



## **Promoting the Health and Human Rights of Individuals with a Disability through the Paralympic Movement**

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## I. PROMOTING HEALTH AS A HUMAN RIGHT

### The International Paralympic Committee, The United Nations, And Other International Organizations

The International Paralympic Committee (IPC) is the international governing body of sports for athletes with a disability. The IPC supervises and coordinates the organization of the Paralympic Summer and Winter Games and other multi-disability competitions on elite sport level, of which the most important are world and regional championships for the 13 IPC sports (for which the IPC functions as the International Federation). The IPC also develops sporting opportunities around the world for athletes of all levels; from grassroots to elite. In March of 2003 it approved a new vision statement: "To enable Paralympic athletes to achieve sporting excellence and inspire and excite the world." In short, the IPC aims to create worldwide opportunities for athlete empowerment through self-determination. (Vision and Mission 2004) In addition to this expected mission, the IPC has recently increased its focus on development and continues to advocate for disability rights globally. (International Paralympic Committee 2003)

It is now widely accepted that participation in sports, as a means of providing consistent physical activity and training, can lead to improved physical and mental health for participants. Paralympic sport, by providing the opportunity for individuals with a disability\* to become developmental or elite athletes, has the potential to fulfil this role for an often-underserved stratum of society. Everyone has the right to be healthy and to access basic opportunities to participate in physical fitness and exercise. Regardless of race, ethnicity, gender, religious preference, sexual orientation *or disability*, health is a human right. The Paralympic Movement has the ability to easily and proactively promote this agenda.

*"The Paralympic Games are a powerful demonstration of the vitality and achievements of disabled persons world-wide..." -Kofi Annan, United Nations Secretary General (letter dated 7 September 2004)*

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\* It should be noted that, throughout this paper, the phrase "with a disability" is used to describe individuals, athletes, groups of a national citizenry, and others who have unique physical attributes which traditionally place them within the minority group served by the Paralympic Movement. Realizing that this term often implies that one is at a physical or social deficit, neither the author nor the International Paralympic Committee wish for this implication to be associated with the term. We ask the audience to realize that the international norm of today is to use the phrase "with a disability" in a free and non-condescending manner.



## 1. SETTING INTERNATIONAL NORMS AND DEFINING HEALTH AS A HUMAN RIGHT

How exactly does one define health, and can it be considered an issue of human rights? Within modern concepts of health and medicine, the presence of a pathological disease state as an indicator of illness is being replaced by a more broad definition that defines health as a state of physical and mental harmony with one's surroundings. In the anthology *Health, Disease and Illness*, bioethicists Mordacci and Sobel argue that descriptions of health based solely on physiological measurements ignore the concept of health as a value. (Caplan 104) The World Health Organization, in its Constitution of 1948, defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (World Health Organization 1948) Although these concepts can prove frustrating to many scholars and medical professionals wanting to define a blank and white separation between "well" and "ill," it reminds us that the presence of diagnosable disease is not a definite or limiting qualifier to determine if someone has achieved a high level of personal health. Within this paradigm, it can be argued that the right to live a healthy life is, in fact, a human right.

Although this paper focuses on the advancement of health and human rights that are being promoted by the IPC, it is significant that many other international organizations have taken on the cause of promoting the right to health. Beginning in 1948, the United Nations, in its Universal Declaration of Human Rights, asserted that all human beings are born free and equal in dignity and that all persons have the right to "a standard of living adequate for the health and well-being of himself and of his family." In the same year, the World Health Organization declared, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being." In general, within the last 15 years, the global discourse connecting health to issues of human rights has gained astounding momentum. Some examples of this include:

- Other international instruments published by the United Nations have included references to health as a human right to various extents, most notably the UN International Covenant on Economic, Social, and Cultural Rights, the UN Convention on the Elimination of All Forms of Discrimination Against Women, and the UN Convention on the Rights of the Child.
- The UN High Commissioner on Human Rights has appointed special rapporteurs responsible for reporting on three health concerns: HIV/AIDS, violence against women, and a general liaison for all health and human rights issues.
- Several Nation States (Brazil, Thailand, and South Africa) have included provisions in their constitutions that promote and protect the right to health. (Inoue 2003)



## **2. THE HEALTH DISPARITIES THAT STILL EXIST: DISABILITY AS AN UNDERSERVED MINORITY GROUP**

Although it has been over fifty years since this discourse emerged, we know that many subpopulations and minority groups in all parts of the world are still denied access to basic health and medical care. Health indicators such as healthy life expectancy remain staggeringly disparate between developed and developing nations. While individuals in Afghanistan are expected to live in good health for 35.5 years, their peers in Japan have an average healthy lifespan of 75 years. Adults in the United Kingdom and the United States can expect to live in good health for approximately 70 years. (World Health Organization 2004a)

For individuals with a disability, these disparities are even more profound. This community, far more than any other minority group, still faces barriers to attaining standard health care and maintaining the health status needed to live an acceptable quality of life. This remains true in both the developed and developing world. For example, in the United States, where health care for people with a disability is quite advanced and is typically offered with ideals of non-discrimination in place, the numbers are surprising. For 20-year-old individuals sustaining a spinal cord injury resulting in paraplegia, total life expectancy is 12 years less than their peers without a spinal cord injury. (National Spinal Cord Injury Statistical Centre 2004) One study done in England showed that for children with cerebral palsy who displayed severe mobility impairments, life expectancy was only 17-20 years. (Hutton 431) Another study showing similar results, but performed in California, stated that if some functional mobility was present, life expectancy doubled. (Eyman 584)

Decreased access to care, lack of practitioner knowledge and expertise, and insufficient information on how to manage a disability are cited as some of the aggravating factors of this trend. (Litvak 13)

- ◆ One study still in progress has found that pediatricians in the United States gather less information from adolescents with a disability regarding smoking, alcohol/drug use, and sexual activity. (Krahn 17) Women with lower level extremity mobility difficulties had lower rates of Pap smears, mammograms, and smoking queries. (Lezzoni 2001) In addition, within the United States Medicaid and Medicare systems, requirements of “medical necessity” often impede the funding of supports such as assistive technology that are essential to preventing secondary conditions and maintaining an independent lifestyle. (Litvak 11)



- ◆ Within the European Union, 61% of individuals with a severe disability and 35% of individuals with a moderate disability report themselves as being “inactive,” versus only 22% of individuals without a disability. In addition, only 7% of individuals with a severe disability report their health as being “very good,” vs. 81% of persons without a disability. (European Commission 2001)
- ◆ In less developed nations, the proportion of disability caused by communicable, maternal, and perinatal diseases and injuries remains higher than in developed countries. Immunization programs to prevent disability due to poliomyelitis and measles have been effective, as have strategies aimed at preventing and onchocerciasis (river blindness) and trachoma, however, disabilities due to these diseases linger and are joined now by the threat of HIV/AIDS. Finally, physical and mental disability due to conflict remain prevalent. (World Bank 2001)



### **3. A NEW U.N. CONVENTION BRINGS INCREASED FOCUS TO DISABILITY, HEALTH, AND SPORT**

Only a concerted global effort has the power to improve upon these conditions and create changes in population-based statistics such as life expectancy. To improve health, innovative tools need to be utilized that will empower the individual with a disability to seek out healthcare and take a personal interest in his/her own well-being. Simultaneous societal change that creates a supportive infrastructure and allows for basic health-improving opportunities is also needed. When considering this need from both angles, one can argue that physical activity and sport can be the lever to create this change. In particular, the Paralympic Movement has both the practical programming capability and, in addition, the global reach that is needed to create change on a larger scale.

