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Disability and Migration: How systems of violence intersect with the production and experience of disability for migrants in Morocco

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SIT Morocco: Migration and Transnational Identity

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Abstract

This project investigates the perspectives and experiences of physically disabled, chronically ill, or bodily-impaired migrants from south of the Sahara living in Rabat, Morocco. Increasing interest in disabled migrants' rights from international organizations risks erasing those being 'protected' if it does not attend to the intersections of race, class, citizenship, and gender as they relate to the production and experience of disability for migrants. Produced by and for the (white) global North, I argue that traditional Euro-American disability studies scholarship is ill-equipped to address the issues faced by disabled migrants in post-colonial contexts. In addition to being ineffective, the uncritical application of these frameworks constitutes a form of academic colonialism. Building on the analyses of Puar and Gunaratnam, I highlight how systems of structural violence related to migration are inextricable from the production and experience of disability for migrants, making their disablement not an exceptional but anticipated reality.

Keywords: *migration; disability; violence*

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Table of Contents

Working Definitions	4
Introduction.....	5
Literature Review.....	6
Conflicts within Disability Studies.....	6
Migration, Structural Violence, Debility, and Weathering	7
Landscapes of Migration and Disability in Morocco	8
Methodology	9
Research Design.....	9
Positionality and Ethics.....	10
Findings	11
Disability as a result of violence.....	12
Trauma and self-identification as disabled	13
Aspirations to health and self-identification as sick	14
Expanding notions of disability	15
Limitations and Recommendations for Future Study.....	16
Conclusions	16
Bibliography	18
Appendices.....	21

Working Definitions

Disability. Defining disability is less a matter for a vocabulary list than a series of books, or an entire academic discipline. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) states that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” (UN General Assembly 2007, 1). Building on this definition, it is vital to recognize the importance of context in determining how disabilities are perceived and experienced: for disabled migrants, one must consider multiple communities and the transitions between them as producing individual realities of disability (Albrecht et al. 2007). Due to logistical and ethical limitations surrounding fieldwork and interviews with mentally ill or disabled individuals, in this project I have focused specifically on disability as it pertains to physical conditions.

Chronic Illness. The ambiguous delineation between disability and chronic illness has been the subject of academic debate (Wendel 2001). I have included this term to reflect the self-identification of one of my key participants as “sick” rather than “disabled”.

Migrant. This refers to anyone who has come to reside in Morocco from elsewhere, whether temporarily or permanently. For this project, most of the migrants who spoke with me were from West Africa and South of the Sahara.

Global South/North. These terms are highly reductive and arguably misleading, naturalizing histories of social and economic inequities by invoking geography. However, I use these terms for the sake of simplicity and to be consistent with the existing literature critically examining perceptions and experiences of disability outside the realm of ‘traditional’, Euro-American Disability Studies (for example, Grech 2015, and Puar 2017). Dados and Connell describe the terms global South/North as referencing “an entire history of colonialism, neo-imperialism, and differential economic and social change through which large inequalities in living standard, life expectancy, and access to resources are maintained” (Dados and Connell 2012, 13). In this paradigm, the global South describes those countries that have borne the brunt of colonialism and the global North those countries that enacted and continue to benefit from inequitable wealth and power distribution.

Introduction

There is simply no place in global capitalism for the debilitated and dying migrant or for thinking about what the build up of injury, hurt, and loss can do to a life.

– Yasmin Gunaratnam, 2013

As of 2018, over 70 million people worldwide were estimated to be in situations of forced displacement (UNHCR 2019), with 272 million people living in a country other than the one in which they were born (UNDESA 2019). Simultaneously, according to widely accepted estimates, there are nearly one billion disabled people globally – a population comprising nearly 15% of the total population (World Bank 2011). Despite the fact that an estimated four-fifths of disabled people live in the so-called “Global South” (United Nations 2011), where forced displacement and many forms of migration are frequently most necessary, there remains a dearth of critical and empirical literature examining the relationship between disability and migration. As I will discuss, this omission is not accidental, but highlights fundamental flaws in current disability studies scholarship, as well in both popular and academic understandings of migration. This project aims to draw attention these flaws in scholarship as well as their material implications, drawing from and amplifying the experiences of people currently navigating the intersection between migration and disability as disabled or sick migrants living in Rabat, Morocco.

Since the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008, there has been steadily increasing interest in “protecting” the rights of disabled people worldwide, with a particular emphasis on those in situations of particular precarity. However, like the CRPD itself, this interest and resulting programs have rarely been shaped by the experiences of those who are theoretically being “protected”, instead being informed by exogenous frameworks of disability justice generated within Western disability studies and activism. While efforts to create unilateral policies related to the status of disabled people may in some cases be useful, “inattention to local differences could make well-intended programs and policies ineffective or even counter-productive” (Albrecht et al 2007, 7), especially considering the extremely contextual nature of disability. Indeed, the uncritical implementation of theories and ideologies around disability rights have been named as a type of “disability imperialism” (Scalenghe 2014, 8). In working towards the types of systemic change that are necessary to substantively address the issues faced by disabled migrants, it is vital to develop frameworks based in historically rooted and indigenous conceptions of disability rather than those promoted by “traditional” (white, Western, colonial) disability studies.

