

## **Some Disabled are More Deserving: The Case of Assistive Technology (AT) Policies in the US and Türkiye**

*Note: This is a work in progress and building blocks of my master's thesis. I would really like your valuable comments. Thank you so much.*

### **Abstract**

*Despite their dissimilar institutional features such as their welfare regimes, policy legacies, political systems, political regimes, or citizenship regimes, both Turkey and the US offer surprisingly generous benefits to their disabled veterans compared to disabled civilians. Disabled civilians get lower benefits when buying assistive technology (AT), whereas the cost of expensive and advanced AT is fully covered for disabled veterans in both countries. I employ Most Different Systems Design (MDSD) to explore the reasons for this inequality, whereas both Turkey and the US have dissimilar institutional features many of which may potentially be prime candidates for explaining differences in disability policies. I argue that in both countries, it is glorified militarism that has been an overarching informal institution effectively shaping the disability policies and actors' decision making, attributing military-related issues a higher normative position and causing inegalitarian outcomes of disability policies.*

### **Introduction**

What explains convergence in policies addressing disabled veterans and civilians in Turkey and the US in the post-1990s? Despite their dissimilar institutional features such as their welfare regimes, policy legacies, political systems, political regimes, and citizenship regimes, both countries offer surprisingly generous benefits to their disabled veterans compared to disabled civilians. Disabled civilians get lower benefits when buying assistive technology (AT), such as prosthetics like artificial limbs, that are used to compensate various disabilities. Whereas civilians are left to cope with the hardship of acquiring even the low-tech AT, such as the body-powered artificial limbs, the cost of expensive and advanced AT like bionic artificial limbs is fully covered for disabled veterans in both countries. Considering such issues, assistive technology policy can highlight the inequality between disabled people, as it is one of, maybe the most, important elements of a disabled person's life affecting the everyday experience of disability through accessibility. These diametrically opposed standards for deserving and not-deserving disabilities of veterans and civilians tell us so much about what constitutes citizenship and individual rights in both societies.

In this paper, I explore how these two dissimilar institutional settings would have surprisingly similar disability policies, resulting in inegalitarian outcomes among civilians and veterans. In both cases, I find that the disability policies are positioned towards providing more generous benefits to veterans, seen as the deserving disabled in both countries. For this reason, I employ Most Different Systems Design (MDSD) to explore the variation in levels of benefits for assistive devices such as prostheses in Turkey and the US. This comparative research design provides a solid framework to help examine the explanatory variables in these two cases. Both Turkey and the US have dissimilar institutional features many of which, under the richly diverse comparative welfare state literature, may potentially be prime candidates for explaining similarities in disability policies. In the outcome of interest, however, shows tremendous and surprising similarity. By doing a within and cross-case analysis, I argue that in both countries, it is the informal institution of glorified militarism that has been an overarching informal institution effectively shaping the disability policies, in which both countries attribute military-

related issues a higher normative position. Glorified militarism in these cases praises veterans and constructs their military activities as sacrifices made for the nation, thus, positions disabled veterans as more deserving beneficiaries. Therefore, as an informal institution, glorified militarism embeds the policy principles, constrains, and shape key policy actors' decision making in disability policy, and positions disabled veterans as more privileged beneficiaries.

The existing literature view disability largely through an anthropological lens by focusing on how veterans create their identities vis-à-vis the states. The comparative welfare state literature, which infrequently focuses on unequal benefits, conceptualizes the difference as categorical benefits but does not explain underlying factors for benefit level differences. To address this gap in these bodies of literature, I bring disability and politics lenses together to examine within-group inequalities of disabled people, which rarely draws attention in disability-related (sub)fields. In doing so, I engage with disability policy, informal institutions, and disability studies literature to conceptualize and operationalize glorified militarism to explain the variation in disability policy towards disabled veterans and civilians. For this purpose, the post-1990s provides a rich ground as both countries have had significant number of disabled veterans in this period: Turkey, as a result of the tensions with the Kurdistan Workers' Party (PKK), and the US as a result of the Gulf, Iraq, and Afghanistan wars. Data sources include policy programming documents, fact sheets, official statistics on coverage and benefit levels, legislative documents, congressional and parliamentary debates, and semi-structured interviews made with policymakers and officials.

The paper is organized as follows. After an introduction, first, I review the literature on disability policies and informal institutions. Second, I construct the cases of Turkey and the US as a Most Different Systems Design, emphasizing their diverse institutional features. Third, I present evidence on how disability policies have developed following a similar trajectory in the US and Turkey. Here, I focus on the glorified militarism as an informal institution and show how it is subsumed in American and Turkish policy principles of disability policy that have developed in the post-1990s. Finally, the paper concludes by drawing comparative conclusions on the disability policies in these two cases and show how the disability policy principles in these countries create inequalitarian outcomes for the target groups.