Taking a step back, it can be seen that the global focus on physical activity and sport as a means of achieving better health has grown in the discourse surrounding disability, health and human rights. Among the many documents that outline the right to health and/or the rights of persons with a disability, two major international declarations have dealt specifically with disability and sport.

- In 1976, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) stated in its International Charter of Physical Education and Sport that every person is entitled to participate in sport, including especially women, young people, the elderly and those with a disability. (DePauw 1995)
- In 1993, within the U.N. Standard Rules on the Equalization of Persons with Disabilities, Rule 11 was developed to encourage sports organizations to develop opportunities for individuals with a disability to participate at a level equal in quantity and quality as the population of persons without a disability. (United Nations 1993)

In 2002, to bring increased attention to disability rights on a global scale, the United Nations General Assembly established an Ad-Hoc Committee that is currently drafting the International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. More comprehensive in nature, this document will create a complete set of international norms that deal with all areas of disability rights, including those of specific interest to the Paralympic Movement. Included within the document are two draft articles that deal directly with health and sport.

Draft Article 21 of this Convention specifically speaks to both the “Right to the Highest Attainable Standard of Health” and the “Right to Rehabilitation and Habilitation.” Bringing home the original messages of health and human rights that were laid out by the UN and WHO over 50 years ago, this document states, for example, that:



- All persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability
- State parties shall provide programs and services to prevent and protect against secondary disabilities, including amongst children and the elderly (Landmine Survivors Network 66)

In addition, Draft Article 24 outlines the right to “Participation in Sport, Recreation and Leisure.” Some specific aspects of the Article include that States must:

- Ensure respect for the participation of persons with disabilities in integrated sporting and recreational activities at all levels, including local, regional, national and international levels and, as appropriate, offer disability specific programming
- Ensure that persons with disabilities have access to sporting, recreational and leisure facilities (Landmine Survivors Network 77)

This international document is being developed under the premise that sport is a social institution, and that as much as sport impacts society, society also impacts sport. It is a realm of life that is intertwined within our social fabric, and therefore, cannot be denied as a basic right. Sport impacts our worldview, and the opportunity to become an athlete effects the perceptions of an individual as much as it effects an individual's perception of himself. “As a social institution and microcosm of society, sport cannot remain unaffected by political, social, and cultural changes.” (DePauw 1995)

By integrating the two international ideals of the right to health and sport for development, the Paralympic Movement can gracefully and efficiently move this agenda forward. It has the ability to put tangible goals and outcomes onto a human rights concept that is often seen as out of reach. By simply providing sports equipment, coaching, and logistical support, we can give all individuals with a disability the right to be an athlete. This, in turn, will foster the large-scale creation of healthy individuals with a disability.

*“The Paralympics are one of the world's most prominent events where people with disabilities show their tremendous talent and energy. We take this opportunity to admire the skill and determination of these athletes, but at the same time we must reflect upon the fact that globally, too many people with disabilities do not enjoy even the most basic human right.” -Dr. Etienne Krug, Director of the WHO Department of Injuries and Violence Prevention, International Paralympic Symposium on Disability Rights (September 2004)*



## II. THE CASE OF PARALYMPIC SPORT

### How Participation in Sport Improves Physical and Mental Health Outcome

#### 1. PHYSICAL ACTIVITY AND ORGANIZED SPORT IMPROVE THE HEALTH OF POPULATIONS

The World Health Organization estimates that chronic, non-communicable conditions account for almost 60% of all deaths and 43% of the global disease burden. Research and medical evidence has shown, without question, that physical activity is an incredibly cost effective and sustainable way to maintain a healthy lifestyle and tackle this rise in non-communicable diseases. However, at least 60% of the global population fails to achieve the minimum recommendations for daily physical activity. (World Health Organization 2004b)

- In studies focused on the concept of “compression of morbidity,” that is, delaying the onset of debilitating conditions that often occur with aging, it was shown that, within developed nations, those who exercise vigorously in addition to having low behavioural health risks delayed the onset of disability by as much as 7.75 years. (Fries 193)
- In the United States, the Behavioural Risk Factor Surveillance System (BRFSS) conducts surveys to assess national behavioural health practices. In the 2001 report, which compiled results based on a survey of 175,850 adults, it was found that the proportion of adults reporting 14 or more unhealthy days per year was significantly lower for those who attained recommended levels of physical activity. These results were true even among adults with a chronic health problem such as arthritis. (Brown 2003)
- Several studies have shown that lack of physical activity is actually more significant than several other risk factors in predicting the onset of Type II diabetes mellitus, cardiovascular disease, and other chronic non-communicable diseases. For example, one study showed that low cardiorespiratory fitness was associated with increased risk for impaired fasting glucose and Type II diabetes, (Wei 1999) while another proved that a measure of oxygen uptake by muscles (a commonly-used indicator of aerobic fitness) can be used as a powerful predictor of future fatal cardiac events. (Laukkanen 2004)
- The New England Journal of Medicine reported in that, for older men, the distance walked per day was inversely related to mortality (Hakim 1998)

Although it is proven that physical activity has powerful health impacts, the benefits of participating in organized sport versus simply being “active” have also been shown to have unique impacts beyond that of physical conditioning. Organized sport may foster positive socializing influences such as interactions with teachers and coaches, and the requirements of team membership may



establish constructive incentives for both youth and adults. In addition, the necessary time commitment of organized sport may divert people, especially youth, from negative influences. (Jones-Palm & Palm 2004)

In developed nations, it is clear that both youth and adults can benefit from participating in organized sport within peer groups that provide positive social stimulus in addition to physical activity.