In this paper, I hope to achieve a number of overlapping but distinct goals. First, I hope to raise the voices of the many people who have spent their time and energy over the past month sharing their stories with me, attending carefully to their accounts and beginning to unpack the many systems of power that these stories encapsulate. Second, I hope to build on criticisms of “traditional” disability studies, which for too long has failed to recognize the material realities faced by a majority of disabled people around the world. Third, I highlight how systems of structural violence related to migration are inextricable from the production of disability, making disability not an exceptional but expected product of migration¹. Finally, I hope to encourage more qualified researchers and activists to engage with this critical intersection of disability and

¹ Here I would like to recognize that “migration” encompasses a huge diversity of stories and experiences. In this paper I am focusing on migration that is deemed “undesirable” and worthy of “deterrence” by states based on individuals’ lack of access to social and economic capital.

migration, recognizing that my position as a young, nondisabled, relatively uninformed U.S.-American “study abroad” student means that my contributions will at best be limited, if they do not actively replicate the systems I am seeking to criticize.

Literature Review

Conflicts within Disability Studies

My research occupies the overlapping peripheries of two disciplines that as of yet remain relatively distinct: migration studies and critical disability studies. Despite a relative lack of critical literature specifically addressing this intersection, I have found material from Post-Colonial and Dis/Ability Critical Race Studies (terms used in Hall, 2019) to be useful in creating an applicable analytical framework. However, before delving into this more complex theoretical material, it is important to reiterate where this investigation fits into the wider terrain of disability studies and why it must diverge from more traditional approaches.

Disability Studies as an academic discipline emerged in the 1980s alongside disability justice movements in the United States and United Kingdom. This iteration of disability studies is centered largely on the social model of disability, which defines disability not as the product of individual impairment, but rather the result of barriers created by inaccessible social, economic, and political structures (Oliver 1983). The social model provided and to a certain extent continues to provide a foundation for deconstructing ableist structures, challenging conceptions of what qualifies as a “normal”, “useful”, or “beautiful” body and mind – what Puar calls “positive re-imaginings of disability” (Puar 2017, xix).

However, despite being radical in certain respects, in prioritizing the “endless possibility” of theoretical borderlands (Erevelles 2014, 4), these “positive re-imaginings” continue to minimize or exclude challenges faced by disabled people globally. In the words of Shaun Grech, the “critically playful projects” of Critical Disability Studies may not only be unhelpful but “constitute a gross offense to disabled people preoccupied with very material poverty and oppression...” (Grech 2015, 18). In centering relatively abstract, theoretical questions, the parameters of traditional disability studies do not leave room to interrogate the material realities faced by those whose oppression is intertwined with global systems of race, class, and citizenship. I do not wish to imply that these positive re-imaginings are unnecessary or unproductive – rather I am hopeful that they can co-exist with and even support more historically rooted interventions. However, as they currently exist, re-imaginings of disability that assume impairment or disability itself to be neutral or positive must be held accountable for erasing the material violence frequently involved in becoming disabled and alienating those whose lives have been impacted by that violence.

“Traditional” Disability Studies and much “critical” theory that has emerged from it has continued to be limited in its perspective to a white, elite academic base, to the extent that scholars including Chris Bell have called only somewhat sarcastically for the discipline to be renamed “White Disability Studies”. Crucially, the issue is not only that disability studies wholly excludes disabled people of color from its theories and narratives, but rather that “White Disability Studies treats people of color as if they were white people; as if there are no critical exigencies involved in being people of color that might necessitate these individuals understanding and negotiating disability in a different way from their white counterparts” (Bell 2006, 282). By attempting to employ frameworks developed largely by and for white disabled academics to explain the conditions of disabled people of color, White Disability Studies is not only reductive but

invalidates the experiences of this community and furthers the erasure it is theoretically trying to combat.

Though Bell is writing from a domestic perspective in the United States, his analysis is suggestive of post-colonial analyses of Disability Studies which criticize its uncritical application of white, Western frameworks on the global scale. As Grech, Meekeosha, Scalenghe, and others have argued, Disability Studies' exportation of ahistorical theories and perspectives constitutes a form of academic neo-colonialism. As Meekosha explains, this is in part "trying to claim the positives of a disability identity it becomes difficult to acknowledge the overwhelming suffering that results from colonization, war, famine, and poverty", creating "an intellectual and political tension between pride, celebration, and prevention." (Meekosha 2011, 677). However, despite its difficulty, engaging with these realities is vital if Disability Studies is ever going to make meaningful contribution to the situation of disabled people globally, rather than simply encouraging imperial interventions that may not only be inapplicable but actively damaging.

Migration, Structural Violence, Debility, and Weathering

In contrast to most existing Disability Studies scholarship, this project is rooted in an analysis of structural violence. Neither Disability Studies nor Migration studies has adequately reckoned with the reality that disability is not an incidental or exceptional condition in the context of migration; rather, it is an anticipated result. The violent systems of regulation that have come to define contemporary migration are themselves frequently and seemingly intentionally disabling. This includes the corporal violence of policing and deterrence infrastructure leading people migrating to ever more dangerous terrain (de Leon 2015) as well as the systemic violence enacted by perpetual denial of basic human needs such as food, shelter, security, and self-determination. Any disability rights rhetoric or policy originating from the Global North pertaining to migrant communities must be understood in the bitterly ironic context that its creators' benefit from the same structures of violence that create and exacerbate disability for migrants. With its migration policies, the Global North makes injury and impairment a near-inevitable reality for migrating people; with its disability justice rhetoric, the Global North demands that impacted communities embrace these impacts of violence with accommodation and pride.