## **Disability and Assistive Technology Policy**

Disability is complex set of social, physical, and psychological phenomenon that affects at least 15% of the world population (WHO 2011, p. 7). This quite prevalent but overlooked phenomenon is conceptually understood from different theoretical perspectives, the most common ones being medical, social, and biopsychosocial model. Medical perspectives that are quite common with, for example, medicine-related occupancies like medical doctors, understand disability as visible or invisible impairments, recognized as the mere causes of inabilities of disabled people to perform required tasks or actions. In this view, what is disabling are the faults caused by the impairments of organs or psychological conditions of people, excluding factors such as inaccessible environments or society's stigma and discrimination towards disabled people.

Contrary to this impairment and individual focused understanding, social model argues that the very understanding of normal is what constructs disabilities. The so-called inabilities of disabled people to perform actions, participate in activities, places, or do simple tasks like speaking, are considered as the only form of normal that not being able to do so becomes a

disability. For example, the verbal communication is constructed as the normal that non-verbal ways of communication like sign language used by deaf community are considered outside of the normal, thus a disability. The constructed understanding of normal, therefore, shapes what is considered as disability, yet, if the world population were dominated by deaf people, then it might have been the case that sign-language would have been the normal. This model is usually criticized by lack of acknowledgement given to impairments, almost going far as to argue that this model does not take impairment-related difficulties into consideration when conceptualizing disability. For example, inability to hear can be one of the impairments that social model of disability usually criticized for overlooking and limiting disabilities to phenomena that is completely socially constructed. Argued to address shortcoming of both models by incorporating them, biopsychosocial considers disability to be a result of physical, psychological, and social factors. According to this model, disabilities are impairments that medical expertise is necessary to find solutions for, and society should take role in the inclusion of disabled people to socio-economic and political areas by providing accessibility (Petasis 2019).

Disagreements about disability extends to disability policy, and such disagreements derives from dependent variable problem, that is what is understood from the phenomenon of interest, or how we conceptualize and operationalize it (Green-Pedersen 2004, p.4). By conceptualization, concepts are given theoretical meanings whereas operationalization turns them into measurable forms. Like disability, there are various conceptual and operational definitions of disability policy. As an umbrella term, disability policy is set of policies that consists of principles, objectives, procedures, and instruments to increase autonomy, participation, and accessibility of disabled people to society via anti-discrimination laws and social welfare policies—which are mostly found in forms of quantified legislated social rights. Americans with Disabilities Act of 1990 (hereafter ADA) is one of the examples to anti-discrimination laws that consist of rules and regulations for providing the anti-discriminatory environment, whereas specific rules such as replacement rates of incapacity benefits are not elaborated in anti-discrimination policies like the ADA. Quantified legislated social rights on the other hand, highlights the specifics of policies addressed to disabled people. For example, replacement rate for the assistive technology policies, or employment quota in private and public sector for disabled people are quantified legislated social rights. These policies, unlike the anti-discriminatory policies, involves the specifics of, for example, procedures or instruments, that directly impact the conditions of disabled people. The dichotomy of disability policies is similar to the disagreement about disability. Anti-discrimination policies are more in line with social model of disability since they focus on discrimination caused by the society's construction of disability; whereas quantified legislated social rights focus on providing solutions to disability as a medical condition, trying to fix what is considered to cause disability (Waddington and Diller 2002, p. 247). For example, AT policies are focused on fixing what is missing or lacking—provided AT is necessary. Its aim is to make disabled people to keep up with what is considered as normal by substituting the missing abilities with assistive technology such as artificial limbs.

What we see nowadays is the mix of these disability policies, most countries legislate anti-discriminatory, and quantified legislated social rights that fail to address the objectives of anti-discriminatory disability policies given the limited universalities of quantified legislated social rights. These two categories of disability policies create a policy mix, which eventually results in promises of anti-discriminatory civil rights policies being undermined by quantified

legislated social rights that are mostly means-tested and lacking universalities of disabled people's access to services (Waddington and Diller 2002, p. 280).

Assistive technology (AT) policies, which is part of disability policy that ranges from employment policies to accessibility policies, is an overarching concept used for products that helps individuals with various disabilities to support their daily and essential activities (WHO 2022, p. 5). AT policies, such as replacement rates given for costs of artificial limbs or legs, are examined in this paper as a case of disability policy. By focusing on a category of disability policy, I aim to highlight one of the many similarities of disability policy in both countries, which are not only limited to the AT policies but extends to in-cash or in-kind benefit differences for disabled veterans and civilians.

