of existing legislation to eliminate discriminatory practices

6. efforts to reliably assess the incidence of disablement

7. review of services to ensure they assist the aim of integration, rather than segregation and isolation

8. provision of adequate conditions, including unhindered access, for full participation in education, work, sports and other recreation

9. introduction of legislation to ensure all new buildings are made fully accessible, including measures to ensure access to public information for those with hearing or vision impairment

10. review and revitalization of programs for prevention of disability, especially pre-natal and natal efforts

11. giving high priority to activities by the disabled themselves

12. appointment of representatives of the disabled to international meetings

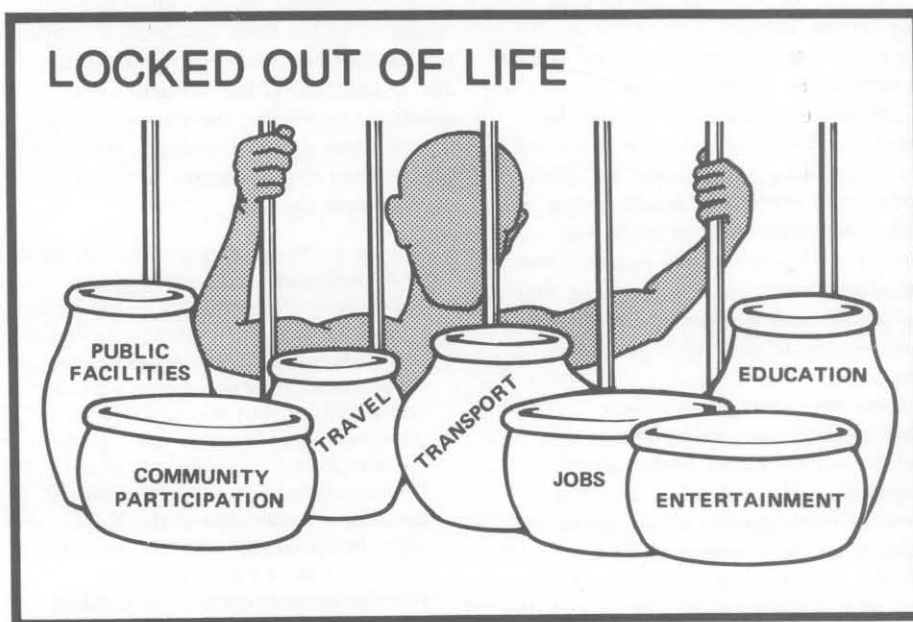
Arab Cultural Traditions In Relation To The Disabled

How does the Arab world fit into this global picture of The International Year of Disabled Persons?

Figures from the World Health Organization indicate that at least 1 person in 10 in any country is afflicted with some kind of disablement. For the Arab world's 150 million persons, this means 15 million disabled.

International figures also tell us that 90 percent of all resources to help disabled persons are expended in the industrialized nations, while 80 percent of the world's disabled live in developing countries. The Arab world falls into this second category.

Before looking more closely at the disabled person in the Arab world of today, it would be well to examine how the general question of disablement and handicaps have been handled historically and culturally in the region. Two aspects of traditional Middle Eastern culture which were and are of great significance in understanding



World wide, 450 million people have a physical or mental impairment. For most it is the exclusion by society which makes that impairment into a true disability.

cultural attitudes are nomad life and the extended family, both of which existed before the advent of Islam and the spread of Arab culture throughout the region.

The Arab heritage has its roots in two divergent ways of life—the traditions of the desert and the settled society. It is from the desert that the Arab received a set of great human values—a love of freedom, a sense of equality, and a resolute self-reliance in meeting hardships of existence. In the desert, life was on the level of mere subsistence, with few material belongings. Since wealth was not known, class distinctions were also absent. This feeling of equality engendered self-respect, which in turn bred the dignity and poise so greatly admired by outsiders. Chief among the virtues instilled in desert life were courage and loyalty, hospitality to the point of sharing one's last possession, revenge for a wrong and protection of the weak.

These values influenced the people who carried Muhammad's new religion beyond the boundaries of the desert. What evolved was a society which made no distinction between black and white, rich and poor, master and slave. All men were equal in the sight of God. "People of all shades of color and all degrees and variety of culture joined hands and hearts and minds to build one of the most brilliant and beneficent of world civilizations."⁶

The second important aspect of that pre-Islamic society was the institution of the extended family, comprising not only father, mother and children, but grandparents, uncles, aunts and cousins on both sides. Certainly it is one of the important institutions developed by humankind to deal with the problems of child-raising and lineage survival. Today, the extended family, living under the same roof, provides its members with emotional support and encouragement, calling upon the varying talents and wisdom of its collective membership to deal with problems that arise.

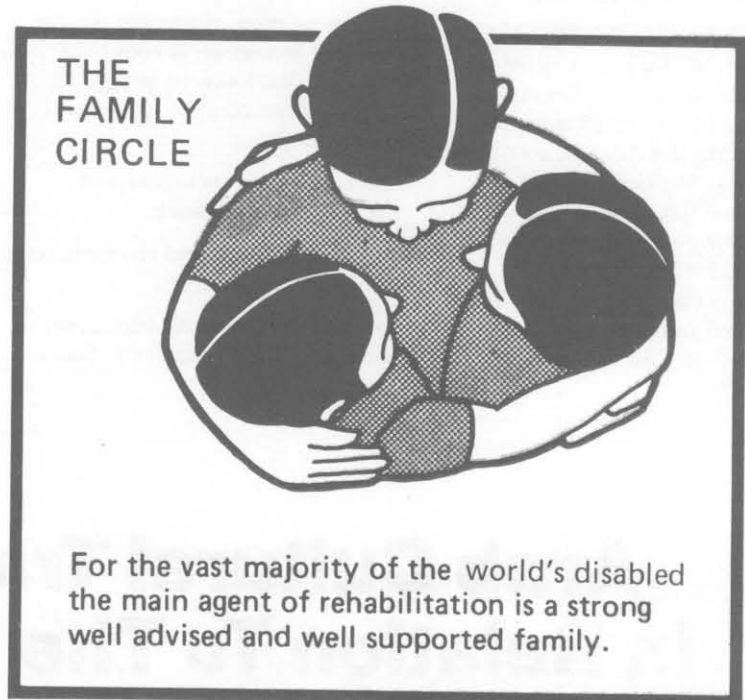
Into this desert society then, with its particular value system and its institutions, came Islam, which imposed on the extended family a broader responsibility of the good Moslem in the community of the faithful. Almsgiving, a direct application of a religious ideal, was originally conceived not as gratuitous generosity, but as a duty of the donor and the right of the recipient. And Islam introduced to the Arabs three new

fundamental questions.

1. How to live correctly. This was a new psychological concept and raised considerably the level of consciousness on which life was being lived. To a Moslem, how one lives is the fundamental question. While a Christian studying another religion may first ask "What do they believe?," a Moslem's first concern will be "What do they do?"

believers could survive only by protection from the body politic erected in its name and destined to defend and spread its message.⁸

Inspired by these new teachings of Islam, the Arabs spilled beyond the borders of the Arabian peninsula and within a short period had created an Arab/Moslem empire extending from India in the east to Spain and southern



Peter Sullivan, Sunday Times, London

2. How to think correctly. Correct understanding of the tenets of his faith became essential. Islam compelled the Arabs to widen their intellectual range. It unlocked the world of metaphysics and it confronted the faithful with questions regarding the nature of God, the universe and humankind, the rules which govern our relation to the supernatural and the like.

