

3 Historical Perspective of the Disability Question in Egypt

3-1 Introduction

The history of services in Egypt has gone through two major stages (epochs) of development:

- the first goes back as far as the early dawn of civilization during the Pharaonic era, around 5000 BC (Brochington, 1966), into the Coptic era, then to the Islamic era. The final decline is estimated to be around the 16th century with the Ottoman invasion, whereby the dark ages of the Middle East commenced (Al-Sakandary et al, 1990).
- the second stage of development is the modern era which starts with the beginning of the 19th century.

The first is characterized by the development of numerous indigenous schools in the different areas of human services.

The second is characterized by importing the western schools and models. These models became superimposed on existing infrastructures. In many instances, they were born divorced from the social and cultural indigenous structures of the society, as well as from people's needs.

3-2 Development of institutions and networks of care in Ancient Egypt

Although little detail is written about the types of care in the ancient world, many historians have shown that Ancient Egypt witnessed the dawn of many schools of science. Its health system, for example, knew documentation, recording of observations, experimentation and practice. Recordings were done on papyrus and temple walls of which many can be seen today. The first 'Medical School' opened during the first dynasty, and many others followed, making Ancient Egypt one of the largest centers of health and healing in the ancient world (Brockington, 1966).

The custom of mummification seems to have helped both in the study of anatomy and in the preservation of the wealth of knowledge of the ancient world. Temple walls and papyruses show many pictures of different types of disabilities, such as: Potts disease and Poliomyelitis, in the population as well as different therapeutic procedures performed (Ghalyoungi, 1965).

Later on, these schools developed and prospered through their interaction with other different regional cultures. Alexandria, for example, from the Ptolemaic time through the Coptic and up to the Islamic era continued to play an important leading role in the Mediterranean Basin, particularly in the field of health and healing. Although hardly any information or studies exist about disability and attitudes towards it, some glimpses on history show that certain disabled people had leading and respected roles.

During the Coptic era, under the reign of Pope Athenasious 4 AD, a blind Monk by the name of Dedimous, who was blinded at the age of four, continued his studies in poetry, philosophy, mathematics and music. This man became a leading scholar to which many apprentices came to study under his guidance from Syria and Asia minor and the other parts of the ancient world. Later on, he became the head of the 'Alexandria School'. Dedimous was the first in history to develop a system to teach the blind by engraving on wood to enable them to read through touch. This took place in the 15th century before the Braille was developed (El-Masry, 1978).

During the Islamic era, particularly from 8th to 15th century, Egypt continued to be an important scholastic center through which civilizations were transported to the European shores in the Mediterranean basin. In the area of disability, there are many signs of interest. Omar Abd El-Aziz, during the Omayyads in the 8th century AD, conducted a survey to identify disabled people and he provided a companion to each blind person and a helper to each crippled person who could not move around. The Al-Azhar mosque played an important role in teaching many blind people the Quraan and graduated them as scholars (El-Homossany, 1976 cited in Osman H, 1988).

However, the era from the 16th century to the beginning of the 19th, seems to have witnessed the dwindling of all the old institutions. Unfortunately little was preserved.

3-3 The second stage of development (the modern epoch)

In general service delivery structures in the modern era have three basic roots: The first, and probably the most important, in the case of Egypt, has been the state. This is probably due to the highly centralized nature of the Egyptian state which since the Pharaohs' time has characterized Egypt; a fact which is attributed by many historians and sociologists to the irrigation nature of Egypt and its extreme dependence on the Nile River as the only source of life (Hamdan, 1994). The second is the charity organizations. To these, particularly at the turn of the 19th century, belonged the foreign and missionary organizations as well as the local ones belonging to rich families. The third, is the private sector.

Most historians agree that the beginning of the modern era of Egyptian history starts in the 19th century with the Reign of Mohammed Ali.

During the era of Mohammed Ali, an attempt to modernize Egypt and its institutions went nearly through all spheres of life. Naturally, the starting point was the army, as the main goal was to create a strong local army through which he could break away from the Ottoman rule (El-Beshry, 1981).

In the area of health, Mohammed Ali attempted to re-establish institutionalized health care after a plague epidemic. The first form of organization was related to the army and in 1820 the first state health decree was instituted through which a military health department was set up. The organization of the department was given to a French doctor by the name of Antoine Klute. In 1827, the hospital of Alexandria was established under the care of the same doctor. In 1828, the Hospital of Abu-Za'abal and the Egyptian Medical School (later on Al-Kasr El -Eini Hospital) was founded (Khalaf, 1988).

However, these endeavours at modernizing Egypt and breaking away from the Ottoman rule were frustrated after the defeat of Mohammed Ali through the joint military efforts of both the French and British armies in support of the "Sick Man's" Ottoman Empire as it was then known (Guirguis, 195?).

With the British colonization of Egypt in 1882, the British medical system, replacing the French one, was completely superimposed in Egypt. Arabisation came to a halt and Education became hitherto in English (Khalaf, 1988).