### **Comparing Turkish and American Assistive Technology Policy**

Access to AT is a great issue globally. Of 1 in 10 people who requires AT can access it, and the percentage of access greatly varies based on the AT item. High costs, financing problems, availability or lack of information are among some of the problems for the inequality of global access to AT (WHO 2022, p. 38). The US, where marketing, research and development of AT has increased over the years, is still one of the countries with significant AT access problems for disabled people. Financial problems such as insufficient financial resources for AT, are some of the main causes for disabled Americans' lack of AT access (Wallace 2011, p. 295). Similarly, access to AT is a prevalent problem in Türkiye because of the economic problems such as high-inflation and weak currency, Turkish lira, to US dollar or Euro that ATs are priced with. For both countries, however, access to AT is easier and almost free for the eligible disabled veterans, whereas social security coverage of disabled civilians for AT is quite limited.

Studying AT policy is not only important because of its highly inegalitarian characteristics towards disabled veterans and civilians, but also because AT is fundamental to lives of disabled people. Without necessary AT, disabled people face with negative consequences of social isolation, inaccessibility, economic disadvantage, or lacking basic needs (Ward-Sutton et al 2020, p. 3). Studying this policy is therefore significant and necessary as it has wide-ranging impacts on disabled people's lives, and has inegalitarian outcomes for disabled civilians and veterans.

### **The US Case**

There are various options for US civilians to access AT. States, federal governments, or private insurance companies can provide funding for AT upon eligibility of the beneficiary, which relies on conditionalities of neediness that make the US AT policy a means-tested system. After determined to be eligible for AT funding, state and federally funded program Medicaid directly provides AT payment to healthcare vendors of eligible persons with limited income. On the other hand, Medicare, a federally funded program, consists of three sub-programs that has various coverage rates: part A, part B, and part C. Part A is usually provided at no cost, covering services such as inpatient hospital services, home health benefits, and hospice care. Part B of Medicare, which is also used for AT, requires an annual deductible and a monthly paid premium, then disabled civilians pays 20 percent of the AT that is determined eligible for their use. The coverage of AT items greatly varies for the item type, and heavily dependent on medical experts' assessments of individuals' necessity to ATs, creating

inequalities for disabled people with different needs of AT (Wallace 2011). Part C (also referred as Medicare Advantage), includes Part A and Part B coverage, is available by private companies which are Medicare-approved and are obliged to follow rules of Medicare.

The costs of AT (also referred as Durable Medical Equipment, DME), such as artificial limbs, is part of Healthcare Common Procedure Coding System published by the Center for Medicare and Medicaid Services, provides coverage rates of various AT by state and item types. This list, however, is limited as some AT items like myoelectric artificial limbs (prostheses), do not have National Coverage Determination (NCD), Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs). Myoelectric artificial limbs are more advanced than the body-powered prosthetics, which are available free-of-charge for disabled veterans and mostly inaccessible for disabled civilians. Disabled civilians can access the body-powered, less advanced prosthetics by paying 20% of prosthetics' cost if they pay a premium for Medicare in advance (Wallace 2011, p. 298).

Unlike disabled civilians, a disabled veteran receives any kind of assistive technology if they found eligible by the Veterans Affairs' (VA) medical centers' clinicians (Veterans Affairs 2021, p. 5). The eligibility is usually determined by the service-connectedness of disability, assigned disability ratings, and other conditions. Upon eligibility checks, VA provides AT to the disabled veterans free-of-charge, with no upper-limit on the types of items. The no upper-limit policy is so evident that the VA Office of Inspector General's (OIG) report shows that the VA has paid AT vendors more than the reasonable Medicare rates. For items such as microprocessor-controlled artificial limbs or legs that can range between 10,000\$ to 100,000\$ in price, non-existing Medicare rates for such AT items provides a ground for VA to spend the price offered by the vendors. Even for the existing Medicare rates, OIG found out that VA could have spent 10 million \$ less by limiting prosthetic rates to Medicare rates and keeping its oversight role of prosthetic spendings (Veterans Affairs 2012, p. i). Therefore, in the US, eligible veterans are provided with the state-of-the-art AT such as artificial limbs, whereas the eligible citizens must pay at least 20% of the conventional, less-advanced AT costs if they have Medicare.

## **Turkish Case**

Similar to the US, Turkish AT policy creates inequalities between disabled citizens and veterans. Disabled citizens who need AT are left with the Social Security Institution's (Hereafter, SGK) provision of AT. The prices and provision of any AT item are determined in the Healthcare Implementation Communiqué (SUT). Turkish citizens who are enrolled to insurance program of the SGK, can receive the AT item for their need upon doctors' approval. Private insurance coverage of the AT is quite rare since many citizens have SGK insurance and private insurance is financially inaccessible for many. However, there are some rare cases in which private sector companies cover the costs their disabled employees' AT.

Of the SUT, Annex-3/C-2 covers AT such as body-powered artificial limbs, whereas the Annex-3/C-5 covers more advanced AT such as myoelectric artificial limbs. Disabled civilians who have SGK insurance can only get less-advanced AT items listed in the Annex-3/C-2, whereas disabled veterans can get items in both Annex-3/C-2 and Annex-3/C-5. Disabled civilians must pay for the price difference of the AT items listed in the Annex-3/C-5 of the SUT. The SUT list did not have a major price coverage update since 2013, despite the

shrinking Turkish currency compared to imported AT items with foreign currencies and decreasing purchasing power in the country.