Thus a mathematician would usually also be a theologian, and something of a philosopher. Because of his universalism, Leonardo da Vinci is rightly regarded as one of the most glorious figures of the Renaissance. In actual fact, the "universalist genius" is not a product of the Renaissance but had been anticipated several hundred years earlier by the great Arab scientists.⁷

3. How to organize correctly. The belief was that the community of

France in the west. Entering into all these regions, the Arabs came in small numbers, neither finding uninhabited lands nor displacing the original peoples. To all these peoples (Phoenicians, Babylonians, Pharonic Egyptians, Berbers, etc.), the Arabs brought their religion, and their own Arabism, characterized most markedly by the Arabic language.

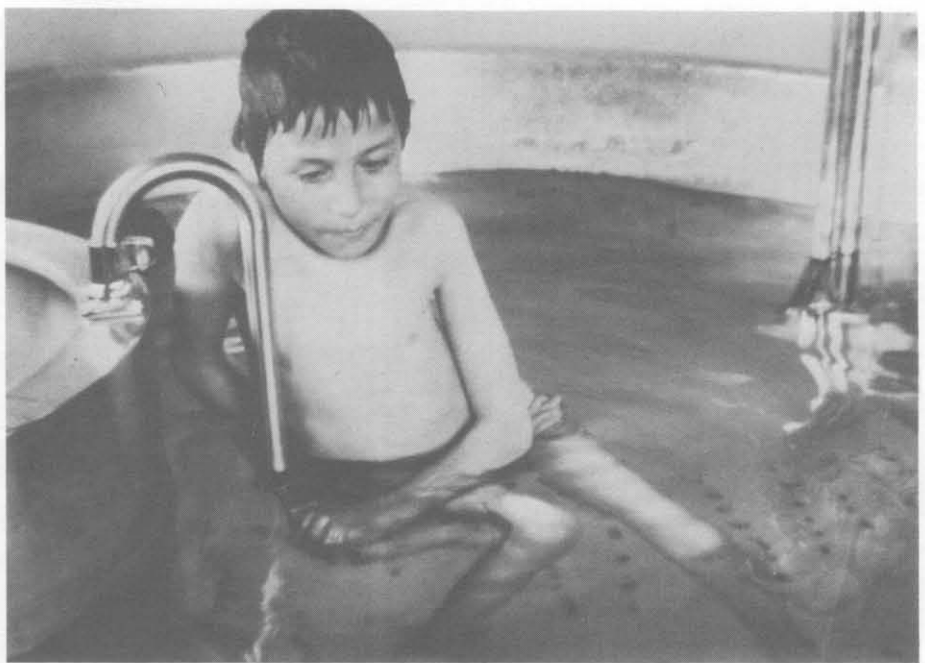
Those who remained outside the Moslem fold, but adhered to revealed religions, enjoyed a high degree of tolerance and respect for their faiths and ways of life.⁹ Had the Arabs organized themselves in a separate caste and withdrawn into a closed community, they would in time have disappeared like so many other conquering peoples before and since. Free from the stifling prejudices of class and race, they mingled with all peoples and, although numerically a minority in the midst of native populations, they succeeded in assimilating millions of people and a variety of cultures.

It has been noted that in Islamic society, the good life is one of the good

works. The Moslem community is responsible for the well-being of its members. One of the pillars of the faith is *zahat*, a tax levied for the benefit of the poor. Sharing is a blessed act and hoarding is hateful and reprehensible in the sight of God and man. Hence the many charitable foundations, *waqf*, and the varied purposes which they served, fed the poor, provided shelter for the destitute. Other *waqf* established and endowed hospitals, schools and libraries.

While Islam avails the disabled and the weak of compassion and mercy, good health is held in high esteem. A Koranic passage states, "The best that you can be is strong and honest." Early Moslems adopted this view and vied in writing treatises on maintenance of good health and prevention of disability. The most famous of these works, entitled "The Golden Treatise," was written by Iman Ali Mousa Al-Ridha and presented to Caliph Mansur in the eighth century.

Long before the emergence of safety as a science, Islam laid down fundamental rules for the prevention of accidents in the community. Islamic teachings not only dictate that a Moslem should not be a source of hazard to others, but that he should take positive steps toward alleviating the causes of injuries to others. A prophetic tradition states, "Guiding a man lost in the wilderness is an act of charity; so is the removal of a stone



A handicapped child receiving treatment at a medical center in Jordan

Mounir Nasr, U.N. Photo

from the road."

Taking preventive action to ward off undesirable things is not in contradiction with the concept of "reliance on God." A Moslem should not be the fatalist who leaves his life vulnerable to calamity. He is required to take precautions. For instance, when a companion of the Prophet Muhammad asked whether he should leave his camel untied, and depend on God lest it stray, the Prophet told him, "You should first tie and then rely on God."

That certain diseases and traits were

hereditary was not unknown to early Islam. "What is bred in the bones will come out in the flesh" is out of the prophetic tradition which obliges the individual to choose a mate with care, further advising, "Marry with distant peoples to have better health." With today's genetics having helped physicians discover the carriers of diseases prior to marriage, it is clearly in line with the spirit of Islam for a person to undergo medical examination prior to marriage, lest offspring be afflicted with a handicap. A less clear-cut area of genetics and prevention of disability lies in the question of abortion as a method of prevention. While Islam is not opposed to birth control, and more than one Arab government has adopted family planning as a matter of national policy, the question of abortion has not been the subject of debate as it has been in the West. While there is the belief in Islam that God creates life and only God can take life, there are at present no laws prohibiting abortion in the Arab world.

Alcoholism and drug addiction are among the most significant causes of disablement, whether for the person using them, or for his offspring, or for the innocent victims of accidents caused by persons under their influence. The position taken by Islam is explicit: it prohibits the use of anything which induces intoxicification. Moreover, Islam attempts the creation of a society based on sound social relations which are not conducive to addiction and which make it difficult for the individual to fall easy prey to bad habits.



Children participating in the special education program at a school in the Gaza Strip

George Nehmeh, U.N. Photo



United Nations

Palestinian refugee children receiving physical therapy at Cartbawi Center in Lebanon in 1961

Examining what Moslem leaders said about prevention and cure is not nearly as important, according to the Moslem belief system, as what Moslems did in this regard.

While the *hadith* ("prophetic tradition") considered science as twofold, theology and medicine, Moslem physicians took a holistic approach, acting as metaphysician, philosopher and sage.

It was in the Arab/Moslem world that the first hospitals were established. During the reign of Harun Al-Rashid (ca. 800), a hospital called *bimaristan* ("house of the sick") was established in Baghdad. Not long after, 34 hospitals appeared throughout the Moslem world. These hospitals had special wards for women, treatment for contagion, wards for the insane; each had its own lecture halls and pharmacy. The 12th century brought a new concept and name, *mustashfa* ("place of healing"), and hospitals are called by this name today.

