

## **Disability Sport in Sub-Saharan Africa: From Economic Underdevelopment to Uneven Empowerment**

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Although athletes with disabilities have integrated into mainstream sport at a rapid rate across the world, Sub-Saharan Africa remains on the periphery of disability sport participation. Disability sport, like most modern regulated sports, has diffused from the Global North to the Global South, and continues to reproduce that process of diffusion through increasingly expensive sport prostheses, adapted equipment, and coaching techniques. The colonial underdevelopment of disability services and coexisting racial inequalities has led to the uneven diffusion of disability sport across the continent, which is reflected by South Africa's domination of African participation in the Paralympic Games. The result is a 'disability divide' in international sport, where the increasing access to technology and sport assistance from the Global North largely benefits a few privileged elite disability athletes, most famously South African sprinter Oscar Pistorius. Presented from a historical perspective, the article traces the origins of the 'disability divide,' concluding that integration between disabled and non-disabled athletes around the world may reinforce the continent of Africa's subordinate status in global capitalism through dependence on international sport aid and athletic migration.

**Keywords:** Sports; disability; colonialism; sub-Saharan Africa

### **Defining the Disability Divide**

Athletes with disabilities increasingly compete with and against non-disabled athletes on the track, on the field, and in the pool. However, the experience of disability sport in Sub-Saharan Africa shows that the integrative trend between disabled and non-disabled athletes is not unidirectional. Modern disability sport originated in the Global North and spread to the majority world through colonialism and global capital flows. Elite disability sport competition requires expensive technological inputs in the form of sport prostheses, adapted equipment, and trained coaching, regulated by European and American institutions in the form of the Paralympic Games and the sport federations that lay the ground rules for competition. The diffusion of disability sport faces significant economic and cultural barriers

in Africa. Although the existence of technology has drawn closer together those who have the economic means to access it, those who do not have such access become even more isolated, a 'disability divide,' akin to a 'digital divide,' that will grow as technology advances (see Fuchs and Horak, 2008). The diffusion of modern sport to the majority world occurred slowly and rapidly, resisted and accepted by the societies through which it swirled, a process of cultural imperialism that was reclaimed and sometimes later dominated by athletes in the Global South (Guttmann 1994). In South Africa, for instance, after the introduction of modern sport by the 1870s, disparities in wealth, power, and race shaped the diffusion of sport to the population: within a few short decades, cricket had become the sport of the English-speaking elite, rugby the sport of Afrikaner nationalism, and soccer the sport of the disenfranchised black majority (Black and Nauright 1998). As with other forms of modern sport, barriers to entry and advancement in disability sport, linked to persistent disparities in wealth and access, ensure that the continent of Africa will remain on the periphery.

Increasing integration between disabled and non-disabled athletes on the playing field is the product of two trends. First, it is the result of improvements in the standard of living and health prospects for persons with disabilities, which has made recreation, leisure, and fitness opportunities more widely available. Second, it is also the result of expensive inputs in the form of sophisticated prostheses, modified sport apparatuses, and adaptive coaching techniques. In postcolonial Africa, where resource constraints create only limited sporting opportunities for disability athletes, disability sport is largely charity-driven or dependent on international sport assistance from the Global North in the form of corporate sponsorships, sports media coverage, and university athletic scholarships. While Sub-Saharan Africa participates in the Paralympic Games and other elite disability sport events at higher rates than ever before, the continent as a whole still lags behind other world regions in terms of the frequency of participation, the size of the teams, and the medals won. To be sure, the continent's participation has increased exponentially each cycle. From a low point of 1988, in which only Kenya participated in the Seoul Paralympics, thirty-one Sub-Saharan African nations competed at the 2012 London Paralympics (Paralympic.org). But national participation is only part of the story. Only nine African teams sent more than two athletes to London, and only four sent more than four athletes, while the size of Western European Paralympic teams by comparison, excluding the hosts, ranged from Belgium's 40 athletes to France's 158. The colonial-era underdevelopment of disability services continues to hinder the potential of the current generation of African disabled athletes as a result of isolation from global capital flows in the form of corporate sponsorships, technology transfer, and media access.