Existing studies on this intersection between disability and migration have tended to focus on individual levels of impairment, emphasizing how to better support disabled people in precarious positions rather than identifying the wider systems that create that precarity. While the policy recommendations and immediate interventions recommended by these studies are well-intentioned and may be useful for some, what scholarship can offer will be severely limited without paying attention to the structural conditions that create disability for migrating people, many of which are fostered by the same international structures that commission these studies.

Two recent examples of disability studies scholarship that have attended to the intersection between disability and international structural violence are *The Right to Maim* by Jaspir K. Puar and "On researching climates of hostility and weathering" by Yasmin Gunaratnam. Both of these works attend to the complexity of naming disability in for people to whom health and security are systemically and perpetually undermined. In particular, two intertwined concepts offered by these texts have been essential to shaping my understanding of disability as it pertains to this project.

In examining intentional disablement or "maiming" enacted by the Israeli state against the Palestinian people, Puar offers the concept of debility, defined as "the violent debilitation of those

whose inevitable injuring is assumed by racialized capitalism” (Puar 2017, xvi). This idea differentiates between those who are “debilitated” and those who are “disabled”, stating that disability can only be claimed “that body or that subject that can aspire both economically and emotionally to wellness, empowerment, and pride through the exceptionalized status it accrues while embedded within unexceptional and, in fact endemic, debility” (Puar 2017, xvi). In other words, Puar argues that to name disability assumes a potential to wellness, something that is systemically denied to marginalized communities around the world.

Drawing on Sharpe’s *In the Wake: On Blackness and Being* (Sharpe 2016), in analyzing her fieldwork with elderly and dying migrants in the United Kingdom, Gunaratnam invoking the concept of “weathering” – physical and psychological wear incurred by constant micro-aggressions and instability experienced by migrants and others who are targeted by the dominant population as not belonging or deserving of place (Gunaratnam 2019, in press). **add sentence?** Debility and the impact of weathering are inextricable from more traditional notions of disability but cannot be explained by these traditional frameworks. Understanding disability in the context of migration requires a recognition that impairment that may be incurred over the life-course of a migrant are not exceptional, but rather a crucial characteristic of contemporary migration.

Landscapes of Migration and Disability in Morocco

Morocco has a complex and nuanced history relating to migration, as well as a rich landscape of perspectives on disability. Since the mid-1990s Morocco has transitioned from acting primarily as transit country to serving as a de-facto destination for many international migrants, a shift which has overwhelmed state and civil society infrastructures and left many migrants in a state of “protracted precariousness” (Cherti and Grant 2013, 32). This shift can largely be attributed to increased restrictions on migration and resettlement in European countries. **Physical manifestations of these restrictions such as barbed wire fences and armed border patrol guards at the borders of the Spanish enclaves of Ceuta and Mellila – where hundreds are injured annually (Cotivio and Masters 2018; Cañas 2019) – are related to the production of disability for migrants residing within and outside of Morocco.** It is currently estimated that 700,000 migrants from south of the Sahara are living in Morocco, in addition to unknown numbers of migrants from other North African countries, Europe, and the Middle East (El Ghazouani 2014). Though there is no existing data on how many of these migrants may be disabled or impaired, it is likely that this population is significant considering that many who arrive are fleeing violence or other forms of instability that can contribute to injury and trauma (Cherti and Grant 2013). Though a more comprehensive analysis of contemporary Moroccan migration lies outside the scope of this paper, I think it is important to emphasize that Morocco’s changing landscape of migration has meant that more “complex” issues, like those of disabled migrants, are frequently neglected by already-stressed state and civil society infrastructures.

While there are still relatively few resources being directed towards disabled migrants globally, what little research and programming that exists has tended to be located in Europe, with examples such as the Access to services for Migrants with Disabilities (AMiD) started in 2018 (AER 2018). In addition to the comparative wealth of European countries that makes programs like this possible, part of the reason these programs are concentrated in Europe may be based in antiquated understandings of non-European states, such as Morocco, as merely temporary or transitory locations for migrants. While it may be true that many migrants arriving in Morocco intend to leave, realities of increasing regulation and decreasing mobility necessitate the

development of comprehensive resources and structural change within Morocco. Some new regulations also have the potential to disproportionately harm disabled migrants; for example, recent restrictions in the United States targeting disabled and ill migrants are likely to further restrict disabled migrants to long-term residence in historically “transit” countries (Dooling 2019).

In Morocco, migrants’ medical needs are beginning to be addressed by structures such as peer educator programs introducing migrants to the Moroccan healthcare system (Anders 2016) and a limited number of organizations specifically providing clinical services to the migrant community (such as Caritas and Association Action Urgence in Rabat). However, there are few programs focused on the non-medical needs of disabled migrants. As of writing, the only organization I could identify working at this intersection was the French NGO Humanity & Inclusion (HI, previously known as Handicap International), which offers support for disabled migrants in Casablanca. HI, which works in over fifty countries worldwide, is a striking example of the globalization of Western conceptions of disability. Unfortunately, over the course of my research I was unable to interview anyone involved in these Casablanca-based programs, so can offer little about their scale or substance. I encourage further researchers to investigate this topic more fully.

