MYTHBUSTERS
disability Datebook

disAbility Historical Accomplishments

by the North Dakota Center for Persons with Disabilities
Table of Contents

Acknowledgements 1

Introduction 2

History of People with Disabilities 3

*Ancient*  Greek –Roman Societies 4
  Rise of Christianity 5

*400 AD*  Difficult Living Conditions and Social Control 5

*1300 - 1600*  The Renaissance 6
  The Reformation (Martin Luther, John Calvin) 7
  Community Responsibility (Queen Elizabeth) 7

*1600 - 1800*  Radical Thinkers (John Locke, Jean Jacques Rousseau) 8
  No More Shackles (Phillippe Pinel) 9
  Population Concerns (Thomas Malthus) 10
  Colonies, Communities, and Care Facilities 10
  New Methods of Teaching (Jean Marc Gaspard Itard) 11
  Revolutionary War 11
  Industrial Revolution 12

*1800*  Social Reform (Dorothea Dix) 12
  Sensory Training (Edward Sequin) 14
  Training Schools
    (Thomas Gallaudet, Samuel Gridley Howe) 15
  Incarceration 16
  Star or Spectacle?
    (Thomas Sherwood Stratton / Tom Thumb) 17
  A Voice in the Wilderness (Samuel Gridley Howe) 17
  Civil War 18
  “Curing” Disability 19
1800s (cont)  The IQ Test  (Alfred Binet, Principles of Binet’s Test)  20
  Hereditary Cause of Mental Deficiency (H.H. Goddard)  21
  IQ Test Anomalies (Lewis M. Terman)  22
  Eugenics  23

1900  Pioneer in the Parent Movement (Gunnar Dybwad)  24
  Judge David Bazelon  25
  Judge Frank M. Johnson Jr.  25
  The Beginning of Special Education  26
  Vocational Rehabilitation  27
  Out of Sight, Out of Mind  27
  Nazi Death Camps  28
  Expose of Institutional Conditions  28
  Franklin D. Roosevelt: What if?  29
  Medical Rehabilitation  30
  Immediate Institutionalization  30
  Try another Way (Marc Gold)  31
  The Parent Movement  32
  The National Foundation for Cerebral Palsy  34
  The Association for Retarded Citizens  34
  The Medical Model  35
  Government Focus on Disability  (President John F. Kennedy)  36
  Inhumane Conditions Exposed Again  (Senator Robert Kennedy, Burton Blatt, Fred Kaplan)  37
  “Normalization” Comes to America  (Bengt Nirje, Wolf Wolfensberger)  38
  A Natural Part of the Human Experience  38
  Conditions in Institutions Worsen  39
  Modern Neonatology and Infanticide  40
  Prohibition of Discrimination Based on Disability  (Vocational Rehabilitation Act of 1973)  41
  Educational Victory  (Brown v. Board of Education of Topeka)  (Education for All Handicapped Children Act)  42
1900s (cont) Independent Living (Edward Roberts) 43
Self-Advocacy 45
The Power of Advocacy (Katie Beckett) 46
The Americans with Disabilities Act 47
The Olmstead Decision 47
The Future of Disability History 48

Awareness Calendar 49
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INTRODUCTION

People with disabilities have been a part of the world since the beginning of time. Unfortunately, however, people with disabilities have often lived in the shadows of society. Segregation, oppression, prejudice, and cruelty have been the prevalent themes for people with disabilities, intermingled with a small glimpse of understanding and acceptance. Because history has a tendency to repeat itself, it is important to learn about the past so that we can understand what is happening in the lives of people with disabilities today.

The “Mythbusters disAbility Date Book” was developed through the Mythbuster Project at the North Dakota Center for Disabilities, funded through a grant by the North Dakota Department of Human Services (State Council on Developmental Disabilities). This book includes a brief chronologic overview of disability history, followed by an awareness calendar. It provides the public with history, needs, interests, and contributions of citizens with disabilities. It is designed to promote disability awareness and also to provide support for community marketing. It is anticipated this document will be a helpful tool for ADD partners and community organizations and will also help achieve the project’s goal of sustainability.

This hard copy will be accompanied by an electronic companion. The electronic version will be easily upgradable and also provide links to national organizations that are sponsoring awareness events. These links will connect a user to venues such as opinion/editorial pieces and feature articles in newspapers.

We hope you find this book interesting and helpful.

*The language used in this book documents terminology which was common during the historical time periods described. Though contrary to today’s “best practice” and use of “people first language”, it was necessary to maintain accuracy.*
History of People with Disabilities

Although people with disabilities have always been in society, they have not always been part of society. Unfortunately, much of the history of people with disabilities is characterized by cruelty, segregation, prejudice, and misperceptions (intertwined with brief periods of understanding and benevolence).

“If you believe people have no history worth mentioning, it’s easy to believe they have no humanity worth defending.”

- William Loren Katz

This section provides a brief overview of Euro-American disability history. The way that people with disabilities are treated is directly influenced by the values and attitudes of a given time period.

“The history of an oppressed people is hidden in the lies of of the agreed-upon myths of its conquerors.”