This article will define the disability divide in global sport, trace the diffusion of disability sport to the African continent, and assess the potential for the integration of athletes with disabilities in resource-constrained societies. The disability divide affects both recreational

and rehabilitative sport as well as elite international competition, as integration at all levels of sport requires technological inputs and access to competition. Competing with a wooden leg prosthesis, American gymnast George Eyser won six medals at the 1904 Olympics in St. Louis. In 2012, South African sprinter Oscar Pistorius qualified for his country's Olympic team using two prosthetic legs made of carbon fiber-reinforced plastic. The Victorian-era exclusionist belief that the most perfectly-formed and strongest should dominate has become one in which disabled athletes such as Pistorius are portrayed as part-machine with possible unfair advantages over non-disabled athletes (Alegi, 2010:8; Howe, 2011). Despite facing opposition to his participation in the Olympics due to his perceived 'advantages' on the track, Pistorius is a charismatic and highly educated white South African. While he undoubtedly shared many of the same lived experiences of exclusion as disabled athletes across the developing world, Pistorius has unique access to state-of-the-art technologies from the Global North, (until recently) sympathetic media coverage, and highly trained coaching. He symbolizes integration between disabled and non-disabled athletes at the highest levels, and yet he personifies the disability divide on the African continent.

### **Colonization, Apartheid, and the Disabled Athlete**

The phenomenon of modern sport is almost exclusively of European origin, which spread to the world through colonialism and trade as businessmen, soldiers, and colonial officials brought their games with them. Even today, participation and governance in international sporting events requires the majority world to compete on Western terms. Unlike pre-modern sports in the majority world, modern sports are secular and rule-bound, with highly specialized roles and bureaucratic governance. The most elite of all sporting events, the Olympic Games, are among the most Western-centric of all athletic spectacles, drawing heavily on imagery from ancient Greece and governed by an enormous capitalist enterprise based on the shores of Lake Geneva (Guttmann, 1978, 2004). The founding of the Olympics coincided with the Victorian beliefs about strength, beauty, and domination, hailed by Olympic founder Pierre de Coubertin as a 'sporting aristocracy,' an athletic elite that possessed superior qualities over the masses. By contrast, modern disability sport had a radical ethos from its inception, with rehabilitative origins that allowed people who were otherwise excluded from competition to join. Modern disability sport was in part the product of medical advances for persons with spinal cord injuries, many of them disabled veterans, during and after World War Two. A one-in-ten survival rate before the war years became a nine-in-ten survival rate. In addition, the decline of the institutional model of disability services toward an integrative one in the 1950s, with an increasing emphasis on government services in Europe's emerging welfare states, placed new emphasis on rehabilitation as a goal of disability assistance (Scruton 1998; Lauff 2007). However, radical intentions or not,

modern disability sport, like all modern sports, reinforces North-to-South capital flows and the southward diffusion of athletic technology, aid, and opportunity.

Traditional African games, like pre-modern sports in many societies, often had religious, artistic, or social aspects to their play. However, as Onyewadume (2007) explains, the population of people with disabilities benefited little from this rich heritage of traditional sports. Many African societies conceived of ‘disability’ in a different way from the modern world. For instance, a woman who was fertile but had a physical impairment would not necessarily face a societal disadvantage in the same way as a ‘non-disabled’ woman who was sterile (Ogechi and Ruto, 2002:64). Cultural norms mediated how persons with disabilities were integrated into society. In Botswana, for instance, colonialism changed traditional Tswana notions of disability. In Setswana, ‘disability’ is often translated as *bogole*, a word that connotes only a simple bodily abnormality rather than a deficiency relative to an idealized body type or capacity. Reduced mobility and physical strength, as well as visual impairments, were deemed to be signs of aging, customary and often expected impairments that increased spiritual insight and other highly valued abilities (Livingston, 2006). Under colonialism, however, African men going to work in South African mines faced a medical examination to determine their ‘fitness’ for work. Those who were deemed unfit faced social and economic marginalization, as a ‘disability’ (*bogole*) produced systemic societal disadvantages.

Colonial-era European notions of the human body infused attitudes toward disability and toward sport, as eugenics pervaded popular thinking about health and fitness (Zweiniger-Bargielowska, 2010). The ideology of eugenics, the belief that the genetic composition of the human race could be improved through selective reproduction, reinforced white racial superiority and the exploitive relationship between Europe and the majority world. According to Appel (1989), ‘racial science’ arose in the era of the Atlantic slave trade and the early decades of modern biological and human sciences which claimed to discover racial underpinnings for an exploitive power dynamic. The belief that the most perfectly formed bodies should dominate infected modern non-disabled sport well into the twentieth century, as gender and racial restrictions persisted, as did preservation of the distinction between middle class amateur sport and working class professional sport. Early modern sport was exclusive well into the twentieth century, the province of the strongest and most civilized; the Olympics themselves consciously connected the modern games to one of the earliest European civilizations, ancient Greece. This exclusionary philosophy hampered the introduction of sport to persons with disabilities.