In addition to a changing landscape regarding migration, in recent years there have been a number of legislative changes regarding the status of disabled Moroccan citizens. Most notably, in 2014, the Moroccan Parliament adopted Framework Law n° 97-13 “On the Protection and Promotion of the Rights of Persons with Disabilities”, aiming to accord with the UN CRPD (RMSG, 2016). At the time of passage, of the 4-7% of Moroccans with documented disability, 73% did not have any education and only 13% were employed (El Ouazzani Touahami, 2015). It is unclear as of yet whether the protections and rights offered by this legislation have had any substantial impact on the situation of disabled Moroccans. Regardless, the legislation has no mention of disabled non-citizens, making it unlikely that the outlined rights will be extended to migrants.

Shifting landscapes of migration and disability in Morocco make it increasingly likely that individuals at the intersection of both may be forgotten, or be co-opted by narratives based in exogenous understandings of disability and migration rather than ones based in their own experiences and needs. Further research into these shifts and how they may impact disabled migrants is necessary.

Methodology

Research Design

The data for this study was collected over four weeks of fieldwork at Fondation Orient Occident (FOO), a Moroccan foundation focused on issues related to migration and community development. This fieldwork mostly consisted of sitting in the organization’s open library, conversing with staff- and community-members and participating in small group activities led by community-members when invited. In addition to this fieldwork, I conducted two interviews with migrants who self-identified as disabled or chronically ill. Both individuals were adults who had spent over a year residing in Morocco, having migrated from countries in West and Central Africa.

These interviews arose through word-of-mouth communication rather than formal recruitment materials. Following a series of informal discussions with staff-members about the topic of my project during the first week, a few reached out to community members they thought might be interested in speaking with me, then connecting me with people who wanted to be interviewed. My criteria for interview participation were only that participants be over eighteen, identify as a migrant, and identify as disabled or as someone with a chronic illness. I restricted my definition of disability and chronic illness to bodily conditions, recognizing the ethical complexity that can surround consent for individuals with mental disability or difference.

Each interview was preceded by an oral consent process (see Appendix A), and in both cases participants consented to being recorded and quoted. Both interviews were conducted in or near to FOO at locations selected by the participants. One of the interviews was held in French and the other in English. As I speak French but am not fluent, both interviews were completed without a translator present, however, following the French interview I reviewed the recording with a translator, a process to which my interlocutor had explicitly consented.

Following the conclusion of both formal interviews, I offered a modest sum of money to each of the individuals who had spoken with me, believing that the time and emotional labor of sharing personal and at times painful information should be compensated. This amount (200 Moroccan dirhams, equivalent to about \$20 USD) was not so much as to exacerbate the power dynamic between myself and the participants but enough to show respect for their work. I had previously discussed the decision to offer compensation with a staff-member and friend at FOO, who encouraged me to offer this amount as a mode of expressing gratitude. One interview participant accepted the offer of money and the other refused, and I have no reason to believe that the money was a motivating factor for either person's participation, as there was no discussion of compensation between us prior to the interview.

Ethics

Before moving to my findings, I would like to address and criticize my own positionality as a researcher on this topic. I am a nondisabled, white, female, U.S.-American citizen studying with the School for International Training (SIT), a private, predominantly white, U.S.-based institution. I decided to pursue this project based on prior coursework in both disability studies and migration studies, in addition to my personal interest in disability as the child of a chronically ill and disabled parent. In prior study, I have interrogated how programs like SIT in (post)-colonial states like Morocco are inextricable from legacies of colonialism and even serve to further neo-colonial agendas, among other ways by privileging Euro-American epistemologies and perspectives. This is discussed at greater length by Zemach-Bersin, Ramirez, Ogden and others, and I believe is an issue that must be further interrogated by future "education abroad" students, faculty, and staff, as well as external researchers and activists. As a fundamental aspect of my argument involves challenging what I believe to be the imperial implications of Western disability rights advocacy and Disability Studies scholarship, it is vital that I acknowledge how I may be replicating the very systems I seek to criticize by inevitably centering my own perspective and opinions as a researcher and narrator.

Crucial to this project was the time, interest, and support shared with me by countless staff- and community-members at Fondation Orient Occident, a Moroccan civil-society organization in Rabat where I was lucky to conduct my research. Over the course of my four weeks there, I was privileged to be welcomed by many staff- and community-members, all of whose stories and

perspectives I hope to respect if not explicitly represent in this paper. However, specifically my analysis centers the narratives of two disabled/chronically ill migrants who shared their stories and perspectives with me in formal, semi-structured interviews.