In many ways, the Modern system of services in Egypt, still carries many of these basic characteristics; i.e., being historically imported, superimposed and born divorced from the social and cultural structures of the society. They developed mainly in the cities and originally catered for the 'Cream' of the society. In many ways, this system developed in antagonism with the existing healing and care systems by dismantling them from the area of health provisions.

However, within the modern epoch, the development of institutions and services have gone through many eras which represent landmarks to these developments.

During the period prior to the 1952 army take-over, and particularly before the sixties “socialist transition era”, the role of the state although big was not the dominant feature in service provision.

Beside the state, other providers played an important role. These consisted of different charity or private institutions developed by missionaries and more so by the foreign expatriates residing in Egypt, particularly the Greek and Italian communities. In addition to a relatively big input of Non-governmental charity sector established by the members of the Egyptian aristocracy and rich merchants, and a relatively strong private sector.

In general, services were concentrated mainly in the cities. They catered mainly for the foreign communities and the rich, and to a lesser extent, the poor through a charity oriented approach. The rural areas which, particularly then, represented about 80% of the population were devoid of practically any services at all (khalaf, 1988 and Guirguis, 195?).

3-3-1 The 1952 army revolution and the development of services in Egypt

In the aftermath of the second World War, the Egyptian society had gone through an important socio-economic change. Both economically and politically there was a strong movement in the direction of independence from foreign domination, modernization of the economy and more rational and planned economy, with more social equalities.

These tendencies were reflected in the 1952 army take-over, and particularly in the sixties, when the “Socialist Charter” was declared and a movement of nationalisation of foreign investment and major private investments took place. In spite of the different stages that the policies of this regime went through, the basic features of this regime can probably be summarized as follows:

- The modernization of the economy and society including land declarations and divisions.
- The increasing role of the state, starting from directing the economy to the take-over of the major economic production units by the state (nationalization). This also included a strong tendency towards state planning of the economy and in service provision.
- The commitment of the state towards providing basic services to all its people. It is during this era that the health services were so widely spread to cover nearly every village and hamlet in the countryside. Education, Health and Social services were declared as basic rights for all people.
- The centralized and bureaucratic features of the state including its monopoly over civil life. In spite of the state’s commitment to provision of basic service to all its people, the strong grip of the state over civil society, rendered its services more and more isolated and insensitive to the needs of the communities. Meanwhile, independent initiatives, particularly of the NGO sector, were completely controlled and thwarted.

3-3-2 The 1975 Open door policy and the marketization of the economy to date

From the mid seventies, a new tendency, pushed by the defeat of 1967, in economic and social development evolved. This tendency represented by the Sadat regime, could be summarized as follows:

- Economic liberalization of the market, by opening the door for foreign investors as well as internal private investors.
- Decreasing state control over economy and production.
- Decreasing the role of the state in service provision. This particular aspect has been instrumental in undermining the role of governmental services particularly in Health, Education and Social services to date.
- The increasing role of private and NGO sectors in service provision and civil life.

3-3-3 Development of services for the disabled

Services pertinent to disability, pre-1952, were mainly provided through charity organizations, the origin of which in some instances were either missionary or religious. State intervention, on behalf of the disabled, as will be shown later, comes mainly in the second half of the 19th century, stimulated by causalities inflicted in the aftermath of wars.

The study of the history of NGOs working in the field of disability shows that the first groups to be catered for, among the disabled by voluntary charity organizations, were TB and Leprosy patients. The major concern was to build sanitariums to place, and isolate, these patients. The aim was to protect the society from them, on the one hand, while providing charity in the form of food and shelter to them and their families, on the other.

Among the first recorded organizations, functioning till today, is the “Egyptian Association For Combating TB” in Alexandria, established in 1902. Some forms of vocational rehabilitation (income generating activities) were also then introduced to help the income of the patients and their families within closed institutions (Emam, 1994).

This was followed by organizations working for the blind, such as “The Technical School for the Blind” in Alexandria, established by British missionaries joined later by Egyptian cotton merchants (Osman H, 1988 and Emam, 1994).

The third type of disabilities catered for was the ‘Deaf’. The oldest recorded organization is “The Egyptian Association for the Care and Rehabilitation of the Deaf and the Hard Hearing”. The organization concentrated its activities mainly in the area of vocational rehabilitation (Emam, 1994).

Organizations working in the area of Locomotor disabilities, spread mainly in the aftermath of the 1956, ‘67 and ’73 wars. The major provider of a more comprehensive rehabilitation services for the motor disabled was the army. However, the state through the Ministry of Social Affairs (MOSA), as well as through other NGOs, intervened in the area of vocational rehabilitation and provision of technical aids. Among the first recorded organizations in the field is “The Association of Veterans and Victims of War”, established in 1951, under the name of “War Disfigured and Sons of Martyrs” which was established after the Arab-Israeli War of 1948.