Even before the first hospitals, the Arabs had established the first pharmacies, schools of pharmacy and the first pharmacopeia—standardized book describing drugs, chemicals, and medicinal preparations (ca. 776). As early as rulers Al-Mamun and Al-Matasim, pharmacists had to pass examinations and physicians had to submit to a test. Al-Muqtadir in 931 ordered examination of all physicians and the licensing of those who passed. During this same period, a staff of physicians went from place to place

carrying drugs and administering relief to ailing people. Such traveling clinics also made daily visits to jails.

All of this suggests an intelligent interest in public hygiene unknown to the rest of the world at that time. But what of the intervening years? What of today? Do we find the Arab world presently building upon this legacy?

The intervening years saw the decline of civilization in the East and the passing of scientific knowledge in every field of medicine from the great minds which Arab/Moslem civilization had produced to an eager Renaissance and post-Renaissance Europe. From then until now, the attention of the world's scientific community has focused upon strides being made daily in the West.

Today, the post-colonial Arab world is undergoing, in nearly every field, a rebirth of intellectual activity, technical competency and programmatic innovation. The sudden burgeoning of activity can be traced to a variety of reasons, such as commitment to mass education and the new wealth from oil available in some Arab countries—increasingly being shared with the others.

This mushrooming effect in health-related fields can be seen in the kinds of literature becoming available. Research conducted just ten years ago in the area of "disability and the Arab world" netted works in English which dealt only with the life-threatening illnesses of malaria, bilharzia and trachoma.¹⁰ The Middle East appeared to contain a myriad of serious health

problems that warranted day-to-day attention. "It is not surprising then, that a retarded child in good physical health warrants little attention from health authorities; or that a disabled person for whom day-to-day living is not a life-and-death struggle is, by our standards 'neglected.' Clearly, in American society, it has been possible to conquer many diseases so that priorities can now be turned to problems of a less dangerous nature for society—namely the creation of programs so that handicapped persons might achieve their own maximum potentials."¹¹

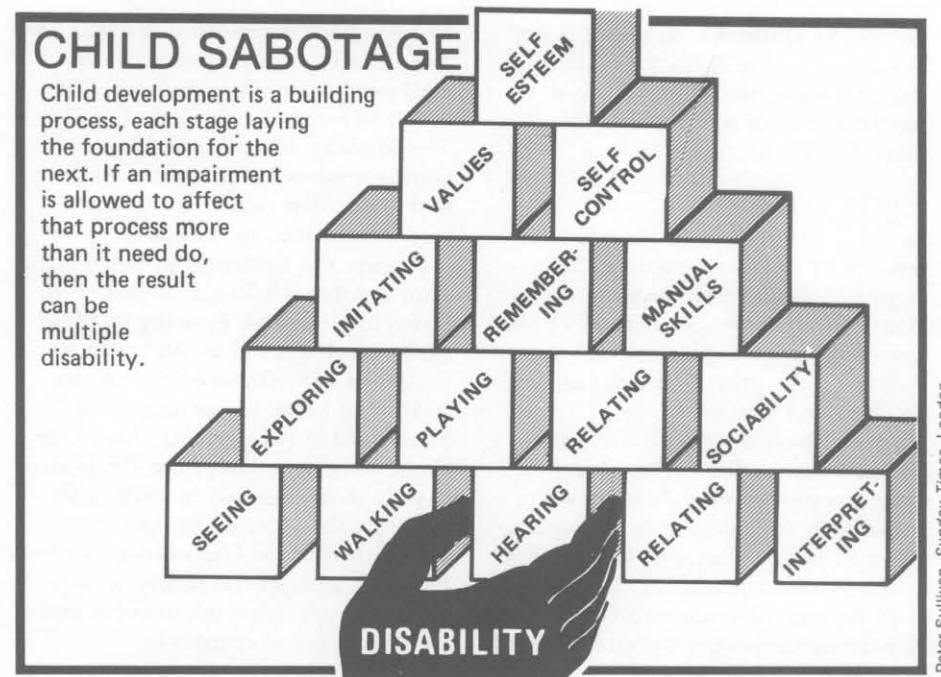
Today, one finds in available literature details of Arab health programs for a host of disabilities—blindness, deafness, retardation, physical disabilities—even including less threatening community health concerns such as hypertension, hypochondria, psychosomatic illnesses, etc. Further barometers of strides being made are inclusion by the American University of Beirut's School of Medicine of a specialization in psychiatry and the University of Jordan's School of Education master's program in guidance and counseling.

Before turning to specific priorities and programs, it might be well to examine the important cultural institution of the extended family. The welfare and social security systems of Arab society have traditionally been built into the ancient extended family pattern. The unemployed, the aged, the chronically ill, the mentally and

physically handicapped, the divorced, the widowed, and the orphaned have usually been cared for by more fortunate family members. An individual in need of economic help or protection is expected to turn to his kinsmen to whom he is bound by a network of mutual obligations.

In Western society, where the extended family does not exist, the nuclear family (parents alone with children) finds the physical care alone of such a child to be a tremendous task, not to mention the emotional strain on the family unit and the marriage. Statistics indicate that marriages under such strain have little chance of survival.

In contrast, the extended family offers great emotional, physical and financial comfort and support to its members. Hence, the disabled child, if it is possible to generalize, is not perceived as a "problem" with which parents have difficulty coping. Parents have not traditionally found it necessary to band together with other parents of like children—to discuss, study and research their common dilemma. These children (later as



Peter Sullivan, Sunday Times, London

adults) have not been perceived with the sense of urgency as in the West. Hence, their limitations and potentials have not historically been studied and understood to the degree that is true in the West.

The sudden increase in numbers and

quality of programs for the disabled—from governmental and non-governmental, public and private agencies—perhaps signals a breakdown of the extended family's traditional role. Many, particularly the disabled, will no doubt hail this as a positive change!

Survey of Services Available In Arab Countries

What services are provided for the disabled outside the context of the extended family? Clearly the extended family pattern has been and is providing the bulk of the services for persons with mental or physical impairments. While the brief survey which follows will deal with government services and services provided by non-governmental agencies, it must be stressed that the primary source of assistance, in all the region, is the immediate family.

Obviously the emphasis is correctly placed on a "well-advised and well-supported" family. This is a fundamental premise on which assistance to the disabled is based—not only in the Arab world, but around the world. The immediate task is to supply the child and family with information, technical

facilities and services to remedy the disability or, in the case of permanent disability, to provide the optimal facilities for rehabilitation and social integration. National planning committees throughout the Middle East have as a primary function the education of the family and the general public regarding disabilities and the support, emotionally, physically, technically and financially, of families of the disabled. An underlying principle in the field is that whenever possible disabled persons should remain at home rather than in institutions, in order to become fully integrated members of their local communities.

What existing network supports the family? What efforts are being made by governmental and non-governmental agencies to reduce the incidence of

disability? Because these "public" services are a recent innovation in Arab countries, the assessment of the level and type of service should be seen in the context of services already provided by the family.

A major type of assistance to disabled persons is the establishment of institutions providing training, technical facilities, and in some cases, full-time care. Every Arab country has established institutions and services of this type. Usually, the agency is specialized by the type of disability it serves.

This survey has been limited by the nature of data available for the region. Even reliable statistical data on the incidence of disability does not exist as yet. Surveys have been made in relatively limited areas, such as a city or

geographical district, so that it is not possible to utilize them for making national estimates. Here then is a partial survey of services available in some Arab countries.