I am wary of describing my two primary interlocutors as “vulnerable”, recognizing that concepts of vulnerability can easily “obscure survival” in situations of conflict or precarity (Berghs 2015, 442). However, it is essential to recognize the positions of my interlocutors in approaching the ethics of this study, especially as they contrast with my own. Neither person had a steady source of income at the time of our interviews, nor local family or kin networks supporting them. Both were survivors of violence – which had in both cases had led to their impairment – and had received inadequate support in navigating the physical and emotional impacts of those experiences. The precarity of these situations necessitates special attention to preserving my interlocutors’ agency and integrity with regards to their stories. In representing these conversations and attempting to analyze them, I am most wary of what Couser describes as “over-writing” – “imposing an alien shape” that “constitute[s] a violation of their autonomy... [and] an appropriation of their literary, moral, and economic property” of my interlocutors (Couser 2004, 19). Due to concerns about privacy and the highly sensitive nature of some stories that were shared, I will not be including transcripts of these interviews. However, to the best of my ability I have remained faithful to both the content and intention of our conversations.

Finally, over the course of my time at FOO, a number of community- and staff-members shared criticisms of the internal politics of the organization, which though not the focus of this paper do merit attention as they relate to the ethics of my own research. Founded in 1994, FOO focuses on programs relating to migration and community development, including language classes and technical training. Though it is a Moroccan organization, FOO’s funding structure as a foundation as well as its cohort of international partners result in significant external influence over its activities and affairs, as well as opacity around how resources are collected and distributed. Nearly all of the criticism voiced to me was based in the perception of Foundation resources being squandered or inequitably distributed, leaving programs benefiting migrants underfunded or underdeveloped. These frustrations were not uncommonly paired with allegations of corruption within organization administration. While I was unable to verify these concerns, the fact that they came from such a significant number of people in different positions throughout the organization I believe merits further attention.

Findings

Prior research has frequently reduced the experiences of disabled people outside the global North to a suffering monolith (Grech 2015), but one removed from wider histories and contexts of oppression and violence. While seeking to represent my two interlocutors’ stories as they are connected with wider systems of power, however, I am also wary of another kind of erasure, which is the loss of the detail, nuance, and uniqueness of these stories through a totalizing focus on their systemic implications. Furthermore, though I seek to attend to the various forms of violence experienced and discussed by my interlocutors, I do not wish to represent them as victims. All of the migrants who spoke with me over the course of my research, both disabled and nondisabled, had faced unique and oftentimes incredibly difficult challenges over the course of their lives. Without attributing praise, pity, or exceptionality, I seek to recognize these obstacles as well as the processes and resources used to navigate them.

Though the stories shared with me feature some overlap, they – and the people who told them – are incredibly different. Especially considering the small number of people who were interviewed for this project, it would be entirely inappropriate to craft generalizations based on these narratives. Rather than blur them to extrapolate towards an ‘understanding’ of the larger population of disabled and chronically ill migrants, I hope to represent these stories as independent entities, and in my analysis merely to highlight themes meriting future attention. In my summaries, some details have been changed or omitted to preserve the anonymity of my interlocutors. Both names used are pseudonyms.

Asma is a middle-aged woman from Central Africa. Asma became disabled as an adult after being sexually assaulted by a group of political rebels in her origin country, an attack that also resulted in her mother’s death. Following this attack, Asma experienced verbal and emotional abuse from the extended family members with whom she was living, which eventually led her to leave the country with a neighbor. Her journey was marked by suffering, travel by road made more difficult to navigate by her mobility-related impairment. Eventually arriving in Morocco, Asma endured abuse from the person who she was staying with while waiting for the UNHCR to confirm her refugee status, leading her to consider suicide. Asma now lives in protected housing but is unable to work due to chronic pain and restricted mobility. She has no family and a limited social network in Rabat.

Mamad is a middle-aged man from West Africa. Mamad does not identify as disabled but rather as sick, having developed lung problems after he was attacked by police officers for participating in a union protest. He left his country of origin after medical professionals there were unable to usefully diagnose or treat his condition, which has left him with chronic pain. Mamad came to Morocco by plane, hoping to eventually reach Europe and receive adequate medical care. However, he was arrested by police during his first attempt to cross, losing his passport and remaining money in the process. Mamad applied for refugee status with the UNHCR but was told that he did not qualify. Now he works when he is able to, doing short-term construction jobs that he occasionally is forced to quit due to severe pain. Mamad lives with friends in Rabat but has remained in contact with family in his country of origin.

Reflecting on these narratives, there are a number of ideas I would like to emphasize. These are as follow: how forms of corporal and structural violence contribute to the creation and exacerbation of disability for migrants; the complexity of identifying with disability when it has been caused by violence; how self-identification with chronic illness is radical for those to whom health is routinely denied; and the need to expand on understandings of disability in migrant communities to include psychological repercussions of trauma.

Disability and violence

Experiences of violence were integral to the production and experience of disability and illness for Asma and Mamad. In nearly every case, these experiences could be connected to wider systems of violence and oppression. For Asma, disability was the direct result of sexual violence enacted by members of a rebel group in her origin country. Though the attack itself was the product of her individual assailants’ actions, in the context of the (post)colonized state where Asma was living, the violence she experienced is inextricable from legacies of colonialism that have led to the proliferation of violent political groups. I do not mean to reduce Asma’s attack and disability to being understood exclusively as the products of colonialism, however I wish to highlight how this history is connected to the widespread creation of disability in the global South – a

phenomenon with which most existing Disability Studies scholarship is ill-equipped to address. Furthermore, it is vital to recognize that this violence makes it impossible to extricate Asma's migration from her disablement; it is impossible to understand either without an analysis of both.