## **Literature Review**

### **Anthropology Literature**

Anthropology literature understands the inegalitarian benefits as a result of disabled veterans' sacrifices made for the state. The difference in benefits is considered to be a result of disabled veterans' nationalist constructions of a sacrificial hero that positions them and their disabilities above civilians' disabilities (Aciksoz 2012, p.5). This "nationalist construction of disabled veteran" has a materially symbolic relation that has a political purpose since the entitlements were given for their sacrifices, which make their disabilities more deserving than others, and a material commodity used by the state (Aciksoz 2012, pp. 9-14).

### **Citizenship Literature**

This inequality is also examined from the citizenship perspective and conceptualized as military citizenship. Disabled veterans use the moral framework of sacrificial hero to create a special citizenship category that deserve more generous benefits and entitlements (Trundle 2012; 2013, Wiegink 2019, p. 74). The sacrificial hero demands different forms of entitlements and benefits, and the state provides them in forms of public reverence and memorialization (Trundle 2012, p. 197).

### **Welfare States Literature**

Welfare states literature perceives this difference in benefit levels as categorical benefits. Such benefits are given to groups such as disabled veterans because their disability is socially constructed as deserving to be compensated in return (Gal and Bar 2000, p. 583).

### **Informal Institutions Literature**

I argue that glorified militarism, an informal institution, gives military-related issues such as disabled veterans' military-related disabilities a higher normative position. This informal institution praises disabled veterans' losses and constructs their disabilities as sacrifices made for the nation, consequently positioning them as deserving beneficiaries.

Formal rules, or institutions, are rules of the games that structure the socio-political life by enabling or constraining behavior and actions of various actors. Much like the formal institutions, that are found in form of written or parchment rules, informal institutions that are mostly unwritten but quite effective in shaping who gets what, when, and how. It does so by enabling or constraining the behavior of actors. Informal institutions create obligation and rights that shapes actions in terms of appropriateness, achievability, or rightness; ultimately setting the patterns of behavior to predictable and reliable forms (Bolukbasi and Yildirim 2022).

Similar to the other literatures, what is right to do so is socially constructed from informal institution's point of view. Unlike other literatures, this framework helps us understand not only why disabled veterans gets more benefits, but also how glorified militarism is established within different societies that creates various forms of appropriateness and rightness.

## **Research Design and Methods**

Most Different System Design (MDSD) is used to understand why in two quite dissimilar countries like the US and Türkiye, there is convergence of variation in the levels of AT benefits for disabled veterans and citizens. MDSD helps us to reveal and understand the explanatory variable, glorified militarism, in the existence of other possible variables that are expected to unfold the similarity in the outcome of interest but does not sufficiently to do so. Such variables are welfare state regimes, which Turkey belongs to the conservative model whereas the US is an archetypical case of liberal regime; or development levels and paths that greatly differs between the two cases. Thus, the main logic of MDSD is that the differences across cases cannot explain the similarity in the outcome of interest that is to be explained (Anckar 2007, p. 390).

By focusing on Assistive Technology policies, I employ within-case approach that helps to identify similarities and differences in this subset of disability policies, eventually providing ground for more suitable theoretical generalizations that is otherwise hard to identify in a single-case study (Mills et al. 2010, p.2).

## **Institutional Features of Turkish and American Polity**

### **Welfare Regimes**

Welfare state regimes are institutional settings, rules, and perceptions that structures and steers public policymaking of welfare arrangements (Esping-Anderson 1990, p.80). The welfare regimes of Turkey and the US are quite dissimilar. The US welfare regime is an example of liberal (or Anglo-Saxon) case that has characteristics of high decommodification with minimal benefits, limited social rights, high eligibility criteria such as means-testing, and limited redistribution of welfare resources, and overall an individualistic welfare accumulation. On the contrary, though sharing some similarities, Turkish welfare regimes fits the most to conservative welfare regimes, which characterizes with welfare (re)distribution based on status, such as occupation type, highly relies on family for several welfare-related issues such as provision of care.

### **Policy Legacies**

Policy legacies are set of institutional arrangements that policymakers inherit from the formulation, implementation and impacts of previous policies, ultimately affecting the new policies in a path-dependence understanding (Hall 1993, p. 277). For the policymakers, it is practically learning from the “meaningful reactions to previous policies” (Weir and Skocpol p. 119) that sets their decisions for policies ahead.