Syria

In 1977, 11 institutions provided services for 192 blind persons. The largest of these centers were in Damascus and Aleppo. Almost all recipients of services were under 21 years, indicating the program's emphasis on children and youth.¹²

Syria's physically disabled receive care in 3 residential institutions. Of these, vocational rehabilitation was available at the institute in Damascus, where 81 out of a total of 124 persons received assistance in 1977, compared to 44 persons 10 years earlier. Nearly all persons receiving vocational training rehabilitation were aged 12-30.

The deaf receive help from 6 agencies, 2 supported by the government and 4 by non-governmental organizations, which emphasize education and vocational training. Almost all recipients were between the ages of 7 and 18. Service for the deaf has grown from 137 receiving aid in 1967 to 380 in 1977.

Lebanon

Lebanon's programs for the disabled have been greatly hampered by political events of recent years. At the same time, the number of war-related physical disabilities have increased sharply. The government and the private sector are trying to provide as extensive a range of services as possible. A number of centers provide prosthetic treatment and limited physical therapy.

Long-established schools for the blind and deaf under private auspices are attempting to continue services though admittedly under difficult circumstances. The mentally retarded receive diagnostic services, education and training through a number of agencies.

Jordan

Coordination of activities and services for the disabled, within public and private institutions, is the responsibility of the Ministry for Social Development. Education, training, rehabilitation and health services are provided through 7 centers, which in 1977 were serving 331 persons. Financial assistance for individual equipment covers hearing aids, prosthetic devices and wheelchairs.

The Ministry estimates there are

18,000 disabled persons in Jordan. Two new institutions are underway and 37 additional centers are planned, 4 of which will open by the end of 1981. The Ministry also provides home visiting services by specialized staff, as well as training courses in various trades for handicapped adults.

Among the numerous private institutions is Amman's Regional Center for Rehabilitation and Training of Blind Girls, which opened in 1974 with a budget of \$330,000 provided by the Arab Gulf States (60 percent) and Saudi Arabia (40 percent). Assistance to the blind emanates from the Jordan Eye Bank, reactivated in 1979 (after 1967 hostilities ceased its operation) and housed at the University of Jordan's Hospital, with special surgery equipment and operating microscopes and a regular supply of corneas for transplants.



A hospital in the Gaza Strip offers treatment to this handicapped child

The Holy Land Institute for the Deaf, in Salt, supplies services on a residential basis for deaf children. The newly constructed YWMA (Young Women's Moslem Association) Center for Handicapped Children, just south of Amman, provides a residential setting for 150 mentally disabled youngsters aged 4-18. In addition to care and education, family counseling and diagnostic services are available. This center will soon serve as a training center for teachers, nurses, social workers and medical students.

A recent amendment to Jordan's

labor law now requires institutions and firms with more than 30 employees to allocate 2 percent of their jobs to the physically disabled.

Iraq

Iraq has a number of programs devoted to providing rehabilitation and vocational services for the disabled. The Vocational Rehabilitation Center at Waziriyah accommodates 100 persons at a time. After diagnosis, trainees spend 2-4 weeks in an assessment/apptitude workshop where work is done in metal, wood, electronics, telephone switchboard and sewing. Monthly medical exams are carried out and case progress is assessed and reviewed each month. When full reintegration is achieved, a social worker follows up the trainees for at least 1 year. In a recent 4-year period, the center rehabilitated 1,020 males and 84 females.

The Iraq Pilot Institution for the Blind serves 110 blind males and females ranging from 5-30 years. The center, operated by the Ministry of Labor and Social Affairs, offers totally blind persons primary education in printed Braille books, boarding facilities for those under 14 and some vocational training. Trachoma, once a leading cause of blindness has been almost entirely eliminated. For all ages, trachoma-caused blindness represents only 1-2 persons per 1,000 of the population of Iraq.

There are 4 centers providing services

for the deaf. The non-residential Amal Institute is best known. Here 450 deaf children are provided primary schooling, special education and vocational training. The program at Amal is based on: a low student-teacher ratio, with a teaching staff of 70 for 450 youngsters; small class size for speech therapy with laboratories accommodating about 7 students; teaching deaf youngsters (even totally deaf) to speak rather than to sign; employment of "behavior modification" techniques in teaching;¹³ the belief that youngsters ought to live with their families and among hearing people. A commitment to family and rehabilitation to full functioning in the "normal" hearing world is the rationale for emphasis on speaking rather than on signing.

Iraq's two centers for the mentally retarded, Al-Raya Institute and 17th of July Institute, are also non-residential. Buses collect the youngsters from their homes in the morning and return them in the afternoon. Vocational training is an integral part of the program, as are sports and cultural activities. Al-Raya provides treatment and specialized care for 140 boys and girls from 7-15. There are 6 diagnosed autistic children in Iraq.

The Physiotherapy Institute of Baghdad provides physiotherapeutic as well as prosthetic and orthopedic service on an out-patient basis. The Institute boasts that there are more than 150 physical therapists in Iraq and it operates a school which stresses that: medical rehabilitation must be performed in all stages by the same therapist, in order to "complete personalization of the treatment"; there must be a wide range of training for the therapist; segmentation of medical rehabilitation must be avoided in order to ensure the dignity and respect of the patient.

Kuwait

Kuwait's social welfare agencies provide extensive services to both the physically and the mentally disabled. Perhaps the most well-known of these is the Kuwaiti Society for the Handicapped, established in 1971 and providing services for physically and mentally disabled children, both boys and girls.

Originally serving 25 children in residence, the society now has 91 residents, with a waiting list of some 500, ages 2-14 years. Doctors see the children weekly, while other medical specialists, such as physiotherapists, see them on a daily basis. Education and

training are priority programs, while teams of dedicated volunteers teach music, singing, art and provide for the youngsters' recreation and entertainment. Additional building, now under way, will provide day-treatment facilities and services for about 600 youngsters who can continue to live at home.

Kuwait provides some employment opportunities in sheltered workshops, in government offices and in private institutions.

Among the ministries concerned with providing services are the Ministry of Social Affairs and Labor, the Ministry of Education and the Ministry of Health. The latter ministry is totally committed to the concept of rehabilitative medicine. The amputee is not considered "cured" when he leaves the surgical department. He is "cured" when he is provided with a proper artificial limb and is taught how to use it.

With such a commitment to rehabilitation, the physiatrist and physiotherapist are now permanent and recognized members of the medical team in every hospital ward in Kuwait. The University of Kuwait's School of Medicine now graduates physio-

therapists, doctors specialized in rehabilitation, occupational therapists and social workers who provide Kuwaitis and non-Kuwaitis (who come from nearby countries where specialized services may not be available) with such treatment as: remedial gymnastics, medical massage, heat therapy, hydrotherapy, electrotherapy, TNS, occupational therapy, bio-feedback, traction, braces, prosthetics, and prevocational counseling.¹⁴

The Ministry of Education initiated special education in 1955-56 with the establishment of The Light and Hope Institute for the Blind. In subsequent years, other special education programs were established, bringing their number now to 13 providing services for a variety of disabilities. In 1965, the Law for Compulsory Education was extended to include disabled children.

Kuwait, like many Arab countries, offers a system of support payments to the disabled.¹⁵

Saudi Arabia

Three ministries share the responsibility for services for the disabled. The Ministry of Education through private educational institutes oversees 2



Students use Braille-marked cards at Cairo Demonstration Center for Rehabilitation of the Blind

agencies for the deaf and 4 agencies for the blind—the first of these founded in Riyadh in 1964 with services for both boys and girls.