Mamad's story was different in both the type of violence and its result: rather than sexual assault in a situation of widespread political unrest, his impairment resulted from an assault by police for his participation in a workers' strike. Though this assault preceded his migration by the better part of a decade, it was a direct contributor to his decision to migrate, which he eventually made in search of adequate treatment for his condition. While not as directly related to the material histories of colonization as Asma's experience, violence against labor organizers as a product of global, racialized capitalism should be critically considered in framing the violence that led to Mamad's disablement and migration. Furthermore, the reality that Mamad was unable to find necessary medical care in his country of origin – a resource that at the time of our interview he was still seeking – is itself representative of the structural violence that is the inequitable distribution of wealth and power worldwide.

Structural violence related to the regulation and criminalization of migration is also present in both Asma and Mamad's narratives. In Asma's case, securitization of intra-African borders and criminalization forced her to take unsafe and physically taxing routes, exacerbating her chronic pain and making healing from her emotional and physical trauma impossible. For Mamad, being arrested while trying to cross into Europe as a result of increased securitization resulted in the loss of his savings and documentation, leaving him to become reliant on manual labor that exacerbated his illness. **In recognizing these structures, it becomes evident that violence – and the frequently chronic physical and emotional problems that result – are not exceptional to migration stories but often an integral characteristic.**

Trauma and self-identification as disabled

The co-occurrence of violence, trauma, and her disability complicated the issue of self-identification for Asma. She described waking up in the hospital following her assault:

I said 'what has happened to me'... [The doctor] said that 'you cannot walk now because you have hip problems because you were raped'... Here is the reason that I became disabled [handicapée]. I am not disabled [handicapée]. It is because of this. And it makes me very angry. It makes me very angry, it is for that, not me... it was not me who decided to leave my country. – Asma, my translation

Asma's here describes her frustration and emotional pain as related to the lack of control she had in becoming disabled and becoming a migrant. I would like to focus on the complexities in her relationship with the label of disability. Towards the end of our interview, I asked if she could elaborate on why in this instance said she had said she was not disabled. She responded:

It is because of this [violence] that I became handicapped. And it makes me very uncomfortable. If I did not find myself in this state, I could do all that I want – now I am blocked. And that's engraved in my head. – Asma, translation in collaboration with Miyé Lamprière

As Asma reveals, incorporating disability into one's identity when it is the result of trauma is incredibly fraught. Throughout our interview and informal conversations afterwards, Asma struggled with her identification as disabled, which she voiced was in large part difficult due to the pain of remembering the traumatizing event and period of her life that resulted in her impairment.

I know I have to heal myself, but I am devastated. This is why I'm crying for my interview, but I want to do it. I cry because I have a lot of pain. I have a lot of pain. I want to do this interview but every time I don't want to remember what happened. – Asma, translation in collaboration with Miyé Lamprière

Though Asma was insistent in her desire to continue the interview, refusing to pause or end it whenever I would reiterate that she could do so, recounting her story was clearly emotionally taxing. Though following further conversation I do not believe that the interview process constituted re-traumatization, as Asma initiated these further encounters and expressed gratitude for the space to share, this particular exchange left me reflecting on a question that is integral to this project: what does someone in Asma's position need in order to "heal herself"? While more resources supporting disabled migrants are certainly necessary in the short-term, substantively addressing this question necessitates the address of larger systems. The stability required to heal for Asma, I believe, could only come from membership in a community free from or actively combatting the structures of racism, ableism, gendered violence and citizenship that have contributed to her trauma and ongoing instability. Where can this community exist; how can it be created when these structures pervade most corners of human society involved in global neoliberal capitalism? These questions are essential, but I am struck by how they do not fit in either existing political or academic discourses: while too 'impractical' to be considered in policy or intervention frameworks, these historical context and systems of power implicated in these questions leaves them outside the realm of what traditional disability studies is equipped to address.

The final point I would like to make here about trauma and disability is how it can paradoxically make a cohesive social network essential to survival but prohibitively difficult to create. Asma revealed to me that as a result of her trauma and ensuing inability to physically defend herself she struggled constantly with anxiety that made it difficult for her to inhabit public space. Specifically, she struggled with fear of heterosexual men, as well as "hate" for her country of origin and others from it, both of which she attributed to her experiences of sexual violence and verbal and physical abuse she experienced afterwards related to her disability. However, Asma also recognized that a lack of accessible work opportunities combined with her need for care made having a network of family and friends imperative; she even spoke about her hopes of reaching a situation stable enough to adopt and raise a child who could provide for her in old age. Without adequate institutional support infrastructures for disabled (and nondisabled) migrants, communities become extremely important to achieving stability and some degree of self-determination. However due to the repercussions of trauma, among other factors such as physical inaccessibility or prejudice against disabled people within local communities, for some finding community can be difficult if not impossible.