For the welfare policies, given its conservative regime type, center of attention vis-à-vis welfare policies have been on family and status-based redistribution, state playing a subsidiary role in welfare provision. The policy legacy for Türkiye, therefore, have followed this trend, with state having the central role in decision-making considering the statist policymaking style of Turkey. On the contrary, the US has been one of the pioneers of liberal welfare state regime, which has been the characteristics of welfare policies in the US. The iron-triangle between bureaucracy, Congress, and interest groups, however, have shown a different path then Türkiye on policy legacies.

### **Political Regimes**

The US is a constitutional federal republic where the president is the head of the federal state and government, shares power with the legislative and judiciary, creating separation of power. The federal government shares power with the state governments, where some policy areas are decided within the federal government whereas some other left to the sovereignty of state governments.

On the contrary, Turkey is a constitutional republic where power is centralized mostly within the president, who is the head of the state and the government. It has a democratic parliamentary, based on the rule of law and participation and accumulation of legislative seats of multiple political parties, contrary to two-party system of the US.

### **Citizenship Regimes**

The US follows jus soli system for determining citizenship, which is the most common system for acquiring citizenship. In this model of citizenship, the principle of becoming a citizen of a country is determined on the place of birth. If a person is born in the US, for example, they become US citizens. On the contrary, Turkey follows jus sanguinis citizenship system in which citizenship is determined by the ethnicity or nationality of one of the parents.

### **The Structures of Disability Policies in Türkiye and the US**

#### **Glorified Militarism: An Overview**

As an informal institution, glorified militarism causes those affected by it to give military-related issues a higher normative position. Much like the formal institutions, an informal institution like glorified militarism shapes the actions and thoughts of actors by constructing what is appropriate. As an informal institution, glorified militarism is an intervening variable that explains the inequality of assistive technology policies in both cases. The inequality is a representation of glorified militarism, the AT policy being a case of “state-sponsored public reverence and memorialization” (Trundle 2012, p. 197). Disabilities of veterans is memorialized as sacrifices made for the nation and the state, used to justify the special benefits such as differences of AT coverage for disabled veterans and civilians. The disabled veterans’ identities are constructed with nationalist discourses (Açıksöz 2012, p.5), whereas the veteran had a duty to protect the nation and the state as the sacrificial hero, in return getting special benefits, which is state’s responsibility. Glorified militarism has further political examples, such as disabled bodies of veterans, in which their disabilities are used as political exhibits by various actors to justify their position vis-à-vis sacrifices of disabled veterans. Glorified militarism constructs the state and nation as worthy of sacrifice, and the sacrifices are rewarded in return. Ultimately, the war as a way of protecting nation and the state, despite causing disabilities or casualties, justified as worth of sacrifices.

#### **Glorified Militarism in the US**

Glorified militarism is quite prominent in the US. It is no coincidence that when a politician talks on war, veterans and their sacrifices are explicitly mentioned. Glorified militarism is structurally existent irrespective of political leaning, either a democrat or a republican, politicians almost never question the inegalitarian way of meanings loaded to one form of disability—the service-related disabilities of veterans. Following paragraphs include some of the remarks from politicians, retrieved from several official data sources such as presidents’ speeches. They show how glorified militarism as an informal institution shapes the



appropriate ways to act and think, ultimately compelling the actors to give military-related issues, such as disabilities of veterans, a higher normative position. In return, glorified militarism structures the disability policies that become inequalitarian, found usually in ways in which military-related issues are given a higher normative position, for example more benefits and entitlements are given to those in relation with military.

US senator Salazar's speech given to the VA Committee highlights that the disabilities of veterans are results of sacrifices they make (Veterans Affairs 2006). It is not just the VA, the most likely case to find glorified militarism, but extends to speeches of presidents like Obama or Trump to categorize disabilities of veterans as sacrifices. In 2014, Obama's remarks at a Dedication Ceremony for American Veterans Disabled For Life Memorial, he said that the memorial from the day of its opening will be the place for the nation to pay their tributes—though not enough to match their sacrifices—and understand the sacrifices the veterans did for their nation, and that they are in freedom and peace for their sacrifices and burdens they bear (Obama 2014, p. 3).

Similarly, Trump gave a speech for the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017, speaking that the veterans “In their courage, their dignity, and their selfless sacrifice, they represent the very best of us. Our veterans have fulfilled their duty to this Nation, and now we must fulfill our duty to them.” (p.1) Further telling that the veterans are the “warriors and heroes who have won our freedom” (Trump 2017, p. 1), showing the traces of glorified militarism like the other speeches.

The very founding elements of US's involvement in veterans' care is evident in Abraham Lincoln's inaugural address to the Congress, asking for “to care for him who shall have borne the battle and for his widow, and his orphan,” that become the main motto of Veterans Affairs (Tepe and Peterson 2017, p 36). Similar to Turkey, it is understood as a pivotal role of the US to provide for widow and children of veterans with service-connected disabilities or that dies of service-connected disease or injury, as they are in special category that deserves extensive compensation and help because not only the veterans but also the families have made sacrifices (Panangala 2021). This shows that the glorified militarism, and the construction of sacrifices, is not limited to the disabled veterans but their relatives, which warrants research to further trace glorified militarism.