However, probably the most significant phenomenon in studying the growth of public interest and attitudes towards disability, is the study of services for the mentally

retarded (MR.). The records of their initiation show that historically, such organizations were the last to be established. Before the fifties, mentally retarded individuals were mostly placed into asylums for the mentally insane. The first specifically directed provisions on a moderate scale, were through the state. By the end of the 50s, MOSA planned to establish 5 institutions within its five-year plan. Between the years '58 - '67, MOSA established 10 institutions for the mentally retarded in Cairo (Osman H, 1988).

In the area of education, although primary education became obligatory for all children in 1956, facilities for special education for MR. children were only provided by the end of the 60s.

However, the majority of independent NGOs working in the field of disability, in reality, started in the second half of the 80s and mainly during the 90s. This development seems to have been stimulated by changes in attitudes towards disability, in general, and MR. in particular. International trends had their effect, particularly among middle classes in Egypt. The majority of the newly established NGOs working in the field of MR. were stimulated through the interaction with foreign organizations or through the efforts of middle class parents who previously had their children in institutions abroad.

Finally, during the past decade, several initiatives to introduce a new alternative to the institutional forms of rehabilitation were developed. Community Based Rehabilitation (CBR) projects have become a growing tendency, albeit in a rudimentary form.

As for the health sector, hardly any particular attention was given to disability. In general, the medical profession has been, and continues to be, dealing with acute disease rather than chronic conditions. Historically, disability was not dealt with as a separate entity, but rather through the specializations provided within the different medical sections, such as: Ear, Nose and Throat (ENT) and Ortheopaedic.

However, during the past two decades several specialized institutes as well as specialized departments, such as: the Polio Institute, the Hearing and Speech Institute, the Ophthalmology Institute, the Phoniatic Department of Ain Shams, the Paediatric Genetic Department of Ain Shams and others were established. Although the role of these institutions and departments, is still curative oriented and represents isolated incidences rather than a network, they do represent an important development. These institutions have formed a strong base for specialization relevant to the field of disability, and have, across the years, produced many specialized cadres with more specific skills. Aside from their role as centres of excellence, these institutions, in addition, form an important potential base for developing an umbrella of backup support on the secondary and tertiary level for projects or national programmes conducted on the community or primary levels of care.

3-4 Summary and conclusion

The major developmental epochs in Egypt could generally be outlined as follows:

- The first is from the Ancient Pharonic times through the Coptic to the Byzantian and then through to the Moslem-Arab empire. This period ends with the Ottoman invasion - the start of the dark ages of the Arab World - around the 16th century. Although little is known about the development of health and disability institutions and little remained, evidence points out that great indigenous schools in health and disability had existed and many disabled persons held prominent roles in society.

- The second epoch is the modern history of Egypt. It starts in the beginning of the 19th century with Mohammad Ali's attempts to establish a modern society in Egypt. This era is resettled with the British Occupation of Egypt in 1882. Within this era, three distinct epochs could be identified, namely: the colonial era, the Nasserist era and the open door policy era.
- The colonial era starts from the British occupation to the army take-over in 1952. In general, services are henceforth imported from the west, superimposed on existing structures and in antagonism with them. They are concentrated in the cities, divorced from people's needs, and cater more to the needs of the foreign occupation armies and the elite of the cities.
- The Nasserist era witnesses great expansion in service development. Provision of health and rehabilitation services are recognized as duties of the state and basic rights of all those in need. State intervention in economy and service provision is dramatically enhanced, yet the role of NGOs is severely restricted and controlled.
- The Open door policy era, 1974 to date. The era is characterized by opposing tendencies. A policy of decrease in the role and direction of the state on economy and services commences and develops yet, government is reluctant to decrease its administrative and authoritarian control over services.
- Disability services in the pre-1952 years developed mainly through a charity approach. After 1952, the question became more medicalised and professionalised. The state increased its role in the provision of rehabilitation services for the disabled, first for war veterans then for children. The first educational facilities for the mentally retarded children developed in the sixties.
- During the past decade, a new impetus was given to the question of disability in general, and childhood disability in particular. This was stimulated by growing international interest reflected in the occurrence of certain international events, such as: the International Year of the Disabled - UN 1981, and the International Decade of the Disabled 1982-1992. This interest stimulated several types of development in the disability field. Among such developments stand, the evolvement of associations formed by parents of disabled children (mainly for mentally retarded children), and the introduction of several Community Based Rehabilitation projects as alternative approaches to the institutionalized model of health and its shortcomings.
- The effects of the decade of the disabled in Egypt has been instrumental in developing a new awareness and innovative methods in the disability field; particularly childhood disability. However, confronting this development is the growing policy of privatization with a concomitant decrease in the responsibility of the state towards services with its consequent cuts in government expenditure.
- The end of the decade may also signal declining international and donor interest in the subject, at a time where the seeds that have been laid have not yet been harvested.