Aspirations to health and self-identification as sick

From a different perspective, Mamad also struggled with the concept of disability and where he was positioned in relation to it. For a number of reasons, including the "invisibility" of his impairment and its situational nature (pain being intermittent and mainly resulting from physical exertion), Mamad did not consider himself to be disabled. He explained: "the disabled [is] one... [where] the state he is in it won't change. Me it is something that is a situation that can change at [any] time. However, in identifying as "sick" and his sickness – though something he had navigated for nearly ten years – as something temporary, Mamad was also making what I believe is a radical statement: that he, as a Black undocumented migrant with little access to capital, had an expectation of health. As discussed by Livingston (2005) and Puar (2017), the current world

order assumes and normalizes an inevitable impairment and debilitation of certain people – mainly working-class people of color who disproportionately bear the environmental and physical tolls of global hyper-capitalist production. In identifying as sick, Mamad was asserting that his condition was abnormal, and moreover that he could aspire to a condition of health, challenging global systems of debility that naturalize illness and impairment for many marginalized people.

While calling this belief “radical” may appear melodramatic, in Mamad’s account of his experience with the UNHCR, it becomes clear that this is not an exaggeration but instead a reality with material consequences. Following his arrival in Morocco, Mamad had filed an application for refugee status with the agency based in his chronic illness and documented need for treatment. After nine months of waiting, he received a response: that his request had been denied, and that in order to appeal he would need to find a lawyer. The mandate of the UNHCR, based in the definition of a refugee as “someone who has been forced to flee his or her country because of persecution, war or violence” (United Nations, n.d.) admittedly does not mention illness as grounds for refugee status and resettlement. But why is this the case? There remains to be a conversation on an international scale about systemic denial of access to health as violence that itself is deserving of attention. However, in the current moment the problematic delineation between “exceptional” disability that merits support and “normal” impairment that is expected for and must be accepted by people with certain identities and global positions has material consequences.

Disability, debility, and migrant experiences of suffering

Over the course of my fieldwork at FOO, I had countless conversations with individual migrants who discussed challenges they were facing related to their ability to participate in social, economic, and political life. One particularly common example of this was a struggle to sleep at night due to flashbacks or reflection on violent or traumatic experiences. These experiences were rarely framed in terms of disability, nor do I believe that this term should necessarily be applied in describing them. However, I believe that these experiences are worthy of note as they illustrate how the landscape of migrant suffering extends far beyond what is seen as “exceptional” enough to qualify as “disability” or even “chronic illness”.

Experiences of trauma are incredibly prevalent in journeys of undocumented or extralegal migration, to the extent that they are frequently assumed, and their repercussions normalized. I believe that this phenomenon can be understood through the frameworks of debility offered by Puar (2017) and Livingston (2005). The violence of global racialized capitalism and the systems of criminalized migration that have arisen from it inflict massive amounts of psychological and physical harm to communities around the globe, which are then normalized and accepted rather than viewed as something exceptional or necessitating structural change.

In order to understand the experiences of self-identified disabled and chronically ill migrants, it is necessary to contextualize them in wider environments of migrant experiences of suffering that in some ways are indistinguishable from “traditional” conceptions of disability. Attending to the factors that lead some individuals to not only become impaired but then to identify or be identified with disability is necessary for building new understandings of disability that are applicable and useful to migrant communities.

Limitations and Recommendations for Future Research

This research was above all limited by time. Four weeks is not nearly long enough, especially for someone who is unequivocally an ‘outsider’, to develop a comprehensive analysis of a social and political issue as complex as the situation of disabled migrants. Related to this constraint is the small “sample size” of this study, which draws primarily on two individuals’ experiences. As I have discussed, my position as an ‘outsider’ – specifically, an outsider with disproportionate power due to whiteness, a U.S.-American passport, and corresponding access to social and political capital – also complicates the findings of my research. Though I speak some French, my lack of fluency created a language barrier that made nuanced communication difficult in both of my key interviews, one conducted in French (in which I am moderately capable but not fluent) and the other in English (in which my interlocutor was capable but not fluent).

These constraints as well as some of the questions opened by my findings suggest many avenues for further research. These include: the impacts of international disability-rights organizations such as Humanity & Inclusion on the disabled migrant population; the influence of changing political and legal landscapes surrounding migration generally on disabled migrants, both on international and state levels; the perception of disabled migrants by native Moroccans, particularly as they may relate to racism and ableism; and the perceptions of disability and the disabled migrant experience by nondisabled migrants.

Conclusion

Fundamentally, in this paper I have hoped to criticize what we see as the “normal” consequences of certain circumstances – the anticipated and accepted costs of certain journeys and existences, specifically those involving migration and disability. I also hope to have opened an examination of what forces have made these costs inevitable and what actors continue to benefit from them. This is an elementary goal from an academic perspective, but one that I believe bears explicit reiteration. As a young researcher working with individuals surviving in situations of extreme precarity, I am struck by how so much existing research focuses exclusively on how to improve humanitarian support rather than challenging the systems that create precarity in the first place.

“Traditional” Euro-American disability studies has long failed to account for the relationship between structural violence and the production of disability, both locally and internationally. I argue that this intersection is critical to the experiences of disabled, bodily-impaired, and chronically ill migrants, and must be attended to in any attempt to understand or ameliorate their situations. The erasure of this intersection is not only negligent but has the potential to further the harm of disabled people internationally as civil society organizations uncritically employ exogenous frameworks in crafting interventions, constituting a form academic and humanitarian colonialism. Rather than being a ‘failure’ of the current system, I believe that the position of the disabled migrants with whom I spoke is in fact the intended result of a racialized capitalist system that both creates violence and instability, particularly but not exclusively in (post)colonized states, and then criminalizes and injures those who seek respite from those conditions. In other words, disability in the context of migration is far from the exception, but rather what should be understood as an expected result of the violence related to the cause and experience of migration.