- Meridel LeSuel

By reviewing the history of disabilities, we gain an understanding of the events that have shaped our countries’ attitudes toward people with disability. It is important to understand this history as a foundation for where we are today and to do our part to ensure that the history of people with disabilities is not repeated.

“Those who cannot remember the past are condemned to repeat it.”

- George Santayana
Ancient Greek-Roman Societies

The first known reference to mental retardation was found in a document called the Therapeutic Papyrus of Thebes that was written in 1552 B.C. Even though the Ancient Era is remembered for its contributions to art, philosophy, literature, and science, this period was difficult for individuals with disabilities. Physical difference in the form of a disability was viewed as a mark of inferiority by the Greeks and Romans.

To create a “perfect” society and to appease the Greek and Roman gods, it is reported that young children with disabilities were thrown in the Tiber River by their parents, left in a forest to die, or mutilated to increase their value as beggars. In the city of Sparta, parents were legally required to abandon their “deformed and “sickly” infants. Parents who were seen as “inferior” were also killed to ensure that there would not be future generations of “their kind”. (This practice was revived in the United States and in Nazi Germany during the 20th century)

Some individuals with disabilities were treated as objects of ridicule and scorn. It was common practice for the wealthy to keep a person with a physical or cognitive disability as a "fool" for their amusement. Later, royal courts routinely kept "fools" or "court jesters" as sources of entertainment. Most of these entertainers were boys with cognitive disabilities. They were usually castrated before puberty so that they stayed boyish with high voices and little or no body hair or muscle development. Their entertainment value
was derived from the laughter generated by their disabilities rather than their skill in singing and dancing.

**Rise of Christianity**

The lives of people with disabilities improved somewhat with the rise of Christianity. Jesus Christ showed kindness and compassion for people who were seen as different. Many verses in the Bible, however, reflected the belief that a disability was caused by sin in a person’s life. The view that these individuals were not “whole”, created the myth that people with disabilities were less than human and in need of a cure.

Although the public killing of children with disabilities decreased during this time, death behind closed doors continued. Because helping the “afflicted” was a sign of strength, this period is characterized by more humane, compassionate, and merciful treatment of individuals with disabilities. These attitudes, however, also led to pity and exclusion of people with disabilities that were considered unworthy, evil, and sinful.

**Difficult Living Conditions and Social Control**

Living conditions for people with disabilities were difficult during this time period following the fall of the Roman Empire in the 5th century. The Roman Catholic Church responded by opening the first hospitals, orphanages, and other facilities to assist those in need. The Church also opened foundling hospitals where unwanted children were left by their parents (since the abandonment and murder of babies with disabilities was now prohibited by the Church). Church leaders provided help based on the notion that their good works would earn them a place in heaven.
During this time, a new type of “care” emerged when public officials decided to house the unwanted people of society in vacant leprosariums. Incarceration of society’s “undesirables” (e.g., people with disabilities, the poor, criminals, etc.) marks the beginning of the first institutions.

Another type of social control that emerged during this time was the “idiot cage”.

People who were considered undesirable were locked up in a wooden cage in the center of town. These individuals were “kept out of trouble”, and the townspeople were invited to gawk at the “creatures” for free entertainment.

Undesirables were also loaded onto “ships of fools” which sailed from port to port. Residents of the port cities could buy tickets to view the “fools” on board. Ultimately, the “passengers” were unloaded at the last port city and left to fend for themselves in an unfamiliar community.

**The Renaissance**

The Renaissance period occurred from the mid-14\textsuperscript{th} century to the mid-16\textsuperscript{th} century. This period is characterized by a revival of classical learning, growing interest in the arts and sciences, and the concept of the dignity of man. Renaissance leaders promoted better health care, a better understanding of disabilities, and improved living conditions for people with disabilities.
The Reformation

Many Protestant leaders (e.g., Martin Luther and John Calvin) believed that people with disabilities were possessed by Satan. Protestant and Roman Catholic religious authorities used several methods to drive the devil out of them (e.g., holy spit, pilgrimages to holy places, exorcisms, etc.). Parents often “beat the Devil” out of their children in an attempt to cure them. If the child died from the beating, the death was excused as an unfortunate result of a responsible act.

Some religious leaders believe that people with disabilities would be cured if they had enough faith. If a person was not healed, it was seen as proof that the person truly was filled with the devil. Infanticide continued behind closed doors during this time. Because babies were not seen as worthwhile as adults, it was not considered murder when babies were killed and punishments were usually light or nonexistent.

Community Responsibility

Born on September 7, 1533, Queen Elizabeth I of England encouraged Parliament to pass a series of laws in 1601 to take care of the "poor and disadvantaged". Known as the Elizabethan Poor Laws, these laws shifted more responsibility to the government for the care of the poor and people with disabilities. The “unemployable poor” received basic care and almshouses and workhouses were built. As a result of the Poor Laws of 1601, the welfare state was started. Unfortunately, the conditions of
these “helpful” facilities were usually so deplorable that life on the street was often preferable to charity.