Even on the African continent, this exclusionary philosophy was eventually challenged. In South Africa, a society with a history of racial and economic stratification, the unevenness of disability services was particularly stark in the era after 1948 when apartheid formally

became law. Howell, Chalklen and Alberts (2006:48) write, '[t]he lived experiences of black and white disabled people were very different,' with the majority black population struggling to cope with poverty and institutionalized violence. For white persons with disabilities, by contrast, the experience of disability was closely linked to the existing skeletal welfare, charity, and social security systems (Ibid.). To combat this marginalization, a nascent civil society network of persons with disabilities began to develop in the region, such as Disabled People International, founded by Joshua Malinga in Zimbabwe in the 1970s (Miles, 1996:505). In the colonial period, social services for persons with disabilities were charity- and missionary-driven, with almost no state involvement. The most innovative and revolutionary initiatives came from Africans themselves. During the colonial period, the Jairos Jiri Association in Southern Rhodesia (now Zimbabwe), founded in 1950 by a prominent African philanthropist, promoted a self-help philosophy with training programs for persons with disabilities to produce souvenirs, furniture, and other goods for profit (Devlieger, 1995). The organization still promotes income generation as a means of empowerment, even as a rudimentary social safety net has replaced colonial-era charity-driven efforts after independence.

Like South Africa, Zimbabwe had a long tradition of institutionalized discrimination on the basis of race and ability, with sport competition often organized by private segregated sports clubs in urban areas. In the post-World War Two economic boom when white migration and the colonial economy were peaking, a great deal of black African advancement in sport instead occurred in remote mining communities, where business interests organized integrated competition, leading to the discovery of major athletic talent (Novak, 2012). Illustrative of the continued impact of colonial sport segregation in modern Zimbabwe, major disability athlete Elliot Mujaji found his beginnings as a non-disabled athlete in Zvishavane, a mining town. After he became disabled in an electrical accident shortly after qualifying for the Commonwealth Games, he found a strong network of support that helped catapult him to international sporting success in the Paralympics. Yet, the government support Mujaji receives is poor; he relies heavily on the generosity of individuals and on his mining company employer for sporting leave and travel expenses (Brittain, 2010: 127-28). The few private sports clubs to encourage disability sport have accounted for much of the country's successes. Founded in 1975, Qhubeko Sports Club in Bulawayo has produced a number of impressive disability athletes, including most recently Moline Muza, who took fifth place in javelin at the Beijing Paralympics (*The Zimbabwean*, May 14, 2010).

Despite a promising start, post-independence African countries suffered under military rule, endemic corruption, and economic mismanagement. Short of resources during the structural adjustment era after the oil crisis of the late 1970s, many African countries, strained by large debt obligations to international financial institutions, allowed disability sports organizations to wither at a time when tremendous advances in technology and human development were

occurring in disability sport. Structural adjustment programs often involved cuts to social welfare programs and the institution of user fees for government services, including health services, which adversely affected persons with disabilities (Bond and Dor, 2003). As Bourgeois (2011: 1238) notes with respect to Ghana, cuts to social welfare programs during the 1980s triggered a nascent disability rights network funded by the Danish International Development Agency and other Western donors. The donor-funded Ghana Society for the Physically Disabled, founded in 1987 at the height of economic austerity, promotes sporting activities in all of Ghana's ten regions through its Sport Wing ([gspdsportwing.webs.com](http://gspdsportwing.webs.com)). Reliance on international donors as the primary sponsors of disability sport increased in this era as government support contracted.

### **The Origins of Africa's Paralympic Lag**

As in other resource-constrained regions, the progress of elite sporting integration in Sub-Saharan Africa is considerably more limited than in the Global North. The continent of Africa's participation in the Paralympic Games, a global elite sporting event for athletes with physical, visual, and some intellectual disabilities, is one measure of this marginalization. By comparison, Africa made a dramatic impact in the Olympic Games despite a late start, and within a decade swept the medal stands in track and field events. On a political level, African unity also made the continent's presence known with the Olympic expulsions of South Africa in 1970 and white-ruled Rhodesia in 1975, as well as the African boycott of the 1976 Montreal Olympics over the presence of New Zealand, the most unrepentant violator of rugby union sanctions on apartheid South Africa (Novak, 2006). Unlike the Olympic Games, Paralympic organizers failed to take seriously the continent's political agenda of isolating apartheid South Africa in international sport, contributing to the marginalization of the continent in elite disability sport.