In a recent conversation with a friend who works at FOO, they remarked to me that to survive as a migrant in Morocco is complicated, but to be a migrant and have bodily problems was “the worst”. Shaking their head, my friend expressed an understanding of the situation of disabled migrants that I believe to be relatively common: that their situation is so unimaginably difficult that it is practically impossible to resolve or improve. While this perception comes from a place of empathy, I believe it can also homogenize and discourage critical engagement with the realities faced by people navigating these positions. I hope that this paper will encourage not despair but rather a renewed focus on changing or abolishing the structures of violence that contribute to the intertwined production of disability and forced migration.

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Appendix A. Consent Materials (English)

My name is Frances Condon. I am an undergraduate student with the School for International Training “Migration and Transnational Identity” Program. I would like to invite you to participate in a study I am conducting as part of this program.

Your participation is voluntary and confidential. You may choose not to participate or to end your participation at any time without consequence. Please read the information below and ask any questions you may have before deciding whether to participate. If you decide to participate, I will ask that you either sign this form or provide oral consent.

PURPOSE OF THE STUDY

The purpose of this study is to better understand the experiences and perspectives of migrants with disabilities or bodily impairments currently living in Morocco.

STUDY PROCEDURES

Your participation will consist of a private interview with myself and (if necessary) a translator. It will require approximately 1 to 1.5 hours of your time. The interview can take place wherever you feel most comfortable. If you consent, I will record the interview for note-taking purposes, but you may also choose not to be recorded.

POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable risks to participating in this study and no penalties should you choose not to participate. During the interview you have the right not to answer any questions or to discontinue participation at any time and for any reason.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are no anticipated benefits from participating in this study. However, the information collected will hopefully contribute to increased awareness of issues faced by disabled/impaired migrants and the development of necessary resources to serve this community.

CONFIDENTIALITY

Any private information obtained in connection with this study will remain confidential. Notes will be stored off-line on a password-protected hard-drive or flash-drive. I will be the only person able to access them, except for a translator if necessary. If collected, audio recordings will be erased as soon as notetaking is completed. No identifying information will be associated with individual interview data in notes or presentation. When the results of the research are published, no identifying information will be used. Results will be presented in aggregate whenever possible. If necessary, pseudonyms and detail change/omission will be used to protect participants’ identities.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

“I have read the above and I understand its contents and I agree to participate in the study. I acknowledge that I am 18 years of age or older.”

Participant’s signature _____ *Date* _____

Researcher’s signature _____ *Date* _____

Consent to Quote from Interview

I may wish to quote from the interview either in the presentations or articles resulting from this work. A pseudonym will be used to protect your identity or quotations will be presented anonymously. No identifying information will be shared in these quotations.

Initial one of the following to indicate your choice:

_____ (initial) I agree to being quoted.

_____ (initial) I do not agree to being quoted.

Consent to Audio-Record Interview

To make sure everything you share is noted, I may wish to audio-record our interview. This recording will only be used for data-collection and/or translation purposes and will never be played publicly.

Initial one of the following to indicate your choice:

_____ (initial) I agree to have my interview be audio-recorded.

_____ (initial) I do not agree to have my interview be audio-recorded.

Consent to Potential Future Use

I (the researcher) may wish to use data collected for this project for my undergraduate thesis. This project would be completed in the Spring of 2021 and abide by the same standards of use outlined here.

Initial one of the following to indicate your choice:

_____ (initial) I agree to the possibility of my interview being used for the described future project.

_____ (initial) I do not agree to the possibility of my interview being used for the described future project.

RESEARCHER'S CONTACT INFORMATION

If you have any questions or want to get more information about this study, please contact me at fcondon@haverford.edu or my advisor at Ettibari.Bouasla@sit.edu

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

To uphold the ethical standards of all SIT proposals, this study has been reviewed and approved by an SIT Study Abroad Local Review Board or SIT Institutional Review Board. If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the researcher please contact the Institutional Review Board at:

School for International Training
 Institutional Review Board
 1 Kipling Road, PO Box 676
 Brattleboro, VT 05302-0676 USA
irb@sit.edu
 802-258-3132

Appendix B. Interview Guide (English and French)

How old are you?
Quel âge avez-vous ?

Where are you from ?
D'où êtes-vous ?

Could you speak a little bit about your life when you lived there?
Pourriez-vous parler un peu de votre vie quand vous y viviez ?

How did you come to Morocco?
Comment êtes-vous arrivé au Maroc ?

What happened after you arrived?
Après votre arrivée, qu'est-il arrivé ?

How did you find F.O.O?
Comment avez-vous trouvé F.O.O. ?

Have you been to other organizations?
Avez-vous visité des autres organisations ?

Do you think you are disabled?
Pensez-vous que vous êtes handicapé(e) ?

Could you speak a little bit about your condition?
Pourriez-vous parler un peu de votre condition ?

What does the word "disabled" mean to you?
Qu'est-ce que le mot « handicapé » vous signifie ?

Do you have work right now?
Maintenant, avez-vous du travail ?

Do you have a family?
Avez-vous une famille ?