The Ministry of Health directs medical rehabilitation, with every hospital in the country providing physical therapy programs. Just approved are plans to expand mental health treatment through the construction of a 1,000-bed psychiatric treatment center in Taif, a facility which will contain a convalescence wing, a library and a section for psychiatric nursing care. Also planned are 15 community mental health programs in Riyadh, Mecca, Jeddah, Damman, and 11 other cities.

The Ministry of Labor and Social Affairs administers vocational rehabilitation. Efforts in this field began in 1961 and now provide vocational training and job placement through vocational centers for the physically and mentally disabled in Riyadh.

The Handicapped Children's Center of Riyadh, a project underway, will in its initial stages accommodate 60 children with brain damage impairments. Children from 5-12 years

will be provided education, training, medical treatment and recreation, while their families receive counseling and assistance to help them deal with their children.

Riyadh already boasts a residential treatment facility for "emotionally disturbed adolescents." As in the United States, these youngsters were formerly termed "juvenile delinquents." It is now recognized that a substantial portion of these youngsters are physically disabled, mentally retarded or psychologically disturbed. Approaches such as "behavior modification" are directing youngsters toward productive lives.

Egypt

Services for the disabled in the Egyptian capitol of Cairo include 2 schools for the deaf, 1 school for the blind, and 1 institute for victims of polio.

The mentally retarded and other mentally disabled are cared for through facilities of the 5 university hospitals in Cairo. There is also a 1,500-bed mental hospital and 5 private psychiatric hospitals in Cairo and 3 such private facilities in Alexandria.

Wafa Wa Al-Amal ("Faith and Hope") is a voluntary organization which attempts to provide all the services needed by the disabled, particularly the war-disabled. Wafa Wa Al-Amal now includes an entire village where houses, buildings, roads and sidewalks are accessible by wheelchairs, and where factories are run by the physically disabled. Over the years, this project has been expanded to provide services for the aged disabled.

Libya

Services for the disabled are the responsibility of the Secretariat of Social Security.

An-Nour School for the Blind in Tripoli provides vocational training and employment in fields such as Braille press operation and product manufacturing.

The deaf are served by 2 schools, 1 in Tripoli and 1 in Benghazi. Mahad Al-Amal, the school in Tripoli, serves boys and girls ranging in age from 6-17, three-fourths of whom are in residence, with the rest brought to and from their homes by bus each day. In operation for 11 years, the school operates with 70 direct-service

The Society for the Care of Handicapped Children is the only Palestinian organization in Gaza that cares for mentally retarded children. The society's Sun Daycare Center offers school education and vocational training to 60 youngsters.



Göran Jonsson, Swedish Free Church Aid

employees for the 325 children in the program. Program emphasis is on lip-reading and vocational training with basic general education. Students capable of performing in a regular school are sent there.

Mahad Al-Amal School for the Deaf will soon move into its nearly completed larger facilities with a capacity for 400 youngsters in residence. Buildings include separate facilities for residence (8 in a room) and dining commons, 2 schools, a recreation center and a theater. The program will continue its home visits by teachers to encourage the cooperation of families of day-students in reinforcing program objectives and materials, while expanding family involvement to include families of youngsters in residence, with the intent of beginning a program of residents going on home-visits for 1-2 days each week. The teaching program has been developed by Skanska of Sweden, and will be supervised by UNESCO. A similar facility will replace the present program for the deaf in Benghazi.

Polio-afflicted children receive rehabilitation at Tripoli's Salahu-ddin Al-Ayoubi Institute. Opened in 1971, the 110-bed facility currently aids 70 children on a resident basis and 250 as out-patients. Here young children under the tutelage of Libyan teachers receive training, physiotherapy and normal education for grades 1-4, after which they return to their families. In the last 2-3 years there have been no new cases of polio in Libya, due to a mass education and immunization program.

Programs for the mentally disabled include: schools in Tripoli and Benghazi for the mentally retarded (half in residence); 1 hospital in Tripoli for the severely retarded (with 400 in residence); and a 1,500-bed mental hospital in Tripoli. The latter includes the mentally retarded and all types of psychiatric disturbances, including the criminally insane. Here the program is run by a staff of 20 psychiatrists. Each has a caseload of 65-70 with 2 nurses and a few support staff. An out-patient clinic with 2 psychiatrists sees approximately 150 people a day. There are also facilities for the mentally disturbed in Beida and Suani.

Severely physically disabled adults are served by the Amal sanitarium in Tripoli.

The physically disabled, children as well as adults, will receive services provided at 2 brand new facilities in

Tripoli and Benghazi. These Secretariat of Social Security Rehabilitation centers will each have: care units with a total of 100 beds and a capacity to serve 200 out-patients per day, and an operating theater and departments for X-ray exams, socio-therapy, physiotherapy and hydro-therapy. This program will emphasize short-term care and rehabilitation. The centers, in operation by early 1982, will include 78 private homes for 78 professional staff and their families. Total direct service personnel will likely run about three to four times this number.

as disabled persons.

UNRWA assists Palestinian refugee children of school age, whose mental capacity and general physical state suggest that they will be able to contribute materially to their own support. Shortage of funds and age limits at treatment centers make any other course impossible. The visually disabled, the hard-of-hearing and the crippled are currently receiving assistance through a whole host of private institutions in the occupied West Bank and in Jordan and Lebanon. Not eligible for help at the



International Year of Disabled Persons stamp series - Socialist People's Libyan Arab Jamahiriya

The disabled are the subject of a new law passed this year which guarantees benefits including: free medical care, in-home assistance, rehabilitation services, education in regular schools, with rights to follow-up employment, free and accessible public transportation, exemption from duties on imported health equipment and from income taxes. The education of the disabled is part also of the 1969 compulsory education law.

The Palestinians

Services to the disabled among the Palestinian population of the region are provided largely by the United Nations Relief and Works Agency (UNRWA) and by the P.L.O. The Palestinian disabled, it should be remembered, are doubly disabled—both as refugees and

moment are the mentally disturbed, the undernourished, and almost all adults—whether blind, deaf or crippled, suffering from alcoholism, drug misuse or just aging.¹⁶

UNRWA's major efforts during the International Year of Disabled Persons have been toward greater public awareness and acceptance of the handicapped. Most refugee disabled depend entirely on their families to provide for them. According to the relief agency, "At worst this has meant neglect. At best, it has provided care for their physical needs, but rarely any help to improve their mental abilities or to meet their social needs. The families are not to blame. They are mostly unaware of ways to help the disabled and this ignorance has often led, in turn, to a sense of family shame

at having produced a disabled person."¹⁷ UNRWA's philosophy in this regard believes that a disability shared and accepted is a disability overcome, while "a handicapped child produces a handicapped family." This has been the guiding principle behind UNRWA educational efforts this past year to get families to help in constructive ways and to gain community acceptance as well.

Disabled Palestinians in the region also benefit from services provided by the Palestine Liberation Organization. The Palestine Red Crescent Society, an organization within the P.L.O., bears responsibility for the welfare of the disabled. A member of the International Red Cross order, the society plans to complete this year a massive

center for the disabled known as the Haifa Home for the Disabled. The center will regroup already existing clinics, rehabilitation centers, physiotherapy and occupational therapy units, as well as manufacturing units for artificial limbs and orthopedic shoes.