- In Australia, it was shown that male and female teenaged athletes involved in organized sport are less likely to use drugs, including marijuana, cocaine, crack cocaine, heroin, and hallucinogens. In addition, a number of crime prevention strategies worldwide involve physical activity and sports as deterrents to crime. (Jones-Palm & Palm 2004)
- According to the U.S. Department of Health and Human Services, youth involved in organized sports are more likely to report eating fruits and vegetables the previous day and less likely to be overweight. In addition, organized sports have been associated with less antisocial behaviour, such as carrying a weapon, or contemplating suicide. (Jones-Palm & Palm 2004)

Although the major behavioural health risks in less developed nations may vary from those in the more developed nations, it should be noted that positive social opportunities such as sport promote the intellectual and social development of an individual regardless of geographical location. This has been illustrated by Right to Play, an international non-profit organization that utilizes Olympic and Paralympic athletes to provide organized sporting opportunities to children in developing nations. They have reported the following findings:

- Participating children are more responsive at school and in home.
- Children more confident and cooperative, and in addition, say they are happier.
- In areas where community-wide sport programs have been implemented, there is increased community cooperation across ethnic barriers. (Right to Play 2004)



## **2. WHY INDIVIDUALS WITH A DISABILITY OFTEN FACE LARGER BARRIERS TO ACHIEVING GOOD HEALTH**

For individuals with a disability, the physical and societal barriers to participating in physical activity and sport are often more difficult to overcome. One recent survey showed that 56% of people with a disability reported participating in no daily exercise, vs. 36% of people without a disability. (Rimmer 2004) As was shown in section II.1, this lack of physical activity can lead to greater risk of chronic health problems. It is also for these reasons that, when an individual is born with or acquires a disability, facts show that he/she is often at an increased risk for secondary health conditions such as obesity, hypertension, pressure sores, and depression. (Rimmer 1999) "Having spina bifida and becoming obese is clearly a greater threat to a person's health than just having one of these conditions. A person's health could be made much worse or much better-regardless of the disability-by certain alterations in lifestyle." (Rimmer 1997)

Although we know that individuals with disabilities need to be more active, currently very few statistics exist that outline direct numbers or impacts of sport for individuals with a disability. In and of itself, this serves as an additional barrier to the participation of individuals with a disability in physical exercise and sport. Lack of research often reflects lack of priority, and within health care, rehabilitation, and social sports realms, many professionals have failed to emphasize exercise as a priority for their clients with a disability. Several papers have outlined the need for increased focus and research in this area. (Rimmer 1996)

Within studies that have shown conclusive data, discrimination and lack of access in several key areas are implicated in discouraging individuals with a disability from participating in physical activity and sport. In more developed areas of the world, traditional schemes such as employee-wellness programmes, exercise support groups, and health clubs are often rendered ineffective for individuals with a disability due to overarching social problems such as unemployment, isolation, and the low socioeconomic levels. (Albrecht 1992) A number of studies show that specific barriers include:

- Inaccessibility of sport facilities and equipment (i.e. front entrances of buildings, shower and bathroom areas, adaptive exercise equipment) (Rimmer 2004) (Tregaskis 2003)
- Cost of participating in sport activities (Rimmer 2004)
- Lack of adequate and knowledgeable coaching (Sherrill & Williams, 1996)
- Negative attitudes and behaviour of persons without disabilities who may work in sport facilities or instruct physical education (Rimmer 2004) (Leiberman 2002) (Grimes & French 1987)



In the United States, a report done by the Center for Disease Control's School Health Policies and Programs Study showed that, as of 2000, between 60-65% of elementary, middle, and high school students with a permanent physical disability were allowed to be "exempt" from physical education requirements. (U.S. Department of Health and Human Services 2000) Rather than create programs that serve these students with unique needs, many educational and social systems throughout seemingly advanced societies still operate under the assumption that physical education and sport is a low priority for youth with a disability.

**For individuals with a disability living in less developed nations, these barriers to participation in physical activity and sport may become even more problematic. Although similar areas are identified as being challenging, potential athletes must also deal with a substantial negative societal stigma that equates disability with inactivity. In many cases coaches and trainers are non-existent, and the cost of quality equipment such as prosthetics or sports wheelchairs is unreasonable. (Crawford 2003) Although simple types of wheelchairs, prosthesis, and sports equipment can be often made available, they are rarely adequate to allow an athlete to reach a competitive level in international competition. (DePauw 1995)**

Within the scope of this paper, it should be seen that these inequities are exceptionally problematic for the future of the Paralympic Movement. For this reason, global equity to Paralympic programs and equipment has been made a priority within the strategic plan of Paralympic development. (International Paralympic Committee 2003)

*"We don't have a sufficient amount of facilities, keep in mind that what we are using is for the able bodied. There is no single facility [that can be used] by people with a disability all the time. We have to come to the able-bodied and request from athletes to give us a few hours so that we can train in their facilities." -Marcus, table tennis coach, Kenya*

*"We are put aside. We are always taken as a second choice...People think your disability is all the way up to your brain...what we need is an opportunity to prove that we can do something." -Matthew, wheelchair basketball, Kenya*



### 3. A NEW WAY OF SEEING DISABILITY

All too often, health and wellness practitioners, in addition to the general public, are focused only on an individual's primary disability-causing condition and fail to recommend preventative health practices or health maintenance activities to decrease the risk for chronic secondary conditions. This is a consequence of the outdated concept known as the "medical model" of disability. (Longmore 2003) Within this paradigm, health professionals and the society at large tend to overlook the individuals relationship to the social fabric and environment around them. The secondary health conditions that arise due to barriers in this environment are only treated in effect, while the underlying cause is left untreated.

Even within developed nations, healthcare systems are often under budgetary constraints and most financial and staffing resources are spent on diagnosing and treating disease. This leaves little or no funds and time for health promotion and wellness activities for individuals with a disability. When these services are offered for the general population, they are almost never geared toward patients who are already tagged as "sick" or "disabled." (Rimmer 1999)

We now know that this view is not only discriminatory, but also illogical. Within the modern disability rights movement, advocates have promoted a shift to what is called a "social model" of disability, which implies that disability is not with the impaired individual, but rather with the barriers that exist within this social and environmental landscape. (Longmore 2003) These barriers, as outlined in II.2, are often the cause of secondary conditions which decrease an individual's quality of life far more than the primary disability. When viewed in this way, it can be seen that "individuals cannot be labelled 'ill' or 'well,' but instead exist somewhere along a continuum between these two poles at any given time. Disharmony among an individual's biological, psychological, socio-cultural, spiritual, and developmental components reduces wellness." (Nosek 2004)

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- Someone who has sustained a spinal cord injury but practices good health habits by eating properly, exercising, getting regular medical checkups, preventing pressure sores, and maintaining reasonable body weight could be considered on the high end of the health continuum. Sport can provide all of these opportunities.
- This same individual who gets frequent pressure sores, has a poor diet, does no exercise, and is overweight would most likely be in poor health and at the low end of the continuum due to secondary disability. (Rimmer 1999)

For individuals with a disability, access to physical activity and sporting opportunities is one obvious way to live within the progressive social model of disability. Providing the opportunity to become an athlete not only promotes



physical health, it also develops a sense of self-efficacy and health awareness within the athlete, building his/her ability to make independent, health-conscious choices. In a free and non-discriminatory manner, and throughout all regions of the world, these changes have the power to drastically reduce the prevalence of secondary conditions within populations of individuals with a disability.