The Paralympics have very different charismatic origins from the Olympics, despite the convergence of the two movements over time. The Olympics began as a sporting spectacle adopting the imagery of ancient Greece and quasi-religious symbolism to promote camaraderie (and, at times, white superiority), while the Paralympics originated as a mundane form of rehabilitation for war veterans who had suffered spinal cord injuries. Tracing its origins to a hospital in central England in 1948, the first Stoke Mandeville Games grew from two competing wheelchair teams to an international event by 1957 (Scruton, 1998). As the Paralympics diffused to the world, the organization of disability sport by sport management professionals rather than medical doctors permitted integration of athletes across disability lines as the complicated classification scheme that divided athletes by disability instead of by their range of ability was slowly phased out. In addition, new technologies provided disabled athletes a broader range of motion (McLarty, 2003: 21). By the 1970s, disabled athletes with

amputations, spinal cord injuries, and cerebral palsy could compete against one another for the first time, and athletes with visual impairments joined the Games in 1976. This integration accompanied a transition from a participation-based model to a high performance model with standardized rules and regulations, and began to attract big media contracts and commercial sponsorships (Howe, 2008: 23-24). Integration occurred at the highest levels: the International Olympic and Paralympic Committees first coordinated with one another at the 1988 Seoul Olympics, and the two sporting movements came to share sponsorships, media coverage, and a single games organizing committee, formally united after the Sydney Olympics in 2000 (Gold and Gold, 2007).

The link between the origins of the Paralympics and the continent of Africa was direct. In 1949, Margaret Harriman participated at Stoke Mandeville during her rehabilitation from a spinal cord injury suffered in a tractor accident, using sport to supplement to her therapy regimen. After migrating to Southern Rhodesia in 1957, she was on the first African team ever to compete in the Paralympics, traveling to Rome in 1960. She was a member of a team of two, and the only one to medal, success she replicated in archery and swimming at the 1962 Commonwealth Paraplegic Games and the 1964 Paralympics in Tokyo (Little, 2008: 125). After Rhodesia's all-white team in 1960, South Africa became the second African nation with Paralympic participation, sending an all-white team to Tokyo. In 1968, Harriman moved to and competed for South Africa, and won medals in three later Paralympics (Novak, 2008: 51). By the end of her career, she was one of the most decorated athletes in the history of the Games. Paralympic sport in Kenya has similar origins. Dr. John Britton, a British medalist at the 1968 Paralympic Games in Tel Aviv, emigrated to Kenya and won gold in swimming at Heidelberg, West Germany, in 1972, the country's first Paralympic medal (Brittain, 2010: 128).

Besides the all-white teams of Rhodesia and South Africa, the first Sub-Saharan African participation was at the 1968 Paralympics, when Ethiopia sent two male athletes to the Tel Aviv to compete in table tennis and track and field (Paralympic.org). Kenya sent four athletes in archery, track and field, snooker, and swimming and Uganda sent two in javelin and shot put to the 1972 Paralympics in Heidelberg. A single athlete each from Ethiopia and Uganda competed in track and field, lawn bowls, and table tennis at the Toronto Paralympics in 1976. Participation increased at the 1980 Paralympics in Arnhem, the Netherlands, in which Kenya sent a team of 17 athletes, Sudan sent eleven, Ethiopia sent one, and newly-independent Zimbabwe sent an all-white team of five. In the era of structural adjustment and economic upheaval, however, African representation at the Paralympics declined again over the next decade. The rivalry between the medical organizers and professional sports organizers tore the Paralympics in two; unable to agree on a single organizational structure for the 1984 Games, athletes with spinal cord injuries returned to Stoke Mandeville, while other disabled athletes competed in New York (McLarty, 2003). Kenya and Zimbabwe

attended the divided 1984 Games, while only Kenya, with twelve athletes, attended the 1988 Paralympics in Seoul. No other region of the world had such poor Paralympic participation in this era.