These limited but quite evident data show only part of the glorified militarism that can be found in the US. Veterans' disabilities are constructed as sacrifices, given a higher normative position that deserves higher compensation because the disabilities are results of US's freedom and peace. This glorified militarism, an informal institution, shapes the way actors think and act, ultimately becoming the most evident intervening variable for explaining the variance in the benefit levels of AT for disabled veterans and civilians. It does so by filtering the disability policy making characteristics of both countries, constraining actors' behaviors and actions by setting veterans' disabilities as the more deserving category, justifying the inequalitarian outcomes of disability policies' various implementations, such as the case of AT.

### **Glorified Militarism in Turkey**

Similar to the US, glorified militarism is quite prominent in Turkey. For a country that has given an independence war for the establishment of its modern, secular Republic, glorified

militarism is no surprise; not to mention the on-going conflict with the PKK since 1990s that has caused thousands of military men to get disabled.

The inequality that is examined in this paper has been reported by a Turkish citizen to the Turkish Ombudsman Institution. As a government institution, the institution's report represents the position of the Turkish state, with traces of glorified militarism. The Turkish Ombudsman Institution's report based its justification for the inequality of AT on sacrifice and fidelity of disabled veterans, arguing that the healthcare communiqué (SUT in Turkish) determining the prices of AT did not create inequality between disabled veterans and civilians.

The report has a dominant theme of sacrifice and fidelity that shows the glorified militarism through attributing a higher normative position to the disabilities of veterans, constructing their disabilities as sacrifices made for the state. The report positions the sacrifices as untouchable and unquestionable, that questioning them becomes inappropriate.

The report argues that benefit level differences between disabled veterans and civilians results from sacrifices of disabled veterans, who earned special entitlements with their disabilities and fidelity to the Turkish society. The report further argues that protection and special benefits provided to the disabled veterans are directives to secure the sacrificial hero—disabled veteran. The inequality is further justified by the Turkey's context, its ongoing high-intensity conflict with the PKK, that the disabled veterans sacrifice themselves for the protection of state and nation's security. Similar to the freedom and peace argument found in the glorified militarism of the US, the report argues that Turkey is an independent and a safe country owing to the sacrifices and fidelity of veterans (Turkish Ombudsman Institution 2016, pp. 8-13, translation mine).

## **Glorified Militarism: Explaining the Structure of Turkish and American Disability Policies' POPI**

### **What is POPI?**

Policy structure approach is an analytical tool for understanding characteristics of policies by dividing them into dimensions of principles, objectives, procedures, and instruments (POPI). It breaks down policies into analytical categories that helps to observe sub-level changes in policies, easing the assessment of level of changes occurring in policies. (Graziano, 2012)

### **Principles**

Policy principles consist of core values such as human-rights oriented policymaking; beliefs such as attributing family a central role in social policy that stems from religious beliefs; or guidelines such as United Nation's Convention on the Rights of Persons with Disabilities; and they steer policy making in respective policy areas (Pralle 2006, p. 171). Principles exists as formal or informal institutions, structing the way actors act and think, setting limits for what they expect and their interests from the outcomes of policies (Howlett et al 2022, p. 80).

### **Objectives**

Policy objectives are set of goals that are expected to be achieved from the beginning of policy's formulation or mostly likely its implementation. Principles, procedures, and instruments together have dual relationships with the objectives, as either of them can be

strategically used to achieve objectives or can be altered by objectives themselves. A policymaker can set objectives of decreasing carbon emission by a certain amount, thus can set principles of environmentalism, instruments of tax breaks for environmental companies, and procedures that support environmental outcomes.

## **Procedures**

Procedures are set of rules and guidelines in forms of institutional processes or activities determining how policy is formulated, implemented, and continued (Bali et al 2021, p. 298). It creates guidelines, for example, delivering AT to disabled veterans occurs via Veterans Affairs; or in-cash transfers to disabled civilians that are determined by the Ministry of Family and Social Services.

## **Instruments**

Policy instruments are social and technical tools that are used to set specific relations between the state and those affected by it. As an institution, it carries context-dependent meanings and has various representations that brings the politics within the use of the instrument (Bache 2010, pp. 58-59). In-cash or in-kind transfers are examples of financial instruments, or information campaigns are instrument examples used to shape the behaviors of actors effected.

## **POPIs of the American and Turkish Disability Policy**

Both Turkey and the US have similarities in their disability policy—as parchment rules, that is the written form of policy, mostly found as laws. In the US, Americans with Disabilities Act is the overarching disability policy that is created with human rights discourse, focusing on policy areas such as employment, AT, education or discrimination. Despite its optimistic character, similar to the Turkish disability policy, its reflection on sub-policy areas such as AT, is not optimistic. The following section shows how glorified militarism, an informal institution and an intervening variable, changes formulation of sub-areas of overarching disability policies in both countries. It is showed that glorified militarism shapes what is normatively acceptable, structuring overarching disability policies of both countries, and ultimately causing veterans' disabilities to be deemed as more deserving than the civilians.