#### **4. THE POTENTIAL OF PARALYMPIC SPORT TO IMPROVE BOTH HEALTH AND HUMAN RIGHTS ON A GLOBAL SCALE**

Paralympic sport, by providing sport opportunities for individuals with a disability, has infinite potential to promote this social model of disability and improve health throughout all regions of the world. In a recreational sense, athletes with a disability can find strength and companionship in sport, thus increasing the chances of compliance to a wellness plan that includes physical activity as a form of preventative medicine. In a competitive sense, athletes with a disability can benefit from achieving superb physical fitness and, mentally, from gaining the identity of “athlete.” When care is taken in promoting the Paralympic Movement and providing both developmental and elite opportunities, health benefits can be attainable for all.

##### **Specific health benefits include:**

- Athletes can decrease the risk of obesity and all secondary health concerns associated with obesity. These include but are not limited to: diabetes, stroke, cancer, osteoarthritis, and respiratory distress. (Kumar 261) Currently, many studies have shown increased rates of obesity in individuals with a disability. For example, children with spinal cord injury have been shown to have an increased risk of obesity due to the decreasing resting metabolic rates and muscle mass that often result from living a sedentary lifestyle (Liusuwan 2004).
- Athletes can improve cardiovascular fitness thereby decreasing the risk of heart disease and atherosclerosis, currently the number one cause of death in most regions of the world *and* now the leading cause of death in persons with spinal cord injury. (Rimmer 1997) Among many others, one study has definitively shown that regular physical activity of athletes who use a wheelchair can increase cardiac stroke volume. (Shepherd 1990)
- Athletes can be more aware of their health and therefore more likely to participate in health maintenance and preventative health practices. This includes paying attention to personal hygiene, nutrition, and making positive behavioural health decisions such as avoiding smoking and excessive alcohol consumption (Rimmer 1999).
- Athletes, specifically those who acquire injury later in life, can regain the greatest amount of functional mobility that is possible for their type of impairment. Muscle strength, dexterity, and co-ordination can be maintained at a pre-injury level or will improve concurrently with athletic training. For example, research has shown that a sedentary lifestyle and low fitness make movement with a wheelchair much more difficult. (Pate 1995) Another study showed that for an experimental group of subjects with spinal cord injury, an aerobic and strength training program undertaken for 9 months improved not only maximal power



output and strength, but also showed positive improvements in stress, pain, and depression (Hicks 2003).

- For those born with a disability or who acquire one at a young age, early participation in sport will lead to more function later in life as athletes learn to adapt to their disability and turn it into unique ability. Specifically, younger athletes will build strength, co-ordination, and expertise in wheelchair/prosthetic use that can improve their success both on and off the playing field (Fries 1998). In addition, young athletes can learn valuable life skills such as goal-setting (DePauw 1995) and how to deal with both success and failure.
- Participation in sport can prevent and delay age-related changes in strength, flexibility, bone density, and motor control (EX: weight lifting to maintain bone density, swimming to maintain core muscular strength). This is increasingly important because individuals with long-term disability are now, in many nations, reaching life expectancies closer to those of their able-bodied peers.
- Athletes can gain confidence, self-esteem, and identity through participation in sport. This will result in a more positive self-image and lead to a decreased risk of depression and other mental health illnesses. Studies have shown that physical inactivity is a leading factor in the deteriorating physical and psychological health of individuals with a physical disability (Coyle 1995 & Santiago 1993). In addition, it has been shown that for individuals with an acquired mobility disability, members of an “active” experimental group evaluated their physical appearance and health more highly than in comparison to a “non-active” group with similar disabilities, and were also more concerned with their fitness (Yuen 2002). Specifically, two studies, both studying male collegiate wheelchair basketball players, have shown that athletes scored significantly better than non-athletes on the mood state of depression (Paulsen 1990) and that athletes felt their participation in sport decreased the disability-related stigma placed on them by society as a whole (Taub 1999).



### **III. DISABILITY-SPECIFIC HEALTH BENEFITS**

#### **Introduction to the Major Disability Groups Involved in Paralympic Sport**

##### **1. INTRODUCTION TO PARALYMPIC CLASSIFICATION**

Traditionally, athletes are categorized into several different groups by disability and functional classification within the Paralympic Movement. Some of the types of disabilities represented include athletes with amputation and/or other limb impairment, cerebral palsy, visual impairment, wheelchair users, and intellectual disabilities. These groupings, called sport classes, have been developed for the following purposes:

- 1) To create fair competition,
- 2) To provide consistent organizational standards and
- 3) To simplify the development of specific sporting competitions that cater to each disability group.

Individuals with most types of physical disabilities, however, can become athletes and have the opportunity to take part in IPC sanctioned competitions. For example, individuals with stroke-related injuries and those with a disability due to traumatic brain injury are often classified to compete with individuals with varied forms of cerebral palsy. Individuals with dwarfism, or little people, compete in equestrian, swimming, and athletics events. A specific classification system, outlined and regulated by each sport in the Paralympic Movement, is structured to assess each athlete's function relative to the specific sport and to place him/her within the appropriate sport class for competition. This system allows for truly fair play and allows spectators to see who truly is "the best of the best" within each category.

The participation of individuals with an intellectual disability in the Paralympic Games and other IPC sanctioned competitions has been a point of debate because the methods and qualifications that place athletes within this category are often difficult to define. However, because individuals with a mild intellectual disability are often able to participate in elite competition for athletes without a disability, it has been deemed that the Paralympic Games Guiding Principle of "Elite" remains in tact for the inclusion of athletes with an intellectual disability given a suitable eligibility system is in place.



### Paralympic Sport Opportunities Categorized by Major Disability Groups

	Spinal Injury	Cerebral Palsy	Amputee or Limb Impairment	Little People	Visually Impaired	Intellectual Disability
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#### SUMMER SPORTS

Archery	x	x	x			
Athletics-Track	x	x	x		x	x
Athletics-Field	x	x	x	x	x	x
Basketball						x
Boccia		x				
Bowls	x	x	x			
Cycling	x	x	x		x	
Equestrian	x	x	x	x	x	
Football (5/7-a-Side)		x			x	
Goalball					x	
Judo					x	
Powerlifting	x	x	x			
Sailing	x	x	x		x	
Shooting	x	x	x			
Swimming	x	x	x	x	x	x
Table Tennis	x	x	x			x
Volleyball (Sitting)	X		X			
Wheelchair Basketball	x	x	x			
Wheelchair Fencing	x	x	x			
Wheelchair Rugby	x	x	x			
Wheelchair Tennis	x	x	x			
Wheelchair Dance	x	x	x			

	Spinal Injury	Cerebral Palsy	Amputee or Limb Impairment	Little People	Visually Impaired	Intellectual Disability
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#### Winter Sports

Alpine Skiing	x	x	x		x	
Ice Sledge Hockey	x	x	x	x		
Ice Sledge Racing	x	x	x			
Nordic Skiing	x	x	x		x	x
Wheelchair Curling	x		x			

(From the website of the International Paralympic Committee  
[http://www.paralympic.org/release/Main\\_Sections\\_Menu/Sports/](http://www.paralympic.org/release/Main_Sections_Menu/Sports/))



## a. Spinal Injury

This group includes, but is not limited to, athletes with acquired spinal cord injuries and spina bifida, a congenital birth defect that impairs spinal cord function. Many of these athletes compete using a wheelchair or complete in a sitting position.