The Red Crescent Society also expects to complete a census of physically and mentally disabled Palestinians. Realizing it will be difficult to get most families to declare the mentally disabled out of a sense of "shame," the society has launched its own consciousness-raising campaign among the families of the mentally disabled and has enlisted for these purposes student volunteers from the American University of Beirut.

Already operating 4 hospitals in

Beirut and 3 in the south of Lebanon, the society has provided medical assistance since its founding in 1968. Dispensaries are run in all refugee camps. And since war-related injuries account for the greatest number of disabilities, rehabilitation centers have long been a priority for the P.L.O. Centers include manufacturing units, for the most part run by the disabled themselves. The society also employs 120 disabled as: blind telephone operators working on specially equipped switchboards; technicians in manufacturing units, from wheelchairs giving needed massages to bedridden comrades; and ceramicists producing pottery in the new special pottery unit.

Present Efforts For Disabled Remain Partial and Limited

From this brief survey of services currently provided to the disabled, it is possible to discern some general characteristics regarding services and draw some conclusions.

More research must obviously assess the disabled in terms of:

1. needs of the disabled—their numbers, circumstances, type and degree of disability
2. supply/demand for human resources to staff programs for the disabled
3. role of the family in providing care, training and facilities
4. the causes and origins of disabilities

Existing programs emphasize the physical rehabilitation of disabilities of the blind, the deaf and amputees or persons who have lost the use of one or more limbs. The considerable technical and organizational expertise some countries have gained in their efforts needs to be shared with others.

The problems of employment and integration into everyday life still require initial effort in some countries and

follow-up in others where vocational rehabilitation has been the priority. In countries where legislation requires employment opportunities for the disabled, follow-up must be done to see that the laws are applied.

Obviously, present efforts are partial and limited. Much more is needed if the disabled are to be properly served, their personal development improved and their participation in society achieved. Even those Western industrialized countries which have made the most progress in realizing the rights of the disabled have made only modest progress toward full economic and social integration.

Throughout the world, the situation of the mentally disabled is still less favorable than that of the physically disabled. Mental disability is much more complicated than physical disability and there are fewer specialists working in the field.

The mentally retarded and some physically disabled are still adversely affected by cultural factors. A tradition of family shame surrounds certain types of disability and families are therefore

reluctant to admit existence of disability. Long delays in diagnosis, treatment and training for a disabled child kept at home may also permanently effect the personality and capabilities of the child.

A system for the registration of disability cases should be set up, particularly with regard to children. Services for the diagnosis and referral of disabled children should be established and given high priority. Concentration on children will permit early diagnosis of types and origins of disability and help considerably in medical treatment.

Additional government effort would establish agencies and train technical staff, for in many countries the disabled person remains the domain of community, volunteer organizations and foreign associations. At the same time, private and voluntary organizations should be encouraged with material and technical incentives within a context of a general plan. Governments should adopt, follow up and enforce laws for rehabilitation and employment of the disabled. Special

education for disabled children should be an integral part of a country's compulsory education laws, requiring its government to make available teachers and educational equipment required.

Sustained planning for the short, medium and long range needs to replace formerly ad hoc institution-oriented measures. Disabilities need to be addressed not as isolated problems but as issues related to the more general evolution of society and as such need to be part of each country's planning for development.

Both governmental authorities and the general public need to be convinced that every disabled person is capable of learning and rehabilitation, and can become a productive, accepted member of the community. Human resources development objectives should focus upon the rehabilitation, training and integration of disabled persons.

Training institutes should be established in the Arab world to provide the needed specialized personnel in all categories. One essential resource would be the disabled persons, who as teachers, trainers, and assistants, could help others realize their own potentials. Another important source of personnel is the large numbers of women not presently in the work force in many Arab countries.

Programs and projects for the disabled must take into account the existing family structure and family patterns. Many families need encouragement to seek appropriate training and medical care of disabled family members. A change of attitude toward disability must include acceptance of the disability and willingness to work toward full social integration.

All of these observations and conclusions are well recognized in the Arab world itself, especially those working in the field. Recommendations made by outsiders are the very same issues which many policymakers themselves have been stressing, particularly in this past year.

National committees for the Year of the Disabled have been established in every Arab capital. Numerous national and regional seminars and conferences have been held this year. During one regional conference in Kuwait last April, an "Arab Plan of Action Concerning the Disabled" was presented which embodies the very principles and objectives talked about in this study and enunciated in numerous international declarations, including The Declaration of Rights of

the Disabled Persons.¹⁸

The mode of action agreed upon in Kuwait includes:

1. establishment of national development priorities to upgrade the quality of life in general and in all its aspects
2. plans and programs for the disabled as an integral part of the strategy for development of human resources
3. collection of statistics on disabled for use as the basis for proper planning
4. priority given to children, youth and mothers through expansion of child and mother care centers, school health education programs, and through a registration system for disabled children
5. establishment of a socio-psychological health system for early diagnosis of impairment
6. special educational systems integrated within a policy of compulsory education
7. responsibility taken by the state for undertaking a leading role in the establishment of policies, standards of services, etc.
8. legislation governing the employment of disabled to be revised, promulgated, and enforced
9. health, rehabilitation and educational services to be integrated and coordinated
10. non-governmental organizations encouraged to play an active role
11. a training system for professionals caring for the disabled to guarantee a quantitative improvement of such services
12. all manner of studies and research to get at the causes of disabilities and at behavioral practices in dealing with disablement
13. emphasis to be on "the protection and solidarity of the family as a fundamental institution for education and for care of the growing generation" and upon making the family aware of disability—causes, coping mechanisms, services available
14. community awareness to eliminate negative fallacies and contribute to an objective attitude
15. mass media to be used for these purposes
16. the disabled themselves to participate in determining their own fate, through the disabled themselves form-

ing societies, alliances and affiliations, as well as fully participating in conferences and forums, whether at home or abroad.

This plan of action further envisages cooperation at the regional Arab level with a call for:

1. unification and standardization of terminology, statistical systems and services
2. regional centers for the training of professional expertise in various programs for treatment, rehabilitation, education and training of the disabled
3. cooperative study, research and exchange of information and expertise
4. organization of disaster/crisis response contingencies
5. establishment of common Arab firms for the manufacture of technical aids and devices to serve the disabled
6. a commitment of support to the Palestine Red Crescent Society in carrying out its programs of assistance to the Palestinian disabled

Clearly, The International Year of Disabled Persons has brought considerable attention to the problems, needs and rights of our disabled citizens. From government planners and policymakers to radio and television programmers, "disability" has been the focus of concern, discussion and attention. Promising plans for quantitative and qualitative expansion of services are being made and initial implementation is underway. Public awareness campaigns, recognized as a key factor to success, are likewise underway.

A year of focus on the disabled is an idea born in the Arab world, but the fruition of promising plans will require more than high ideals or pronouncements of concern. They will require commitment at the highest levels of government, considerable talent, a great expenditure of money (which some Arab states have in abundance), and a broad base of support from the communities served.

Hopefully, significant progress along these lines will be made in the years to come—progress will enrich and benefit not only the disabled, but all the members of the human family.

Notes

1. The Year, in its Arabic version (as-sanah al-mu'aqin ad-duwaliyah) was already a year "of" disabled persons. The Libyans were here address-

ing a nuance of the language as it appeared in its English translation.