During this time, there were two new philosophies which were emerging (and are still prevalent today in some societies). The first philosophy promoted the notion that poverty was equivalent to moral delinquency. The second philosophy was based on the belief that people with disabilities should be cared for by others who “know what is best”.

**Radical Thinkers**

During the 17th and 18th centuries, a more scientific approach to individuals with disabilities emerged.

Born on August 29, 1632, John Locke was an English philosopher and physician who believed that all minds were “blank slates”. His suggestion that all people could develop intellectual capacities through experiences challenged had a positive impact at the time because it challenged the prevailing belief that people with cognitive disabilities could not learn.

Jean Jacques Rousseau was a French philosopher, writer, and political theorist who was born on June 28, 1712. Rousseau recognized the innate value and dignity of all human beings (not just the wealthy or nobility who believed in their own superiority).
Influenced by Rousseau’s recommendation for a simple life in the country, many American institutions for people with disabilities were located in the countryside.

No More Shackles

Born on April 20, 1745, Phillippe Pinel was a French psychiatrist who was instrumental in developing a more humane and moral approach to the care and treatment of individuals with mental disorders. He has been described as the “father of modern psychiatry”.

Pinel was the first to say that people who were labeled as “mentally deranged” have a disease rather than being sinful or immoral. Phillippe Pinel successfully eliminated the use of restraints (shackles and chains) at two large asylums for people with mental disorders.

French psychiatrist Philippe Pinel made significant contributions to the field of mental illness as the first to say that mental derangement was caused by a brain dysfunction (instead of sinfulness or immorality). He removed the restraints from the patients of several French asylums. Pinel’s beliefs led to a shift from physical abuse to more humane treatment and “moral management” (gentle treatment and patience). He also promoted work experience for patients in mental hospitals as a type of therapy.
Population Concerns

Born on April 13, 1766, Thomas Malthus was an English clergyman, economist, and social philosopher. He shared his concerns about population growth in “Essay on the Principle of Population” in 1798. Malthus suggested that the population could be effectively reduced by eliminating the “defectives” in society. He believed that only those “normal” individuals who contributed to society were entitled to reap its benefits.

Colonies, Communities, and Care Facilities

Because the early American colonies lacked a central government, members of the colonies worked together to care for their own.

“If any person shall be sent forth as a soldier and shall return maimed, he shall be maintained completely by the Colony during his life.”

-1636 Pilgrim Declaration

Since many of the colonists came to America in search of religious freedom, they took their responsibility to care for the “deserving poor” (e.g., widows, orphans, and some people with disabilities) seriously. The “deserving poor” were just seen as a natural part of life and almshouses were built in the colonies to care for these individuals.

During this time, some almshouses became infirmaries to accommodate the growing number of people in the colonies who needed care. In 1773, the first hospital for people with mental disabilities was built in Virginia.
New Methods of Teaching

Jean Marc Gaspard Itard was a French Physician who was born on April 24, 1774. Itard is best known for his work with Victor the “Wild Boy of Aveyron”.

In the beginning of the 19th century, Itard began to educate a young boy who had been found roaming naked in the forests of Aveyron, France. Although Itard did not completely eliminate Victor’s disabilities, he made significant strides in improving the boy’s behavior through educational strategies and humane treatment.

Some people have described Itard as the forefather of special education because he was the first person to design an individualized educational plan. In his innovative work, he utilized a student-centered approach that was based on Victor’s individual needs.

Even with his limited success, Itard did prove that children with mental retardation could improve to some extent. This would have a positive influence on many of the educators of the following century.

The Revolutionary War

The Revolutionary War began on April 19, 1775. During the Revolutionary War, community care for people with disabilities was supplemented by government funds. Soldiers who acquired a disability in battle received a benefits package from the Continental Congress. Dependents of soldiers who were killed in battle also received compensation.
These benefits packages marked the beginning of the U.S. government’s aid to the “deserving needy”.

**Industrial Revolution**

People with disabilities did not reap the benefits of the Industrial Revolution which occurred in Europe during the mid-1700s. People with disabilities were excluded from factory jobs which required employees to produce mass quantities in short time frames.

The population of urban areas increased significantly during the Industrial Revolution when people left their farms for jobs at factories. Undesirable newcomers (e.g., people with disabilities, widows, orphans, criminals, and others who were economically dependent) were not welcome in urban communities and ran out of town. European cities were characterized by extreme poverty and extreme wealth. Infanticide was common during this time.

**Social Reform**

In the United States, a social reformer named Dorothea Dix was appalled by the conditions in prisons and poorhouses where many people with disabilities (especially women) were “warehoused” with criminals as noted in the following quote.
“More than nine-thousand idiots, epileptics, and insane in these United States, destitute of appropriate care and protection. Bound with galling chains, bowed beneath fetters and heavy iron balls, attached to drag-chains, lacerated with ropes, scourged with rods, and terrified beneath storms of profane execrations and cruel blows; now subject to jibes, and scorn, and torturing tricks, now abandoned to the most loathsome necessities or subject to the vilest and most outrageous violations."