### Potential health benefits:

- Athletes, in comparison to people with a disability who are not involved in sport, can often obtain more custom-fit wheelchairs that decrease risk of pressure sores and other types of skin breakdown. In addition, increased movement and mobility increases circulation in limbs and in seated areas, thereby also decreasing risk of skin breakdown.
- Athletes using a wheelchair for many years may be at risk for repetitive motion injuries and joint problems, especially in the shoulder. Participation in sport can build stabilizing muscle strength and make the athlete more aware of preventative exercises that can be used to mitigate this risk.
- Athletes with upper level paraplegia and with tetraplegia may exhibit altered cardiovascular function and dysreflexia due to damage of the sympathetic nervous system. Participation in sport can help to condition the cardiovascular system and allow the athlete to understand how to better manage these changes.
- For athletes with mobility impairments, increased use of wheelchair allows for better adaptation and function in both sport and in everyday life (i.e. employment, education, caring for children, daily shopping, self-care, etc.)

### What it really means:

*"[After I was injured,] I met some other people in wheelchairs, no women, yet. I wanted to hang out with them, and find out how they were dealing with this new life. Any tricks, anything. That was my social interaction that I craved. They were doing a variety of adaptive sports, so I tagged along, wanting to be near them. What I found was I liked the feeling of accomplishment that the activity gave me. That feeling came very easily. Once I tried a 10k in my wheelchair I really like the feeling of being part of an event that included, AB's and disabled, seeking the same goal. To finish the event. That gave me a sense of inclusion. I was hooked, I was redefining my self, as someone with worth, that I could live with. Sport has the ability to change our (my) perception of what is possible, in a very simple way. The first time someone catches a ball, as a child, the sense of accomplishment skyrockets. From there it becomes easy to build all the other skills needed to live in our society. Setting goals, adaptation, evaluating goal, and changing them, learning how to play by*



*the rules, making choices, follow through on a project, team work, there are so many things, about life skills, that sport teaches us. And then of course the health and fitness aspect. A healthy body, creates a healthy mind, able to deal with stress in positive ways. Health makes us more creative, we have more energy, and desire to help others.” – Candace Cable, Wheelchair Racing and Nordic Skiing, United States*

## **b. Cerebral Palsy**

**Cerebral palsy is defined as a disorder of movement and posture due to damage to an area, or areas, of the brain that control and coordinate muscle tone, reflexes, posture and movement. ‘Cerebral’ means brain-centred; ‘palsy’ signifies a lack of muscle control. Athletes in this group have impaired coordination and muscle tone. This group includes those with cerebral palsy in addition to stroke, head injury, muscular dystrophy, multiple sclerosis, Friedrich’s Ataxia, and several others.**

### Potential health benefits:

- Increased coordination and training of reflexes can decrease some negative aspects of spasticity and allow for greater functionality and muscle control. For example, one study has shown that participating in equestrian sport for athletes with cerebral palsy helped lessen the spasticity of the adductor muscles in the legs. (DePauw 1986)
- Increased mobility can maintain range of motion and flexibility, thereby preventing contractures (when muscles become fixed in a rigid position) and preventing the weakening and deterioration of often-unused muscle groups.
- Because athletes within this group often must overcome speech impairments, it can be seen that increased access to peer social groups provided through sporting opportunities can act as an innovative, progressive form of speech therapy that will give athletes improved control of jaw and mouth musculature.

### What it really means:

*“As someone with cerebral palsy any physical activity is going to improve my quality of life by making easier to cope with day to day chores through being more physically capable. By becoming part of the Paralympics my self confidence and self esteem have greatly increased. To be named male team captain of the Australian Team in Athens was the pinnacle of my career, to be selected for a position of leadership means even more than my sporting achievements.” –Chris Scott, Cycling, Australia*



### c. Amputation and Other Limb Impairments

Athletes in this group have at least one major joint or part of a limb missing (i.e. elbow, wrist, knee, ankle). Depending on the site of amputation and on the sport requirements, these athletes may compete in standing sport with or without prosthetic limbs (e.g. athletics, swimming), or as wheelchair users (e.g. Wheelchair Basketball, Wheelchair Tennis).

#### Potential sport-specific health benefits:

- Athletes using prosthetics, in comparison to people with a disability who are not involved in sport, can often obtain more custom-fit devices that decrease risk of blistering and other types of skin-related injury. In addition, increased movement and mobility increases circulation in effected limbs, thereby also decreasing risk of skin-related injury.
- Athletes, in comparison to people with a disability who are not involved in sport, can often more custom-fit wheelchairs that decrease risk of pressure sores and other types of skin breakdown. In addition, increased movement and mobility increases circulation in limbs and in seated areas, thereby also decreasing risk of skin breakdown.
- Increased use of prosthetics and/or wheelchair allow for better adaptation and function in both sport and in everyday life (i.e. employment, education, caring for children, daily shopping, self-care, etc.)

#### What it really means:

*“Deep in thought, I spotted, sitting alone on her own in a corner of the room, a young girl with a sad look in her eyes. I had noticed her earlier...she remained hidden behind a post, peeking at the handicapped youngsters playing sports.*

*I approached her and found out why she was so sad. She used to like playing and laughing until she was ten years old, when she lost a leg when a landmine exploded. Since then, over the last eight years, she had stopped socializing. Despite my persistent questions about whether she ran, skipped, took part in games with other youngsters, and so on, she just repeated the same laconic and mechanical answer. ‘I always stay sitting.’*

*I thought about how her playful childhood games were followed by almost eight years of near inactivity, coinciding with a crucial period of post-puberty development and adolescence – her preparation for adult life...*

*Meanwhile it was the turn of the District Director of Youth and Sport to talk in the Closing Ceremony, and it immediately occurred to me to ask him a*



*question: Mr. Suca, tell us how to transform a smile into a political act and how politics can be put into practical social action, that allows the smile to be maintained?*

*In response Mr. Suca guaranteed his commitment towards providing political backing to the coaches, who would use sport as a tool to make Amelia smile. My colleagues undertook to do everything in their power to allow Amelia to skip again, restore joy to her life by helping her learn to smile through sport.”-Jose Vilela de Carvalho, Rehabilitation Project of Disability Sport, Luanda Angola (November 2004)*

#### **d. Visual Impairment/Blindness**

This group includes athletes with any condition that impairs their vision. This incorporates a wide range of visual impairments from correctable conditions through complete blindness. Athletes are assigned a sport class according to their amount of useful vision. Visual acuity refers to distance vision. Field of vision refers to the area a person can see without moving the eyes or head.