According to statistics compiled by Lauff (2007), African participation in the Paralympics and other elite disability sporting events, lagged behind other regions of the world. The numbers for the Summer Paralympics improved over 1988: eleven in 1992, sixteen in 1996, twenty in 2000, and twenty-nine in 2004. However, African teams were still smaller in comparison to other regions of the world. African countries sending more than two athletes to the Summer Paralympics numbered only seven in 1992, ten in 1996, nine in 2000, and ten in 2004. Brittain (2010: 124) writes that African nations entered the Paralympics later, when competition for medals was greater, and as a consequence the continent falls at the bottom of overall medal counts. Unsurprisingly, the exception is South Africa, which has won 28 percent of Africa's medals and 41 percent of gold medals, skewing the continent's total advancement in medal counts. The Special Olympics Summer Games for athletes with intellectual, developmental, or emotional disabilities has had significantly more African participation, and much larger teams, than the Paralympics. The Special Olympics, founded in the United States by the Kennedy-Shriver families in 1968, followed a charity-based participatory model that differed from the elite competition of the Paralympics (Smith et al. 2010). This supports the 'disability divide' hypothesis because the Special Olympics have not faced the same technological 'arms race'—or, as Howe (2011: 872) puts it, 'leg race'—as in the Paralympics, driving up the cost and consequently the barriers to African participation in sport, and do not require the same level of elite training and competition.

Sub-Saharan Africa began to emerge in the Paralympic Movement just as the dominance of the historically white teams of Rhodesia and South Africa faded. Rhodesian teams eventually faced barriers to international competition as the result of the 1965 unilateral declaration of independence by the white settler government and resulting international sanctions. Britain did not protest Rhodesian participation at the early Paralympics, viewing the Games both as medical in nature and insignificant compared to the Olympics (Novak, 2008: 53). Canada, as host nation in 1976, solved the problem by denying the team entry visas (Little, 2011). The participation of South Africa, by contrast, nearly led to the collapse of the 1976 Toronto Games as Soviet bloc teams boycotted and Canada suspended federal government financing (Jackson, 1977). Because the Paralympics were largely driven by the medical and humanitarian leaders rather than sport management professionals until the 1980s, the Paralympics were peculiarly resistant to political pressure (Novak, 2008: 49). The organizers steadfastly refused to expel the South African team, one of the first racially integrated sports teams ever to represent South Africa in international competition, with about thirty athletes, including nine black athletes. As Brittain (2011: 1167) writes, this was not necessarily part of a broader integrative trend in South African sport. The 1980 Arnhem organizing committee



cancelled South African team entry after funding threats from the Dutch parliament (Ibid: 1171-72). South Africa continued to irregularly compete in other elite disability sport events until 1985, sparking protests after two-time Paralympic medalist Maggie Jones was banned for life from events after she handed out leaflets highlighting the poor healthcare facilities for disabled black South Africans at a European table tennis tournament in 1979 (Ibid: 1174). Africa's Paralympic lag is not only the result of resource shortages and persistent social divisions, but also of the Global North's resistance to postcolonial Africa's global political agenda.

South African Paralympic athletes have historically been the best on the continent, and, once the country reemerged in the disability sport movement at the Barcelona Games in 1992, it returned to its dominant status. South African preeminence in international disability sport is related to the racial makeup of its teams, and therefore bears the imprint of the country's own history of racial exclusion. The two most famous South African disability athletes are representative of the disability divide. The first is Pistorius, whose bid to compete on his country's Olympic team resulted in a resounding international court victory that eventually led to the London Olympics in 2012 (McArdle, 2008). The second is Natalie du Toit, a South African swimmer with a single leg amputation, who, with Polish table tennis player Natalia Partyka in Beijing in 2008, became the first physically disabled athletes to compete in the Olympics since Eyser in 1904. Both Pistorius and du Toit dominated their events in the Beijing Paralympics: he won three gold medals, and she won five in swimming. In addition to Pistorius and du Toit, seventeen of the eighteen medalists on South Africa's 2008 Paralympic team and fifteen of the twenty medalists on the 2012 team in London were also white. A continuing racial divide in South African Paralympic sport is evidence of the uneven diffusion of disability sport to the African continent.

Recent media coverage of Paralympic superstar Oscar Pistorius has drawn attention to both his whiteness and his wealth, which indirectly highlight South Africa's privileged position in disability sport relative to the rest of Sub-Saharan Africa. In February 2013, Pistorius was charged with the murder of his girlfriend Reeva Steenkamp, sparking a global media frenzy. He had been cloaked in high-value sponsorships from such companies as Nike, Thierry Mugler, Oakley, Ossur, and British Telecom, which were quickly dropped after the incident (Wall, 2013). Media reports emphasized his wealth, including his house in the gated communities of suburban Pretoria worth about US\$ 1 million (AP, February 22, 2013). The African National Congress Youth League charged that Pistorius's case highlighted the privilege of white male athletes in the criminal justice system, including possible preferential treatment by police (*Mail and Guardian*, Feb. 23, 2013). Pistorius's stardom had undoubtedly helped to raise the global profile of the Paralympics and even attract donors and corporate sponsors for disability sport in Sub-Saharan Africa, as, for instance, his global ambassadorship for the Mineseecker Foundation, which assists landmine-affected children