- Dorothea Dix

Born on April 4, 1802, Dorothea Dix was one of the first social reformers in the United States to call attention to the deplorable conditions in facilities for people with mental illness and developmental disabilities. When asked why these individuals were forced to live in cold basements with no clothes or heat, the caretaker replied “The insane do not feel heat or cold”. Dorothea Dix devoted her life’s work to improve conditions for individuals with mental illness and developmental disabilities. She visited every jail, poorhouse, and correction facility in Massachusetts and eventually expanded her efforts to other states. She tirelessly advocated for the establishment of more humane housing for people with disabilities. Dix advocated for books, music, recreation, and meaningful work for individuals with cognitive disabilities. She endorsed a holistic approach to care and treatment.

Influenced by Philippe Pinel, Dorothea Dix advocated for better treatment of people with mental illness (a broad category at that time which included people with learning, cognitive, or sensory disabilities). As a result of Dorothea Dix’s
efforts, over thirty asylums were built across the United States to promote more humane treatment. Unfortunately, the success of these asylums resulted in increased segregation and isolation of individuals with disabilities. By building institutions in the countryside, the townspeople were “protected” from these “deviants” and people with disabilities were “out of sight, out of mind”. Additionally, it was believed that the residents of these institutions would enjoy the simple life in the country. The number of institutions in the United States began to rise during this time.

**Sensory Training**

Edouard Sequin was a French physician and educator who was born on January 12, 1812. He is known for his working with children with cognitive disabilities in France and the United States. Under the tutelage of Itard, Seguin was committed to identifying the cause and treatment of “idiocy”. In 1839, Seguin opened the first school in the world for students with mental retardation. When Seguin immigrated to the United States in 1950, he continued to establish training centers for people with mental retardation. Seguin was the first president of the Association of Medical Officers of American Institutions for Idiotic and Feebleminded Person, which would later be renamed the American Association on Mental Retardation.

Contrary to the perceptions that were prevalent during their time in history, Itard, Seguin and their successors were among the first to believe that children with cognitive disabilities could learn significant skills. Their revolutionary ideas formed the foundation for present-day special education in the following important areas:
• Individualized instruction
• Carefully sequenced educational tasks
• Instruction in the natural environment
• Immediate reinforcement for correct performance
• Tutoring in functional everyday skills
• Belief that every child should be educated to the greatest extent possible

Influenced by Itard’s work with the Wild Boy of Aveyron, Edouard Sequin believed that children with cognitive disabilities could achieve advanced levels of thinking through approaches such as expert diagnosis, recognition of individual capabilities, and sensory and motor training.

Sequin was honored by the Paris Academy of Science for his work in “idiot education”. His contributions influenced several other pioneers in education, including Maria Montessori who was a leader in the teaching of young children with and without disabilities.

Training Schools

Thomas Gallaudet (who was born on December 10, 1787), opened the American Asylum for the Deaf on Connecticut in April 15, 1817. Similar schools for students with sensory disabilities were soon opened in other states. In 1864, Gallaudet College in Washington, D.C. was established as the first institution of higher education for students with disabilities.
Around the same time, Samuel Gridley Howe (born on November 10, 1801) was an American physician and humanitarian who was involved in several social issues of his time. Howe was the director of the Perkins Institute for the Blind where he implemented new training methods. On October 1, 1848, Howe opened the Massachusetts School for Idiotic and Feeble-Minded Youth as an experimental boarding school. Howe believed that children with disabilities could be productive citizens if they received intensive training (e.g., academic, self-help skills, physical and sensory training) in residential schools. The humanitarian plan to “fix deviancy” seemed to be effective and more schools were built to meet the growing demand.

**Incarceration**

The early success of the training school movement was hindered by the high unemployment rate in America before the Civil War. Because many of the young adults from the training schools could not compete in the limited job market, many ended up in poorhouses or jails.

Despite these conditions, enrollment in training schools increase as social reformers continued to promote their schools and parents wanted their sons and daughters to reap the benefits of this training. The training schools were not equipped to accommodate the growing numbers of students. This led to a shift in focus from education and training to custodial care. Students became inmates. People with disabilities were seen as financial burdens.

To counter this perception, administrators began to use the residents as a source of inexpensive labor. Residents of the training schools were required to do jobs which were
essential to the daily operation of the facilities (e.g., supervising lower-functioning inmates, growing food, grounds keeping, etc.). This “free labor” was considered “therapy” for the residents.

Star or Spectacle?

Charles Sherwood Stratton was an entertainer who was known to the American public as General Tom Thumb. Born on January 4, 1838, Tom Thumb was a person of short stature. At 18 years of age, Tom Thumb’s height was 2’11”. His extreme shortness was probably caused by a disorder of the pituitary gland.

Beginning on December 8, 1842, P.T. Barnum exhibited Tom Thumb at a museum in New York City as a showcase for curiosities. At the age of five, Tom Thumb made his first of four American tours with a routine that include singing, dancing, miming, and impersonating famous people. Tom Thumb became an international celebrity when he toured Europe with Barnum. Although Tom Thumb only received a salary of three dollars a week (plus travel expenses and room and board), he made enormous amounts of money for Barnum.