##### Potential health benefits:

- **For children with visual impairment, capability of high motor coordination later in life has been shown to depend on extent of motor exercises in early years of life. Specific stimulation of fundamental types of movement and coordinating capabilities, as can be achieved through participation in sport, are useful in childhood. (Bolsinger)**
- In adulthood, integration of motor abilities and sensory systems can be greatly stimulated through sport. This has the potential to greatly improve proprioception and alternative sensory acuity (i.e. hearing and touch), which in turn promote everyday life skills and function.



#### e. Intellectual Disability

To be eligible to compete in IPC Sanctioned Events, athletes in this group must meet distinct criteria for intellectual disability as defined by the World Health Organization. There must be substantial limitation in the function of everyday life skills, including communication, self-care, home living, social skills, community use, self-direction, health and safety, leisure and work, and functional academics. Also, there must be below average intellectual function. The American Association of Mental Retardation defines this as an IQ of 70-75 or below on a standardized measure of intelligence (IQ of 100 is the score for an average person). The World Health Organization has also outlined that minimum qualification should not be determined solely by IQ, but also by functional assessment. (World Health Organization 2004c)

#### Potential health benefits:

- **Performing structured tasks and learning the routines of a sport can assist the athlete in developing focus and functionality in everyday life.**
- Interacting as part of a peer group can assist the athlete in developing positive social skills and the ability to interact with both their peers and others in society at large.
- Because athletes in this category will compete using rules and terms of play that directly shadow able-bodied sport, all traditional health benefits listed in section II.3 apply very directly and are particularly beneficial to these athletes who, because of intellectual disability, will commonly face discrimination and exclusion from able-bodied sport.

#### What it really means:

*"I get to places and meet a lot of folks. I like it because it keeps me fit, gets me out, and gives me confidence. I like the 100 [meters] and 200 [meters], and I've been to Sweden, Hungary, Tunisia, France, and Poland representing Scotland and Great Britain." -Laura Kinder, Athletics, Great Britain*



#### IV. THE ECONOMIC AND SOCIAL RATIONALE FOR PARALYMPIC PROGRAMS

##### Improving the Health of Entire Populations and Investing in Human Capital

###### 1. HOW SPORT FOR DEVELOPMENT CONCEPTS RELATE TO DISABILITY

*"Sports for us is very important [because] you see it has helped me to perform my daily activities very easily. I used to be very nervous to do anything, but since I'm playing [tennis], I am doing everything without nervousness. It has helped me for mobility in spite of no mobility infrastructure in Nepal." -Deepak K.C., Wheelchair Tennis, Nepal*

*"Participating in sports not only benefited me in terms of my physical health, but it helped me develop life skills that enabled me to embark on the path to becoming a successful attorney, author and public speaker." - Linda Mastandrea, Athlete in 1992 and 1996 Paralympic Games, United States*

If we see sport as a tool for economic development, then it is undeniable that healthy individuals with a disability will be able to use their improved health status, along with the life lessons learned through sport, to contribute to the economic and social growth of their nation. Indeed, it is well known that a nation is more economically successful and viable if it can use the strength of all of its citizens to contribute to production and innovation. For decades we have seen examples of different minority groups becoming healthy, educated, and contributing members of the societies where they were previously oppressed or ignored.

As the disability community is the largest minority group in the world, it is easy to see the enormous potential that people with a disability have to contribute to their nations while reciprocally gaining the respect and dignity they are entitled. For government representatives and those interested in sustainable development, the sheer number of citizens with a disability in most nations provides an instant rationale for finding ways to develop this sector of society. Approximately 10-15% of all human beings have a disability, representing 600 million people worldwide. (Sibilski 2000)

*"No country can afford to turn its back on ten percent of its population."  
-ILO/UNESCO/UNICEF/WHO Proclamation of December 3, 1997*

The Paralympic Movement has the power to add yet another dimension to this argument. Inherently, the Olympics and Paralympics bring with them the values of diplomacy, international cooperation, and non-discrimination. The Olympic Charter of 1999, in its listing of Fundamental Principles, explains the concept of Olympism as "a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the



joy found in effort, the educational value of good example and respect for universal fundamental ethical principles.” (Coubertin 528)

The Paralympic Movement, although partnered with the Olympic Movement and collaborating on many fronts, has the power to take these concepts one step further. Because of the notions of “deficits” that often surround physical disability, the Paralympic Movement can use the notions of motion, strength, and ability to take these ideals to an even higher level in achieving social impact for individuals with a disability. Indeed, Paralympic sport has the power to show results and progress where traditional strategies are ineffective due to discrimination and lingering social inequities.

In general terms, advocates for “sport for development” programming have identified several classic examples of the possible benefits of sport to the economic and social development of a nation. These, in addition to the general positive health impacts seen from participation in sport, add to the legitimacy of utilizing sport for sustainable development purposes. Some of them include:

- **DIPLOMACY:** Teaching athletes conflict resolution skills such as teamwork, fair play and communication. **In post-conflict areas, many citizens will have disabilities as a result of the violence of war. The Angolan government, for example, estimates that there are as many as 100,000 amputees in the country, and that one in every 415 Angolans has a mine-related injury. (Landmine Survivors Network 2004) Other countries largely effected by disability due to conflict include Afghanistan, Bosnia, Cambodia, Sierra Leone, and Rwanda. (World Bank 2001)**
- **EDUCATION:** Improving performance and increased attendance at school when sport and play opportunities are integrated into the curriculum. Children with disabilities are often segregated into special schools, **and inclusion through sport can teach youth and adults within the educational system that having a disability does not mean that one is unable to learn.**
- **ECONOMIC DEVELOPMENT:** Fostering economic growth through income-generating sporting events, sport manufacturing, and providing new employment and income opportunities for coaches and other staff. **It is estimated that 10-15% of the world population, or 600 million people, have a disability. In the European Union, a region considered to be quite industrialized and progressive in terms of social policy, still only 26% of individuals with a self-perceived “severe disability” earn an income, compared to 64% of the able-bodied population. 48% of these individuals report be living on disability benefits. (European Commission 2001) Globally, it is estimated that the annual loss of GDP due to**



having so many people with disabilities out of work is between US\$ 1.37 trillion and 1.94 trillion. (Metts 2000)

Sports can give these citizens the physical and mental skills they need to seek and maintain employment, which increases productivity and causes a ripple effect of decreasing social welfare costs. In addition, a healthier population reduces the nation-wide burden on a public healthcare system. In the United States, it was found that for every \$1 spent on physical activity, \$3.20 is saved in medical costs. (Pratt 2000)