(*Huffington Post*, Feb. 14, 2013). However, he personifies the disability divide with his access to global capital in the form of sponsorships, training opportunities, media appearances, and technologies, helped by his personal charismatic qualities. He is an ambiguous figure, representing both the integrative qualities of the disability sport movement, personified in his long struggle to compete in the Olympic Games, as well as the disintegrative qualities in the form of wealth and racial disparities.

### **A Widening Economic Divide in Disability Sport**

The development of prostheses for persons living with amputations, such as wooden or metal leg prostheses, has ancient origins (Dyer, 2010). Battle injuries and workplace accidents have historically been common causes of amputations. For sport professionals, the development of the Seattle Foot in 1981 was a turning point because it permitted the storage of energy in a foot-shaped prosthesis, unlike earlier and clumsier prostheses that attempted to mimic the ankle joint. Later in the decade, a coiled spring prosthesis was developed for runners with trans-femoral amputations. The development of the Flex-Foot prosthesis in 1987, first used in the 1988 Paralympics in Seoul, is the foundational design for the energy return prosthesis technology currently used in disability running sport (Ibid). ‘These mobility aids have been a product of state-of-the-art technologies and, as a result, the athletes who are the vanguards of the deployment of this new technology are producing performances that would have been considered impossible 20 years ago’ (Howe, 2011: 874). Today the use of Flexfoot technology is universal on the Paralympic levels even though a single prosthesis can cost up to \$32,000 (£20,000).

The Global South lags in disability sport in part due to economic and material barriers to participation. As Noutcha (2008: 236) explains with respect to the national disability sport federation in Cameroon, only twenty-five competition wheelchairs existed for 500 federation athletes in 2008; the remainder had to use their own wheelchairs to compete in sports such as tennis, basketball or athletics. ‘This lack of suitable resources and material due to the cost, clearly affects the sportsperson with disabilities in Black Africa,’ he writes (Ibid). Conducting interviews with disabled athletes in Kenya, Crawford (2004) found that disabled athletes were likely to face problems of coaching, limited access to equipment, constraints on facilities and transportation, and social and economic exclusion. ‘The high cost of equipment forced athletes to use whatever was readily available, even though it was not proper equipment to be used during international competitions’ (Crawford and Stodolska, 2008: 141). The scarcity of specialized and adapted equipment forced many athletes to use non-regulation or improvised equipment. The Kenyan silver-medalist in javelin at the Beijing Paralympics, Mary Nakhumicha, competed in London with a metal leg brace costing US\$ 30 strapped around her leg with coarse leather. A proper-fitting prosthesis would cost about US\$

480 to US\$ 590 (Reuters, August 28, 2012).

The costs of disability sport have risen dramatically since the introduction of sport prostheses for persons with amputations. Common sport prostheses use titanium or other light metals or a combination of metal and fiberglass, designed to fit well and replicate a foot or leg as closely as possible. ‘The more sophisticated, lightweight, and durable the prosthetic device, the more expensive it becomes,’ and many devices need to be fitted several times (DePauw and Gavron, 1995: 155). Similarly, racing wheelchairs, which typically have larger wheels, lowered seat positioning, and a longer wheelbase, cost several thousand dollars (Ibid). Advances in racing wheelchair technology have led to high-performance Paralympic Games. As Howe (2011) explains, the record for wheelchair racing in the 1980s was 1:55.67, and the record by 2011 was 1:32.17 in the 800m event. The transition from four-wheeled chairs to three-wheeled chairs produced of lightweight carbon fiber has improved both stability and speed. ‘Medal tables at the Paralympic Games have been traditionally dominated by [W]estern nations in part because they are at the forefront of the technological advancements in mobility apparatus’ (Ibid: 872). What is true for running prostheses and racing wheelchairs is also true for other types of specialized adapted equipment for persons with disabilities, such as skis and poles, waterskis, beeping balls for blind athletes, and adapted rowing, cycling, or equestrian equipment. The more specialized the equipment, the more targeted the audience, the smaller the supply, and the higher the cost (Zettler, 2009). It may be that the increasing expense of Paralympic sport is creating a disabled ‘sporting aristocracy’ (see Howe, 2008: 34).