A Voice in the Wilderness

Samuel Gridley Howe was alarmed at the ways in which training schools were turning into institutions. When Howe gave the keynote address at the grand opening of a new institution, the audience was stunned when he criticized institutions and warned about the
negative impact of segregation and exclusion.

Howe recommended that people with disabilities should be included in home communities and integrated with people who did not have disabilities as noted in the following excerpt from his speech.

“…We should be cautious about establishing such artificial communities…for any children and youth; but more especially should we avoid them for those who have natural infirmity…Such persons spring up sporadically in the community, and they should be kept diffused among sound and normal persons…As much as may be, surround insane and excitable persons with sane people and ordinary influences; vicious children with virtuous people and virtuous influences; blind children with those who see; mute children with those who speak; and the like…”

_Samuel Howe (Ceremony on laying the cornerstone of the New York State Institution for the Blind, 1866)_

**Civil War**

Awareness of people with disabilities was heightened when Civil War veterans returned home with disabilities that they acquired in battle. These veterans were eligible for government pensions. The government also opened the National Home for Union Veterans in 1866. The care
which veterans received in this facility was significantly better than what was provided for residents of public institutions.

There were also differences in the perceptions of society toward veterans with acquired disabilities versus those who were born with disabilities. While soldiers were viewed as individuals who had successfully contributed to society in the past, people who were born with disabilities were seen as nonproductive members of society who had nothing to contribute.

“Curing” Disability

On June 6, 1876, superintendents from six institutions – Eduoard Seguin, Hervey B. Wilbur, G.A. Doran, C.T. Wilbur, H. Knight, and Isaac Kerlin met to create the Association of Medical Officers of American Institutions for Idiotic and Feebleminded Persons. This organization later became the American Association on Mental Deficiency (AAMD) and it is now known as the American Association on Mental Retardation (AAMR).

The purpose of this Association was to study the causes of, and treatment for, idiocy and feeblemindedness (now referred to as cognitive disabilities). Their overall goal was to “cure” the patients who resided in the institutions.

Despite warnings from social reformers such as Samuel Gridley Howe, residents were labeled and categorized by disability.

Many parents believed that institutional care was beneficial for their sons and daughters. Feeling inadequate and ill-equipped, other parents turned to institutions
for relief from the financial and emotional burdens of taking care of their children at home.

By the beginning of the 20th century, conditions in institutions had significantly worsened. Institutions were characterized by insufficient budgets, overpopulation and understaffing.

**The IQ Test**

Born on July 8, 1857, Alfred Binet was a French psychologist, scientist, and lawyer. He designed the first usable intelligence test in 1905 as a way to identify “slow” or “retarded” children who might need extra assistance in school. Known as the IQ test, Binet’s instrument was imported by American professionals who revised it and used it to identify and categorize individuals who they believed were “defective”. Binet’s intelligence test was refined in 1916 by Lewis Terman from Stanford University. The Stanford-Binet Intelligence Scale is the foundation for one of the intelligence tests that is still used on a widespread basis today.

Binet’s overall objective in developing an intelligence test was to identify students who needed extra support to complete their school curriculum. Unfortunately, professionals did not follow the principles that Binet outlined for his test (as noted in the box below) and a substantial misuse of testing began.

**Principles of Binet’s Test:**

- The test score does not define anything innate or permanent about the child and what is measured cannot be designated as “intelligence” or any other abstract element.
• The scale is a rough guide for the purpose of identifying children who need extra help, not a device for ranking children; and
• Low scores do not mean a child is innately incapable.

Eugenicists such as H.H. Goddard used intelligence testing as a way to highlight the superiority of the white race. As part of the eugenics movement, a new goal of intelligence testing was to “curtail the reproduction of feeble-mindedness and eliminate crime, pauperism, and industrial inefficiency” (Terman, Lyman, Ordahl, Galbreath, & Talbert, 1917). When Binet became aware of the “foreign ideas being grafted on his instrument”, he condemned those who were using intelligence tests to separate people into categories.

**Hereditary Cause of Mental Deficiency**

Through his genetics studies, H.H. Goddard (director of research at the Vineland Training School for Feebleminded Girls in Boys in New Jersey) determined that mental deficiency was hereditary. Goddard (and several other respected researchers of the time) asserted that the gene which was responsible for intelligence was passed from parents to their children.

Goddard and his colleagues were relieved that “idiots” and “imbeciles” were locked up in institutions so that they would be unable to “make more idiot or imbecile babies”. These professionals claimed that when the “defectives” institutions died out, their forms of mental deficiency would die with them. As a result, the United States would no longer be endangered by the “moral menace” of idiots and imbeciles.
The work of Goddard and his peers resulted in the rejection of thousands of immigrants to America. Goddard persuaded government authorities to use his IQ test to screen immigrants as they arrived at Ellis Island. Immigrants who were found to be feebleminded were not allowed to enter the United States. In 1913, the U.S. Public Health Services reported that 79% of Italians, 80% of Hungarians, 83% of Jews, and 87% of Russians were categorized as “feebleminded” as a result of being tested with Goddard’s instrument. As a result of this testing, the U.S. Congress passed legislation which substantially decreased immigration from “low intelligence” countries.