## **Principles of the American and Turkish Disability Policy**

The main **principles** of Turkish disability policy are **anti-discrimination** as states' policies are steered towards **anti-abuse** and **anti-discrimination towards the disabled** (Article 8 of disability law no. 5378); **equality** through rehabilitation services to disabled people that enables them to participate in society and family in areas such as decision making (Article 10); **active citizenship** of disabled people by sheltered workshops that eases them to find jobs (Article 3-f and g; Article 10); **accessibility** via providing suitable conditions for disabled people in workplaces or public buildings (Provisional Article 2 and 3); and egalitarianism such as providing equal access to education with non-disabled (Article 15). Glorified militarism, an informal rule that is acting as an intervening variable, causes the overarching disability policy of Turkey, law no. 5378, to be discriminatory towards disabled civilians. Unlike the parchment rules of law no. 5378, AT policy discriminates between veterans and civilians as found in the striking variance in benefit levels, limiting self-determination and full participation by lack of accessibility to AT, and it is inequalitarian and creates discrimination given variance in benefits.

The main principles of the Americans with Disabilities Act (1990), the overarching disability policy of the US, has similar **anti-discrimination** principles focusing on critical areas such as employment, education, housing or transportation (ADA 1990, p. 10 §102; p. 1; p. 5). It focuses on promoting **equality** (ADA 1990, p. 6); **accessibility** (§230, §243, §245) of transportation, buildings, **active citizenship** through, for example, reasonable accommodations that increase their participation to workforce and society, and self-determination and full participation. Similar to Turkey, glorified militarism in the US also interferes in the dissemination of ADA to subfield of disability policy, causing immense differences in the implementation of policies' principles, such as the AT. AT principles in both countries are less anti-discriminatory, lacks equality and accessibility, and provides less active citizenship towards disabled civilians since their access to AT is less likely compared to disabled veterans.

### **Objectives of the American and Turkish Disability Policy**

Main **objectives** of Turkish disability policy are preventing disability, increasing accessibility (provisional article 2 and 3; Article 1), activating them (Article 3-f and g; Article 10); and preventing discrimination (Article 8). Similarly, American disability policy's main objectives are preventing disability (Rehabilitation Act of 1973, p. 112), increasing accessibility (ADA 1990, p.5), and activating them through their participation to society and taking decision-making roles (Rehabilitation Act of 1973, p.115). However, with the impact of glorified militarism, these objectives are only achieved for the disabled veterans. Disabled civilians who have almost no access to AT have been left out of these objectives as target groups.

### **Procedures of the American and Turkish Disability Policy**

Main **procedures** of Turkish disability policy are published by responsible ministries, for example, disability employment policy of Turkey is published by the Ministry of Labor and Social Security. Procedures are designed with objectives of increasing accessibility and participation of disabled to the society (Article 4). These procedures greatly differ for disabled veterans, as the access to AT, for example, is more centralized and occur swiftly compared to disabled civilian. A disabled veteran goes into medical examination for both disability status and AT eligibility in state's facility, much easier set of procedures compared to disabled civilian who gets disability status report, AT eligibility and funding from different institutions.

In the US, most of the procedures vary in federal and state governments, with the main aim of increasing accessibility of disabled people (Rehabilitation Act of 1973, p.68) to access disability-related services, employment, housing, and similar areas. Like the Turkish case, AT procedures such as determination of eligibility is easier for disabled veterans, compared to civilians.

### **Instruments of the American and Turkish Disability Policy**

Turkish and American disability policy has several **instruments**, such instruments are information campaigns; financial tools like in-cash or in-kind transfers; or organizations such as state sponsored foundations. With glorified militarism, instruments aimed at disabled veterans greatly differs positively, the most visible change occurs with the in-cash and in-kind transfer that are more generous due to their deservingness.

### **How Informal Institutions Effect Disability POPI in Turkey and the US?**

The following table shows how glorified militarism, an informal institution and intervening variable, structures overarching disability policies in the US and Turkey. Due to their commonalities, both countries' principles, objectives, procedures, and instruments are listed together. The formal rules show the principles, objectives, procedures, and instruments of Americans with Disabilities Act in the US, and disability law no. 5378 in Turkey. Glorified militarism, which is common for both countries, is explained for each part of POPI, it shows the inegalitarian implementation of overarching disability policies in both countries.

Assistive Technology policies are showed in below the formal rules in each part, addressing the outcomes of AT. I assume the overarching disability policies in both countries to be the main guides for sub-fields of disability policies, like the AT policies, that their principles, objectives, procedures, and instruments to follow the grounds set by overarching policies. However, I show that this is not the case for AT policy, and it is one of the many inegalitarian examples that can be found in implementations of disability policies.