### **Africa’s Dependence on Disability Sport Aid from the Global North**

Without financial assistance from African governments or the Global North, disability sport in Africa is likely to remain underdeveloped. Aid dependence, like technology transfer, reinforces the majority world’s peripheral position in international disability sport, though it offers opportunities in the short term for persons with disabilities that would not otherwise exist. In 1991, the Disacare Wheelchair Center in Zambia enlisted support of the Finnish International Disabled Development Association to become a major local-based manufacturer of mobility aids, including wheelchairs for sport. As Disacare’s international funding has increased, the number of wheelchairs repaired or produced has exponentially grown at competitive cost (Kornbluth and Osafo-Kwaako). In 2001, The University of Illinois began the International Disability Sport Outreach Program, which has hosted a recurring wheelchair track camp in Ghana with non-governmental support and corporate donations (UI Center). The Tanzanian Paralympic Committee has received grants from the British High Commission to purchase sports equipment for the team (npctanzania.com). Like many disability sport networks in Africa, the Tanzanian organization has benefited from aid from the International

Paralympic Committee and, in 2007, was admitted into the Organizational Development Initiative of UK Sport, a major funder of disability sport (Ibid.). The International Olympic and Paralympic Committees collaborated on a pilot project in Angola in 2007 and 2008 to train coaches and sports therapists to develop disabled sport opportunities for athletes with landmine-related amputations (Hahn, 2005). The Ghana Society of the Physically Disabled received a \$95,000 grant from the United States Agency for International Development to host a national wheelchair basketball competition. The grant was also used to procure adapted bicycles and helmets (Ghanaweb, 2008). Although this evidence is anecdotal, it is also consistent across the continent.

Most African countries are members of the African Sports Confederation for the Disabled (ASCOD). Among other programs, ASCOD organizes participation in the disability sport events in swimming and track-and-field at the All-Africa Games, which began in 1999 at the Seventh All-Africa Games in Johannesburg. Disabled sporting events in swimming and track-and-field are separate from the other competitions at the All-Africa Games, but the athletes share the same village and opening and closing ceremonies. In 2007 at the All-Africa Games in Algiers, athletes with visual impairments also competed in wheelchair basketball and goalball, which is a net and handball sport that uses a beeping ball or a ball with bells (NAM News Network, July 8, 2007). ASCOD has partnered with the International Paralympic Committee and Georgia State University to form the African Academy of Disability Sport ([ascod.org](http://ascod.org)). These funding relationships between the Global North and African Paralympic committees are necessary for continued development of Paralympic sport on the continent, contributing to the integration of disability and non-disabled athletics, but engineering the continent's aid dependence for the foreseeable future.

Sports organizations for disabled athletes in the developing world have not typically received government subsidies (Heyer, 1981: 871). However, some government ministries of sport have begun to incorporate disability issues into their agendas. The Kenyan Ministry of Youth Affairs and Sports has allocated small amounts of money to disability sport competition, and the Tanzanian Ministry for Labor, Youth Development, and Sport included sport in the country's national disability policy as of 2004 (Right to Play, 2010: 186). In 2003, the Sports Federation for Disability sought recognition from Namibia's sport ministry, although opportunities for international competition for disability athletes in Namibia are rare (Chappell, 2005). South Africa has made more progress: the Ministry of Sport and Recreation has identified disability as a priority area and sought private financing from Johannesburg-based Nedbank for the South African Disabled Golf Open and national championships for athletes with disabilities ([dissa.co.za/initiatives](http://dissa.co.za/initiatives)). The ratification of the Convention of the Rights of Persons with Disabilities by the majority of African countries, including the sporting provisions at Article 30.5, may spur some law reform prohibiting discrimination on the playing field. One example of this is the Sierra Leone's Disability Act

of 2011, which followed the country's ratification of the Convention the prior year and included a sporting provision. While disability sport has made progress in becoming part of government agendas, the consequence may be an *increased* dependence on international disability sport aid and technical assistance across the continent, as competition, visibility, and sponsorship opportunities increase.