2. There are no fundamental differences, according to the World Health Organization, between rich and poor countries in either the kind, severity or incidence of mental illness.
3. The difference between being "able-bodied" and "disabled" is, in all types of impairments, often a difference of degree rather than of kind. Estimates of the numbers of blind in the world, for example, vary from 11 million to 42 million, depending on where the line of blindness is drawn on the graph of vision impairment.
4. According to statistics, malnutrition is not a significant problem in the Middle East. A Food and Agriculture Organization survey done in 1977 shows the percentage of persons with food intake below the critical minimum limit (1.2 times Basal Metabolic Rate) to be 16 percent in the Near East, compared with 15 percent in Latin America, 28 percent in Africa, 29 percent in the Far East.
5. Aging itself is a disability among 20 percent of the population over 60 years.
6. N. Izzedin, *The Arab World* (Chicago, 1953), p.2.
7. R. Landau, *Arab Contributions to Western Civilization* (New York, 1962), p. 28.
8. G.E. von Gruenbaum, *Modern Islam: The Search for Cultural Identity* (Berkeley, 1962), p. 15.
9. The "People of the Book," Jews and Christians, were left relatively free to exercise their religions, for Islam as the youngest of the three monotheistic religions considered itself the continuation of the two older revelations. Old and New Testament stories are retold in the Koran, which abrogates nothing in these older works. The birth of Jesus is very beautifully told in the Koran, and Mary is the only woman mentioned by name in this Moslem holy book.

10. Baba Shabbas, "The Impact of Assimilation on Arab Attitudes Toward Disability" (unpublished master's thesis), California State University at Hayward, 1973.
11. *Ibid.*
12. Government of Syria, *Annual Statistical Bulletin of the Ministry of Social Affairs and Labor*, 1977, published December 1978.
13. For example, for the youngest child being taught to speak, a cuddly teddy bear is equipped with vocalized box and microphone to pick up speech patterns. The bear's eyes light up when the child produces the desired sound or speech pattern. For older youngsters, each desk is equipped with the same type of system, but a series of colored lights in front of the child lights up as a reward for his/ her correct sound.
14. Dr. Hasan Y. Zamrawi, *Health Rehabilitation in Kuwait*, for the Kuwait Regional Conference on the Disabled, IYDP, April 1-5, 1981.
15. Exact figures could be obtained only from Kuwait, United Arab Emirates and Bahrain.
16. *Palestine Refugees Today No. 95*, UNRWA Newsletter, January 1981, published by UNRWA Headquarters, Vienna, Austria.
17. *Ibid.*
18. A highlight of the Kuwaiti conference was the simultaneous opening of the first annual Special Olympics, with disabled youngsters having been brought by Kuwait from around the Arab world to participate. This Special Olympics received extensive newspaper and television coverage. It is worth noting that Mauritania and Egypt were the only Arab states not participating in the conference.

Notice

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Correction

Page 4 of the September/October 1981 issue of *The Link* incorrectly reported that: "Saudi Arabia bought 60 F-15s for \$2.5 billion, and Egypt paid \$400 billion for 50 F-5Es." In fact, Egypt paid \$400 million for the 50 F-5Es.

Book Views

Arabs in the Jewish State: *Israel's Control of a National Minority*

By Ian Lustick

University of Texas Press, Austin and London, 1980, 385 pp. \$10.95

By Grace Halsell

This is an important book, which conveys a simple message: Before Israel can make a lasting peace with its outside Arab neighbors, it must learn to see, and live in peace with, the Arabs

who live next door, that is, the Israeli Arabs inside its own borders.

Many Israelis have long noted that a secure Israel must be an Israel that will live in peace with neighboring Arab nations. "If the State of Israel is to survive and prosper," a Jewish editor, Trude Weiss-Rosmarin, has written, "it must become integrated into the Arab world and be accepted by its neighbors."

The crucial challenge confronting Israel, Dr. Weiss-Rosmarin said, is "how to conclude an alliance of peace"

with Arab neighboring nations.

The first step Israel might take toward a "neighborly" peace with Arabs could be taken right at home: to treat the Arabs within Israel proper as "neighbors," which is to say, come to know them, be friendly with them, treat them as equals.

The reader of Ian Lustick's book may well conclude that Israelis have often failed to take neighborly steps toward peace with the Israeli Arabs who live within the state. In my reading I discovered that the author's

(Continued on page 16)

Books To Order

New Selections

☐ Ian Lustick, *Arabs In the Jewish State*, University of Texas Press, 1980, 400 pp., \$10.95. A systematic, scholarly approach to explain the strikingly low level of Arab political activity in Israel. Though full citizens of the state, Israeli Arabs have formed neither independent political parties nor a mass-based civil rights movement. Ian Lustick attributes this situation to the success with which Israeli authorities have coopted Arab elites, maintained the backwardness of the Arab economy, and promoted parochial rivalries within the Arab sector. Our price, \$8.50. See review on page 14.

☐ Kenneth Cragg, *The House of Islam*, Kickenson Publishing Co., Inc., 145 pp., \$8.95. Outlines basic elements of Islam; particularly geared for a Christian audience. Supportive yet not unafraid to face major questions between Christianity and Islam. Excellent group study guide with a section, "Questions For Further Study and Discussion". Our price, \$7.75.

☐ *The Arab Image in Western Mass Media*, Outline Books, London, 1980, 280 pp. (paperback). Collection of papers delivered at the 1979 International Press Seminar in London. Contributors include Jack Shaheen, Edward Said, Mohammad Heikal, Claud Morris, Lord Caradon, Hisham Sharabi and Eric Rouleau. Our price, \$3.75.

☐ Uri Avnery, *Israel Without Zionism: A Plea for Peace in the Middle East*, Macmillan Publishing, 278 pp., \$1.95 (paperback). A remarkable description of Israeli politics, as presented by a member of Israel's Knesset and the sole representative of a party that believes in the transformation of the Jewish state into a pluralistic and secular one that is able to achieve reconciliation with the Arabs. Our price, \$1.70.

☐ Dewey Beegle, *Prophecy and Prediction*, Pryor Pettengill, 274 pp., \$5.95 (paperback). Refutes the biblical claim of Zionists to the Promised Land by discussing what the Bible teaches about prophecy, especially concerning the predictions of events which already have occurred and those which are to come. Our price, \$5.25.

☐ Hagop Chakmakjian, *In Quest of Justice and Peace in the Middle East: The Palestinian Conflict in Biblical Perspective*, 1980, Vantage Press, 157 pp., \$8.95. Written for those concerned about, but

unfamiliar with, the facts regarding the Palestinian issue, and, in particular, the scriptural claims for the Zionist right to the land of Palestine. Our price, \$6.50.

☐ Saad El Shazly, *The Crossing of the Suez*, American Mideast Research, 333 pp., \$14.00. Egypt's former military commander-in-chief tells how the Egyptian army executed its brilliant 1973 crossing of the Suez and how Egypt's political leaders turned that success into disaster. Our price, \$10.95.

☐ James Ennes, Jr., *Assault on the Liberty*, Random House, 301 pp., \$13.95. The author served as lieutenant among the officers of the U.S.S. Liberty on her fatal voyage. He was on watch at the bridge during the day of the Israeli attack. Our price, \$9.95.