<b>Disability Policy POPI of Turkey and the US</b>		
<b>Principles</b>	<b>Formal Rules</b>	<b>Glorified Militarism (Informal Rules)</b>  <b>Sacrifices made for the Turkish state and the nation deserves</b> more than other kinds of welfare contributions.
	The main principles of disability policy are <b>anti-discrimination, equity, self-determination, active citizenship, accessibility, and egalitarianism.</b>	
	<b>Impacts on Principles</b> Unlike the parchment rules, AT policy discriminates between veterans and civilians, limits self-determination by lack of accessibility to AT, and it is inegalitarian given variance in benefits.	
<b>Objectives</b>	<b>Formal Rules</b>	<b>Glorified Militarism</b>  To pay tribute to the sacrificial hero of nations as a duty of state's loyalty to them.
	Formulating and implementing disability policies that are <b>accessible, activating, preventing disability and discrimination.</b>	
	<b>Impacts on Objectives</b> Disability policies are formulated and implemented on the main objectives of <b>activating disabled veterans more to participate in the social and economic life</b> , as well as preventing disability and discrimination more for the disabled veterans than the civilians.	
<b>Procedures</b>	<b>Formal Rules</b>	<b>Informal Rules</b>

		<p>Procedures of disability policies are determined by the regulations published by responsible ministries or institutions (i.e., employment related procedures are determined by the Ministry of Labor and Social Security; the US has procedures determined by related institutions, such as the Veterans Affairs).</p> <p>The procedures considering the services provided to persons with disabilities are determined according to certain standards that increases accessibility and participation of persons with disabilities to society (i.e., assistive devices).</p>	<p>Disabled veterans <b>deserve the prioritization of formal (or informal) procedures in many instances of social and economic life</b>, given their sacrifices for the state and the nation.</p>		
		<b>Impacts on Procedures</b>			
		However, by easing access to disability-related services, procedures of disability policy are focused on better accommodating disabled veterans' needs.			
Instrument		Instrument Definition	Instrument's Operationalization	Instrument Examples	Glorified Militarism of Instrument
	<b>Information</b>	Indirectly stimulating behavior to change it	Information campaigns	Memorial days for veterans	Disabled veterans are considered as sacrificial heroes, their disabilities are frequently memorialized as sacrifices made for the state. Information campaigns support glorified militarism, indirectly stimulating behavior to justify the inegalitarian disability policy.
	<b>Authority (Law)</b>	Direct Prescription of Behavioral Rules	Specific laws designated to improving wellbeing of disabled veterans (and martyrs, their	AT policies in Turkey and the US are examples of the written rules/law	Disabled veterans' sacrificial roles are supported by formal institutions, shaping, and changing the

		relatives, and other veterans)  Specified laws justifying the rationale for providing more extensive benefits to disabled veterans		behavior of governmental officials' behavior towards them
<b>Treasure (Money)</b>	Financial incentives focused on changing behavior indirectly	In-cash and in-kind services targeted to disabled veterans (and martyrs, their relatives, and other veterans)	Monthly in-cash transfers to disabled war veterans  Extensive coverage for assistive technology for disabled veterans	Disabled veterans' sacrifices are rewarded with in-cash and in-kind services. Their compensation rate is higher than disabled civilians because they are constructed as a deserving category given their sacrifices for the state.
<b>Organization (Structures and Capacity)</b>	State providing public goods or services (through, for example, public companies)	State sponsored foundations	<i>Türkiye Gaziler Ve Şehit Aileleri Vakfı (Turkey)</i>  <i>Veterans Affairs (the US)</i>	State sponsored foundations or federal institutions are established

## Conclusion

I have tried to explain one of the main causes of similarities found in the Assistive Technology (AT) policy in both Turkey and the US, despite their dissimilar institutional settings. Both countries offer generous AT coverage for disabled veterans—covering the full cost of expensive AT—whereas disabled civilians do not have such entitlements. This difference, I argue that, is caused by an informal institution—glorified militarism. It structures disability policies of both countries in a way that the overarching disability laws are quite generous as parchment rules, however their implementations, e.g., AT policies, are quite discriminatory. Glorified militarism, attributing military-related issues like disabilities of veterans being constructed as sacrifices made for the state and nation, compels actors to act and think in a way that they must perceive disabilities of veterans as more deserving compared to the disabilities of civilians. By breaking down overarching disability policies, and one of its implementations—AT policies—to principles, objectives, procedures, and instruments; I have tried to show how overarching disability policies usually does not reflect their promises in implementations. The US and Turkey, and AT cases, are one of many that has inequalities

implementations and outcomes of disability policies, which warrants research as inequalitarian outcomes of disability policies for disabled people are usually understudied.



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