**IQ Test Anomalies**

Lewis M. Terman (born on January 15, 1877) was a psychologist from Stanford University who modified Binet’s IQ test. Terman’s version was known as the Stanford-Binet and was a written test. There were several groups of people who did not do well on this new form of the test (e.g., people who were unfamiliar with the subject of the questions, people who used a different way of thinking, and people whose first language was not English).

Terman’s test marked the beginning of the standardized testing industry. Professionals accepted testing as an accurate tool for measuring “intelligence” and many more tests were developed.

As a result of the testing movement, the number of individuals who were classified as feebleminded dramatically increased. As experts predicted that the increased number of imbeciles, idiots, and morons could cause widespread ruin, hysteria in America grew.
Studies that suggested that feeblemindedness was hereditary were devastating to parents who had a son or daughter with disabilities. The shame associated with bringing a “defective” into the world was unbearable for many families.

**Eugenics**

Eugenics (derived from ancient Greek, meaning well-born) is the study of scientific methods to strengthen the human race. By controlling the reproduction and hereditary worth of certain groups of people, Americans could be assured that future generations of “defectives” would no longer weaken society.

One method of social control which was used in the Eugenics movement was mandated sterilization of people with disabilities. Many young women with disabilities (who thought they were having an appendectomy) were given tubal ligations. Men were often castrated or given a vasectomy (a new procedure developed specifically for this group of people).

In addition to forced sterilization, many states also passed laws which banned people who were “feebleminded” from getting married. Even though lawsuits were filed to stop involuntary sterilization, the Supreme Court upheld the state mandates in the 1927 Buck v. Bell case. In this majority decision, Chief Justice Oliver Wendell Holmes stated “Three generations of imbeciles are enough”.

23
**Pioneer in the Parent Movement**

Dr. Gunnar Dybwad was born on July 12, 1909. Together with his wife Rosemary, the Dybwads were instrumental in founding the International League of Societies for the Mentally Handicapped (now known as Inclusion International). The Dybwads were pioneers in the disability rights, inclusion, parent, and advocacy movements, especially during the early years. They were committed to promoting the civil rights and self-determination of individuals with disabilities around the world.

One of Dr. Gunnar Dybwad’s most notable achievements was when he convinced the leaders of the Pennsylvania Association for Retarded Children (PARC) to sue on behalf of children with disabilities. This case guaranteed the rights of children with disabilities to receive a free and equal public action. In addition, Dr. Gunnar is responsible for more than 12 lawsuits which established the rights of individuals with disabilities to lead normal lives in the community.

Dr. Gunnar Dybwad was a consultant on mental retardation to President John Kennedy. He also served on the President’s Committee on Mental Retardation under Presidents Johnson, Nixon, Regan, Ford, Carter, Bush, and Clinton.

Dr. Gunnar Dybwad and his wife Rosemary were instrumental in establishing the dignity and worth of people with disabilities. They helped individuals with disabilities and their families find their collective voice. The Dybwads will be remembered for the key role they played in framing cognitive disabilities as a civil rights issue rather than as a charity or medical-social problem.
Judge David Bazelon

Judge David Bazelon was born on September 3, 1909. He is best known as a leading advocate for people with cognitive disabilities and an early supporter of civil rights for people with disabilities.

Judge Bazelon was a Chief Justice of the United States Court of Appeals for the District of Columbia. He also chaired the Task force on Law for the President’s Panel on Mental Retardation under President John F. Kennedy. In that role, he helped to establish “a course of responsiveness to fulfill society’s moral and legal responsibilities to its citizens with disabilities”. Judge Bazelon was a strong advocate for collaboration between legal and mental health professionals to support individuals with cognitive disabilities.

Judge Frank M. Johnson Jr.

Born on October 30, 1918, Judge Johnson is known as an early promoter of civil rights for people with disabilities. His landmark decisions in the areas of civil liberties, desegregation, and voting rights laid the foundation for people with disabilities to gain the same rights.

Judge Johnson is remembered by people with disabilities for his decision in the Wyatt v. Stickney case. This ruling formed the basis for federal minimum standards of care for people with mental illness or developmental disabilities who lived in institutional facilities. Known as the “Wyatt Standards”, Judge Johnson’s ruling established four standards that have served as a nationwide model of care for people with disabilities in institutions. These include:
• Humane environment
• Qualified and adequate staff for administration of treatment
• Individualized treatment plans
• Minimum restriction of patient freedom.

**The Beginning of Special Education**

Despite the growing number of institutions, many people with disabilities were still with their families. Some of these individuals benefited from the beliefs of educators who proposed that children with disabilities could successfully stay in their communities if they received an education. In 1896, Rhode Island opened the first special education class in the United States. By 1923, approximately 34,000 students with disabilities were attending special education classes in several states.