- **COMMUNITY BUILDING:** Building a community forum brought together for a common cause, sport can allow for the further dissemination of knowledge (i.e. HIV/AIDS education, voting rights and promotion, etc.) while also developing a common identity and cause within a minority group. **Athletes with a disability can show their neighbours, through sport, that when you look past physical appearance we are really all the same. They can relate to one another and begin to define themselves as belonging to a disability community, which has the potential to spark widespread awareness of disability rights.**
- **EQUALITY:** Building opportunities for minority groups that often face discrimination, such as women and girls, ethnic minorities, and of course, **persons with a disability.**

*“Let us engage in the noble field of competitive sports striving for excellence, driven by sheer will, strength and ability. Let our athletes inspire us by their unique spirit to overcome all barriers; and let them teach us the true way towards acceptance and peace and may peace be the ultimate winner.” - Prince Raad Bin Zeid of Jordan, International Paralympic Committee Symposium on Sport and Human Rights*



## **2. PUTTING IT ALL TOGETHER: WHY THE PARALYMPICS HAS THE UNIQUE CAPACITY TO FOSTER RAPID AND EFFECTUAL CHANGE**

Throughout this paper, we have outlined the background information that will now allow us to make the connections and outline the unique case and rationale for Paralympic sport. As advocates for adaptive sport and disability rights, we are left to answer the question: the promotion of disability rights and sustainable development is needed, but why must this progress be made through the Paralympic Movement?

Paralympic sport has the unique ability to quickly and effectively impact the social and environmental framework that surrounds all individuals with a disability. In as much as physical activity and sport can improve the physical and mental health of the athlete, the surrounding social fabric must also respond and be willing to embrace the changes that are made possible through athlete empowerment. Indeed, *disability is a perceived state*. It is defined by the physical environment and social perceptions that surround an individual. How can the Paralympic Movement be the lever for change on all of these levels?

### **a) Social Perceptions**

Paralympic sport gives the public exciting images that instantaneously redefine disability. Outdated adjectives such as “impaired” and “handicapped,” are replaced with “strong” and “capable.” This direct impact is achieved through direct spectatorship of the Paralympic Games themselves as well as World and Regional-level events. The Paralympic Movement has the power to secure media opportunities and engage thousands in simultaneous viewership. Though this, disability is very quickly turned into ability in the eyes of entire societies. A perceived disability disappears as the social perceptions surrounding an individual become accepting, inclusive, and motivating.

- Over 300 million viewers watched the Sydney 2000 Paralympic Games.
- Although full figures have not yet been gathered, a report from 19 countries has already accounted for 1.8 billion contacts (meaning instances that the Games were seen, possibly including multiple contacts for one viewer) from the Athens 2004 Paralympic Games.

### **b) Environmental Change**

Paralympic sport can change the *physical environment*. The legacy of the Paralympic Games themselves promote accessible infrastructures through both direct action (accessible transportation, communications, housing, etc.) and legislative change. In areas outside of the direct reach of the Games, National and Regional Paralympic Committees create direct impact by ensuring



the creation of assessable training locations for their athletes, and advocating for accessibility in educational and employment opportunities.

- In Athens, a city where physical accessibility for citizens with a disability was nearly non-existent, the hosting of the Paralympic Games in 2004 brought about infrastructural change that will now leave a legacy of universal design and mobility for years to come. All Games venues, public areas, and major modes of transportation (busses, trains, airport) were required to be made accessible. This standard will hold true for all future Games at both the international and regional level, and in both the developed and less developed world.

### c) Individual Athlete Empowerment

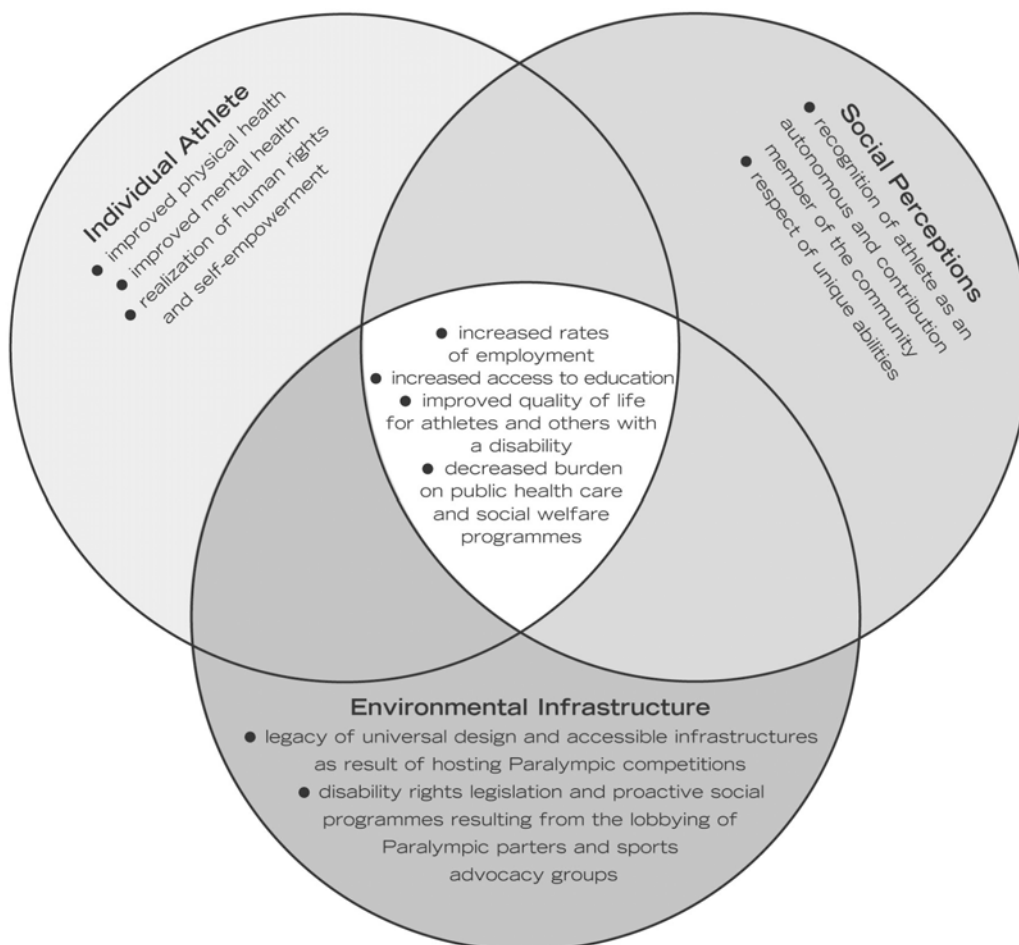
These broad-based impacts must occur in order to create opportunities and empowerment for the ultimate beneficiary of the Paralympic Movement: the athlete. For individuals with a disability, the opportunity to identify with this movement is a simple and quick way to gain an identity and take pride in being a healthy, active, and socially engaged. Getting involved in sport starts a positive cascade of events.