Reaching grassroots sport rather than elite sport may be a partial solution to the disability divide. According to the sport and development movement, leisure and recreational activities (including for persons with disabilities) can help achieve specific development goals when accompanied by, for instance, HIV/AIDS training or primary education. In 2012, Rwanda became the first team from the continent to qualify for sitting volleyball at the Paralympics, with a fourteen-person team famously founded by a former Tutsi rebel and a former Hutu soldier, both of whom had conflict injuries resulting in leg amputations (Barkham, 2012). Soccer's role in post-conflict settings is particularly famous. In Sierra Leone, the sport may have helped erode societal divisions among urban and migrant populations and among former combatants in the civil war (Richards, 1997: 141). However, it is possible to overromanticize sport in this context, as sport rivalries may also contribute to violence or even sports terrorism, which is not unknown on the African continent (e.g., Dunning et al., 2002). In addition, extending support to the grassroots level does not solve the problem of dependence on sport aid from the Global North, as the United Nations Sport for Development and Peace initiative illustrates.

One underexplored consequence of international aid dependence for African disability athletes may well be athletic migration to the Global North. African soccer athletes have migrated in large numbers to Western Europe in search of high-reward participation in European leagues, and researchers have noted similar phenomena elsewhere, such as the emigration of baseball players from the Caribbean to the United States (see e.g. McGuire and Falcous, 2010; McGee and Sugden, 2002). Access to disability services and other forms of health care is a prominent reason for migration from the majority world to the United States and Western Europe. A handful of American Paralympic champions, including Tatyana McFadden, Elizabeth Stone, Jessica Long, and Mikhaila Rutherford, have the shared experience of emigration to the United States or adoption into American families from the former Soviet Union (Radio Free Europe, Sept. 7, 2012). While anecdotal evidence is scarce from the continent of Africa, it is possible that access to emerging disability sport technologies—and not just access to disability services and health care—may drive the migration of disability athletes to the Global North. Disability sport migration, like the adoption of sport technologies, parallels the subordinate position of Africa in the global economy, particularly as athletic skill, media access, and commercial sponsorship opportunities increase for athletes with disabilities in the Global North.

## **The Future of Integration**

The existence of sporting opportunities for persons with disabilities has undoubtedly contributed to improving physical fitness, self-esteem, and socialization skills and led to truly elite, world-class competition with an international audience. However, a focus only on the integrative history of disability sport, including the increasing convergence with non-disabled athletics, fails to recognize a persistent ‘disability divide’ between the communities who possess the economic means to compete on the playing field and those who do not. Sub-Saharan Africa has historically had only marginal participation in the global disability sport movement because of the underdevelopment of disability services during the colonial period and the economic and political turmoil in many countries after independence. The failure of the International Paralympic Committee to seriously engage anti-apartheid opponents given South Africa’s strong position in disability sport contributed to the continent’s failure to engage in elite sporting opportunities for persons with disabilities. For the continent to overcome this historic marginalization will require significant investment and may create dependence on international sport development aid to reach parity.

Despite a late introduction and persistent economic and social barriers, African participation in elite disability sport has rapidly grown in the past decade. African athletes achieved considerable success at the Beijing Paralympics in 2008: five Sub-Saharan African countries won a total of fifty-two medals. They set thirteen world records and six Paralympic records, including Nigeria’s victories in both women’s and men’s powerlifting and Kenyan medals in long-distance track. South African superstars Pistorius and du Toit set numerous world and Paralympic records in sprinting and swimming, respectively. In London in 2012, the success was consistent: six African countries made the medals table. Nigeria again dominated powerlifting, where it won twelve of its thirteen medals and set several world records. Kenya set new world and Paralympic records in sprinting, and Pistorius again broke his previous record in the 200m, T-44 class. Despite his unparalleled if recently-tarnished stature in disability sport, Pistorius is the disability divide personified, famously competing in the London Olympics alongside non-disabled athletes. But he does not completely transcend the disability divide as an economically-successful white South African.

Integration between disability and non-disabled athletes in the majority world has shown promise in the realm of formal legal equality, but even here, the language of rights and the template for legislation are Western constructions. Article 30.5 of the Convention on the Rights of Persons with Disabilities encourages the integration of disabled athletes and non-disabled athletes on the playing field. China’s adoption of the Convention shortly before the Beijing Olympics and Paralympics ensures that the vast majority of the world’s population now falls within the Convention’s framework. Many African countries have ratified the Convention and adopted national legislation, though here too their numbers trail other regions

of the world. Whether this will translate into real social equality is a more difficult question. The meta-narrative of unidirectional integration between disability athletes and non-disabled athletes is 'detached from the complex and diverse terrain that typifies human life' (Grech 2009: 780). Disability sport in Sub-Saharan Africa has advanced in fits and starts, simultaneously increasing equality of opportunity and accentuating persistent inequalities.

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