Unfortunately, many educators were not equipped to teach students with disabilities and turned to the professionals in institutions for assistance. As a result, many institutions began to incorporate “schools” within their buildings. Because the “experts” in these institutions believed that “feeblemindedness” was hereditary, education would be pointless. A widely-used textbook of the time “The Almosts: A Study of the Feeble-Minded” proposed that people who were classified as “feebleminded” were “almost”, but not quite human.
Vocational Rehabilitation

Following World War I, many soldiers returned to the United States with acquired disabilities. In response to the influx of veterans with acquired disabilities, the federal government passed the Vocational Rehabilitation Act on February 23, 1917. The Vocational Rehabilitation Act was intended to provide training that would help soldiers with acquired disabilities to become productive citizens again. This Act was passed as an economic decision (rather than being passed out of national sympathy or moral obligation). Congress believed that veterans could be retrained to become the valuable employees that they once were and contribute to the United State’s economy.

Physical and occupational therapists often assisted with education and training programs for veterans with disabilities. The period after World War I marks the beginning of those two disciplines.

Out of Sight, Out of Mind

Most adults and children with disabilities were invisible from the 1920s to the 1950s. With at least one institution in every state, the population at these facilities increased from 25,000 to over 100,000.

Even individuals with disabilities who lived at home were often hidden because of shame, lack of acceptance, prejudice, and limited community supports. It was typical for parents to send their son or daughter with disabilities to a back room of the house when guests arrived.
Nazi Death Camps

In an attempt to cleanse Nazi Germany of all “inferior” persons, the involuntary sterilization of “defectives” was one of Adolph Hitler’s top priorities. Influenced by the eugenics movement in the United States, the theory that feeblemindedness was inherited, and the success of mandatory sterilization in America, Nazi doctors began to sterilize young adults with mental illness and disabilities.

Tragically, Hitler’s obsession with maintaining racial purity led him to move beyond sterilization. Under the pretext of new treatments and cures, children with disabilities were admitted to medical facilities where they were poisoned or starved by Nazi doctors. Their bodies were cremated and parents were routinely told that their children died during treatment.

Adults with disabilities were also targeted to be killed. They were also tricked into coming to medical facilities under the guise of improved treatment. These individuals were gassed and their bodies were cremated.

Expose of Institutional Conditions

When a large number of young men were drafted into the military during World War II, many institutions experienced staff shortages. Instead of joining the military, conscientious objectors filled many of the positions at public institutions. These newcomers were not familiar with the horrific conditions at the institutions.
Alarmed by the inhumane and cruel treatment of individuals with disabilities that they witnessed, these individuals raised public awareness of the deplorable conditions of these facilities. In June of 1948, Albert Deutsch published “Shame of the States” which was a photographic journal about one of the “nicer” institutions. Unfortunately, America was not prepared to address one of its darkest secrets.

Franklin D. Roosevelt: What if?

Born on January 30, 1882, Franklin Delano Roosevelt was the 32nd president of the United States. Roosevelt was a great leader and is remembered for the significant contributions that he made during his presidency (e.g., recovery from the Great Depression, Social Security, and Allied victory in World War II).

Despite these noteworthy contributions, Roosevelt could have done much more to increase our country’s awareness of people with disabilities. As a result of contracting polio when he was an adult, Roosevelt had a significant physical disability. Instead of promoting disability as nothing to be ashamed of, Roosevelt effectively disguised his disability (with the full cooperation of his family, staff, and the news media).

Although the American public knew that Roosevelt had polio, they were unaware of how it affected him. While Roosevelt used a wheelchair in private, he creatively hid his disability in public (e.g., by sitting behind a desk, covering his legs with a blanket, wearing leg braces to help him walk, walking alongside
one of his sons or Secret Service agents who supported him by holding his arm).

Roosevelt’s main interest in disability issues was related to polio research. He supported a fund-raising campaign which featured children to solicit donations for polio research. The Roosevelt dime was created to commemorate his efforts and the campaign became known as the “Mothers March of Dimes”.

**Medical Rehabilitation**

Following World War II, the field of medical rehabilitation was emerging. Using innovative medical techniques, physicians were able to restore the bodies of veterans with acquired disabilities to “normalcy” or “near-normalcy”. The American Board of Physical Medicine was established in 1947.

Medical rehabilitation quickly expanded beyond the veteran community to the general society. Because they were once considered “productive” citizens, civilians with acquired disabilities benefited from medical rehabilitation much earlier than people who were born with disabilities.

**Immediate Institutionalization**

During the 1940s and early 1950s, the shame and stigma of disability continued to separate families from society. Some institutions were caring for people with disabilities throughout their lifespan from the cradle to the grave.

Many doctors encouraged parents to institutionalize their babies immediately when a disability was diagnosed at birth. Physicians often told parents that institutionalization was the most humane thing to do for their child. Institutionalization was seen as a win-win situation for everyone: the child would get necessary care and the parents would be relieved of the responsibility of caring
for their son or daughter. Parents were urged to tell others that their baby had died and to just forget about the child who would have been an emotional and financial hardship anyway.

Some parents followed the advice of professionals to institutionalize their children; the majority did not. Some parents kept their children at home initially but later placed their son or daughter in an institution because it seemed to be the only place where they could get any help. Other parents were forced to place their older children in an institution when they were no longer able to care for their children at home (and no other option was available).