- Initial participation in sport leads to an individual attaining better health. He/she is obtaining the physical life skills needed to keep up with a fast-paced society. In addition, through finding and overcoming the challenges met when learning a sport, the athlete also learns mental life skills such as confidence and perseverance. These lessons may at first seem abstract, although they will quickly translate into other areas of life. An athlete with a spinal cord injury may learn to transfer in and out of cars and can go up and down curbs, or an athlete with a visual impairment can learn to navigate the streets that lead into town.
- As these skills are acquired, the athlete begins to see the potential for success in all areas of life. He/she is able to attend school and seek education. The athlete has gained the skills needed to become physically mobile and transfer out of the home and into the school environment. The mental attributes of confidence and determination have also been built through sport and allow the individual to take this first step. In many nations, the athlete will see the example that has been set by other successful individuals with a disability, and the success of their peers will become motivating rather than intimidating.

*“Wheelchair racing has improved me physically in my upper body strength and mentally it has really enriched my life because I now have the confidence to address large groups of people. Just recently I have been invited into a local school to do a morning assembly and spoke to 200 kids about how I train*

*myself and about my personal achievements. I could never have done that before. It has also improved my self esteem...” –Anne Olympia, Wheelchair Racing, Kenya*

Please see the following chart as a pictorial representation of this concept. The three larger rings represent our three primary areas of impact as have just been outlined: individual athlete, social perceptions, and environmental infrastructure. When these three areas of impact are simultaneously affected, as can be achieved through the Paralympic Movement, then the results present in the overlapping region can be achieved.



For example, as an athlete seeks education and becomes more comfortable navigating the surrounding physical and social environments, he/she is becoming increasingly employable and can begin to look for effective ways to enter the workforce. Often, an employer can find creative solutions to any accessibility barriers that may prohibit the athlete from working. A computer programmer does not need to have vision in order to do his/her job, nor does a



lawyer need the ability to walk. A reciprocally beneficial relationship emerges in which the athlete can find fulfilment and satisfaction by earning an income, while the employer can begin to utilize the talents of a huge minority group that is often overlooked as a potential labour resource.

As sport programme opportunities grow and more athletes with a disability follow this path, a nation-state can begin to see the full potential of their population of individuals with a disability. A new source of human capital is found, wherein individuals with a disability are earning income and not living on the social security or welfare systems of the nation. Costs associated with government-supplied health insurance decrease as secondary health problems begin to disappear.

In addition, the Paralympic Movement creates athlete advocates and fosters true understanding within governments and leadership organizations. People involved in sport understand that empowerment does not come through words alone, but needs positive infrastructural change. In the 1990's, for example, substantial progress was made when over 40 nations chose to enact disability rights legislation. However, only  $\frac{1}{4}$  of those laws are based the concept that society itself must change in order to integrate individuals with a disability. (Breslin 2002) The Paralympic Movement helps to foster proactive, true understanding within the leaders and politicians working to enact these large-scale changes.



### 3. BRINGING IT HOME: CURRENT PROGRAMMES AND STRATEGIES

Although concepts and words can be used to describe the impact of the Paralympic Movement, action is required to increase the number of athletes who benefit from Paralympic Programs. In many nations the potential for sports programs to lead to sustainable development is being discovered.

- Beginning in 1992, the government of Poland has implemented a “Quota-Levy-Incentive” System, which establishes employment quotas for companies regarding the hiring of individuals with a disability. Businesses that do not adhere to government regulations are fined and money is directed into the Polish State Fund for People with Disabilities. This Fund is then used to finance and direct proactive programmes that serve citizens with a disability and promote a progressive model of development. Under this program, 106 athletes and 44 support staff were funded to attend the ATHENS 2004 Paralympic Games and an extensive media broadcast was produced that allowed able-bodied Polish citizens to follow the success of their athletes. In addition, the number of employees with a disability within Poland has increased from 80,721 in 1992 to 174,000 in 1998. The unemployment rate for citizens with a disability is consistently equal to that of citizens without a disability. (Sibilski 2000)
- **The National Paralympic Committee in Pakistan partnered with The World Bank and other national corporations in their nation to create an annual art and music expose that will serve to raise funds for Paralympic programmes. The event raises awareness about the opportunities for athletes with a disability in Pakistan, while also professionally bringing business and public interests together to create sustainable support for the programme.**
- In Iran in 2003, nearly 3,000 persons with a disability, 1,500 of which were girls and women, were introduced to Paralympic sport through the planning and implementation of “Paralympic Day.” A nation-wide festival, this annual event brought potential athletes from around the country to Tehran, where they were able to try several Paralympic sports and learn about physical fitness, nutrition, and preventative health practices. Expenses were covered by the government of Iran, several municipalities, and private donors.
- In the United States, The Hartford Insurance Company has become a major donor to the U.S. Paralympic Team and has incorporated an athlete incentive programme into their sponsorship. Within this programme, athletes can make appearances for The Hartford and receive income in turn for promoting the company’s “Ability Philosophy.” Because The Hartford is a leading supplier of disability insurance to



large employers across the United States, this programme creates incentives for injured or chronically ill employees to return to work and become inspired by athletes with a disability.

Although the Paralympic Movement has made great strides to spread this message into less developed areas of the world, more programmes are needed to give persons with a disability the opportunities to determine their own course in life. Sport teaches values. Sport gives all people, regardless of physical ability, the opportunity to see the best within themselves. When one sees photos of Paralympic athletes competing for gold, regardless of sport or level of disability, it is easy to see the drive and passion in their eyes. Undoubtedly this passion will then translate into advocacy with educational and career endeavours. Sport, as you can see, promotes success in all areas of life.



## V. CONCLUSION

We must not forget that, at its root, the Paralympic Movement is all about sport. It is about creating athletic opportunities for athletes, and about creating the opportunities for individuals to become true athletes without having to attach the qualifier of “with a disability.” Paralympic sport is simply a subset of all sport, and a Paralympic athlete is simply another category of athlete. We do not expect female athletes to compete against men in competition, and as such, we have created the Paralympic Movement to give our subset of athletes the opportunity to compete on an even playing field with athletes from within the same category.

“Sport is a cultural activity which, practiced fairly and equitably, enriches society and friendships between individuals and nations. Sport is an activity which offers the individual the opportunity of self-knowledge, self-expression and fulfilment; personal achievement, skill acquisition and demonstration of ability; social interaction; enjoyment, good health and well-being. Sport promotes involvement, integration and responsibility in society and contributes to the development of community” – The Brighton Declaration on Women in Sport, 1994

The Paralympic Movement, therefore, promotes health. At a basic level, it provides for opportunities to achieve physical fitness. At a more implied level and within many arenas such as education, employment, and social integration, it provides for opportunities to achieve a higher level of mental health. Physical and mental health allow for an athlete to realize their human rights. The Paralympic Movement does this in an efficient manner, and in a way that impacts entire societies just as much as it impacts the athlete. This potential cannot be ignored, but rather must be promoted and leveraged within every corner of the world to bring equality to individuals with a “perceived” disability.



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