☐ Marvin Feuerwerker, *Congress and Israel: Foreign Aid Decision-Making in the House of Representatives, 1969-76*, Greenwood Press, 1979, 235 pp., \$23.95. An insider's look at the Israeli lobby in Washington. Covers the causes of widespread support for aid to Israel, Congressional opposition to assistance to Israel, and the special workings of the House Foreign Affairs Committee. Our price, \$18.00.

☐ A.C. Forrest, *The Unholy Land*, Devin-Adair Co., 178 pp., \$3.95 (paperback). The author's personal, informed and uncompromising stand against what he considers to be imbalanced and distorted news coverage of the human tragedy brought about by the Arab-Israeli conflict in the Middle East. Our price, \$3.60.

☐ Dov Friedlander and Calvin Goldscheider, *The Population of Israel*, Columbia University Press, New York, 1979, 240 pp., \$16.00. This scholarly work warns of the dangerous implications of annexationist tendencies, not for political or moral reasons, but on purely demographic considerations. Through population statistics, the reader is able to see that permanent Israeli rule over the area taken during the Six-Day War endangers the Jewish basis for the State of Israel. Our price, \$13.95.

☐ David Gilmour, *Dispossessed: The Ordeal of the Palestinians 1917-1980*, Sidgwick and Jackson, 242 pp., 12.50 pounds (U.S. \$29.00). Well-documented history of Palestinians, based in part on revealing quotations from Zionist sources. Author examines the status of Palestinians in exile, the complex inter-relationships of the P.L.O., and the Palestinians vis-a-vis the international com-

munity, particularly with the Soviet Union and the Third World. Our price, \$13.95.

☐ Grace Halsell, *Journey to Jerusalem*, Macmillan, 1981, 256 pp., \$10.95. A distinguished journalist visits the Holy Land and meets people as diverse as Mayor Bassam Shaka of Nablus and Bobby Brown of the Bronx, NY, now a Gush Emunim settler near Bethlehem. Our price, \$7.95.

☐ Stephen D. Isaacs, *Jews and American Politics*, Doubleday & Co., 302 pp. An investigation into the role Jews play in American politics. It explodes many myths on this subject and shows how Jews have exercised the power they have. Our price, \$3.85.

☐ Sabri Jiryis, *The Arabs in Israel*, Monthly Review Press, 314 pp., \$12.50. Expanded version of Jiryis' original authoritative account of the deprivation of Arabs living in Israel. Our price, \$7.85.

☐ Alfred Lilienthal, *The Zionist Connection: What Price Peace?*, Dodd, Mead & Co., 800 pp., \$20.00. Covers the Arab-Israeli conflict from the time of Herzl to Camp David. Research involved is monumental. Contains much information of which most Americans are unaware. Our price, \$12.75.

☐ Livia Rokach, *Israel's Sacred Terrorism*, Association of Arab-American University Graduates, 1980, 68 pp., \$2.50 (paperback). Examines the 1953-57 diary of Moshe Sharett, founding member of Israel's Labor Party, his country's first foreign minister and its second prime minister. Our price, \$1.95.

☐ Raymonda H. Tawil, *My Home, My Prison*, Holt, Rinehart & Winston, 265 pp., \$12.95. Autobiography of a Palestinian woman whose description of life under Israeli occupation mirrors the changing moods on the West Bank. Our price, \$6.50.

☐ Evan M. Wilson, *Decision on Palestine*, Hoover Press, 244 pp., \$14.95. Well-documented analysis of the six years leading up to the creation of Israel. Based on author's personal experience and on information only recently made available by the United Nations and governments involved. Our price, \$10.00.

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statistics and facts confirm what I had found while living in Israel, namely that Israelis do not see or know Arabs who live a block away. I got a hint of this before leaving for Israel. A writer friend, James McCartney, provided a picture of the isolated world the Jews within Israel live from and Arabs who also live within the Jewish State.

"I was sitting on the terrace of the King David Hotel in West Jerusalem with the manager and his wife," McCartney related. "I said, 'Eli, do you know any Arabs?'"

"There was a dead silence. He looked at his wife. And she looked at him. After a long while he said he didn't know any Arabs. And his wife said she didn't know any Arabs. It was as if I had asked if they knew any people from Mars."

On my first days in Israel I took conducted tours, led by Israel guides, who referred to those Palestinians living within Israel proper as "our Arabs," in much the same patronizing tone I had heard some of my Southern acquaintances once refer to "our darkies."

I visited the American Embassy's press section in Tel Aviv and was presented with an information packet that lists Israeli citizens under two categories, Jews and "non Jews," the "non Jews" being a term to suggest the native, indigenous Arabs are ciphers, not really present among the Jews of the Jewish state.

Professor Lustick deals with the 15 percent of the Israeli citizens (Palestinian Arabs) who are classified as "non Jews." They are listed as citizens of the Jewish State but are systematically and deliberately excluded from many of the benefits of citizenship. Lustick shows how they are oppressed in many aspects of their basic rights, such as political expression and land expropriation.

"Half of the Arab inhabitants of Israel could, at the discretion of the custodian," Lustick writes, "be declared absentees and their property thereby made subject to confiscation." He quotes a Jewish editor as calling sweeping land acquisitions "wholesale robbery in legal guise. Hundreds of thousands of dunams (quarter acres) were taken away from the Arab minority...The future student of history will never cease to be astonished at how it happened."

Tens of thousands of Israeli Arabs who have had their farmlands confiscated must turn to factory work. But

the Israeli labor department, the General Federation of Jewish Workers, does not permit factories to be built in towns inhabited predominantly by Israeli Arabs.

"There are over 70,000 Arab members of the Histadrut, and although the Histadrut owns more than one-fifth of all Israeli industry, in 1974 not one of its thousands of firms and factories was located in an Arab village or town," Lustick writes.

Why don't the Israeli Jews want to accept Israeli Arabs as equals, as neighbors? Lustick writes that Israel's fundamental distrust of the Arab minority has been reflected in the fact that five of the six men who have served as Adviser to the Prime Minister on Arab Affairs "were recruited for their post from the secret service." He adds that officials in charge of implementing policy for Israeli Arabs have made their conception of their task quite clear.

Shmuel Divon, Ben-Gurion's second Arab affairs adviser, described the prime minister's basic attitude toward the Arab sector as follows: "Ben-Gurion always reminds us that we cannot be guided by subversion which the Arab minority has not engaged in. We must be guided by what they might have done if they had been given the chance."

When one puts Lustick's brilliantly researched book aside, the reader feels that here is one of the strongest indictments ever made against Israel. Israel's real enemy is seen as one within its gates—the Israeli leaders themselves who do not take steps to grant full human and civil rights to all Israeli citizens, Israeli Arabs (Christians and Moslems), as well as Israeli Jews. Their failure to do so is a tragedy, perhaps the greatest tragedy, in Israeli history.

Grace Halsell, an A.M.E.U. Board member, is a Washington, D.C.-based writer, whose most recent book, Journey to Jerusalem, was reviewed in the April/May issue of The Link.

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The Link aims at maintaining contacts among Americans who believe that friendship with the people of the Middle East is essential to world peace, who would contribute to this goal by spreading understanding of the history, values, religions, culture and economic conditions of the Middle East, and who would—in this context—press for greater fairness, consistency and integrity in United States policy toward that area.

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