“Try another Way” / Expanding the Boundaries of Employment

Born on June 1, 1939, Marc Gold was a special education teacher during the late 1960’s. Unlike his counterparts, Marc Gold viewed students with severe disabilities in a new way based on three fundamental beliefs.

- People with severe disabilities have more potential than others realize
- All people with disabilities should have opportunities to lead their lives much like everyone else
- Everyone can learn if others can figure out how to teach them

As a result of his values and beliefs, Marc Gold developed a systematic training approach called “Try another Way”. This innovative approach provided a framework, instructional strategies, and a value-based foundation for teaching individuals with even the most severe disabilities to complete complicated tasks.
The “Try another Way” approach created the foundation for today’s “customized employment” model which includes the following components:

- Identifying an individual’s job preferences and interests
- Job carving
- Job restructuring
- Providing natural supports

The “Try another Way” approach has played a key role in supporting individuals with severe disabilities to become successfully employed in their local communities.

**The Parent Movement**

The United States enjoyed peace and prosperity following World War II. Americans turned their attention toward their families and communities. Many parents of children with disabilities focused on creating better lives for their children and families. Parents recognized that it would be difficult to make the changes that they desired on their own. Because they realized that there was strength in numbers, they joined together to establish disability advocacy organizations (e.g., the Arc, United Cerebral Palsy, etc.). Even though no one knew it at the time, their initiatives were the beginning of the Disability Rights Movement.

The first goal of these parents was education. Although public schools were not required to accept children with disabilities, parents found ways to teach their children in churches, basements of school buildings, and their own homes.
Parents also began to include their children in typical childhood experiences such as sports, field trips, and other childhood activities. For the most part, however, children with disabilities were excluded from integrated recreational activities.

As their sons and daughters with disabilities became young adults, the focus of these parents shifted to employment. Because community jobs were not an option at this time, parents again relied on themselves and their organizations to create typical work experiences for their son or daughter. As a result of these parents’ efforts, sheltered workshops were set up in garages, borrowed buildings, or other locations so that young adults with disabilities could learn skills in work-like activities.

Key Reasons behind the Parent Movement:

- To explore options other than institutions for children with disabilities
- To created public school programs which were suitable for children with disabilities
- To disseminate knowledge and information about mental retardation
- To challenge the belief that “nothing more can be done for your child”
- To pursue programs on behalf of their children
- To strengthen the growing conviction that society had a responsibility to build a fuller life for children with disabilities

Woodhull Hay of the National Association for Retarded Children

The contributions of these dedicated parents were significant. They were committed, motivated, caring, and unstoppable. Their children were being educated in home-grown schools, enjoying community activities, and learning
work skills. Because of their parents’ achievements, these children and young adults with disabilities were truly “living the good life”.

The National Foundation for Cerebral Palsy

The National Foundation for Cerebral Palsy was established on XXXX, 1949 by representatives from several groups of parents who had a child with cerebral palsy. In 1950, this organization was renamed the United Cerebral Palsy Association, Inc.

Together with the Association for Retarded Children, the United Cerebral Palsy Association became a major force in the parents’ movement that began in the 1950s.

The National Association of Parents and Friends of Retarded Children (The Association for Retarded Citizens)

The National Association of Parents and Friends of Retarded Children was founded when representatives from 88 parent groups met at the annual meeting of the American Association on Mental Deficiency on September 8 – October 1, 1950. At this meeting, the parents developed a constitution with the overall purposes of promoting the welfare of individuals with developmental disabilities of all ages and preventing mental retardation. This constitution was ratified on February 6, 1951 and the national association was officially established.

There were several factors which were responsible for the creation of the National Association of Parents and Friends of Retarded Children. These included:
- Extensive exclusion of children with IQs below 50 from school
- Significant lack of community services for individuals with mental retardation
- Long waiting lists to admission to residential facilities
- Dissatisfaction with the deplorable conditions in many institutions
- The vision of innovative leaders
- Assistance from key professionals

The National Association of Parents and Friends of Retarded Children has undergone the following name changes since it originated.

<table>
<thead>
<tr>
<th>Years</th>
<th>Name</th>
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<tbody>
<tr>
<td>1953 – 1973</td>
<td>National Association for Retarded Children</td>
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<tr>
<td>1973 – 1981</td>
<td>National Association for Retarded Citizens</td>
</tr>
<tr>
<td>1981 – 1992</td>
<td>Association for Retarded Citizens of the United States</td>
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<tr>
<td>1992 – Present</td>
<td>The ARC of the United States</td>
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The ARC of the United States has had a positive impact in public education programs and legislative advocacy. These efforts provide evidence that social change can be influenced by particular interest groups that have systematic and skillful strategies and methods.

**Medical Model Deep-Rooted**

The medical model was prevalent during the 1950s. Under this model, disability was seen as an illness, a disease, an abnormality, and something to be fixed or cured. The root of the problem was within the person. As a result of this prevailing model, funding for medical research often took precedence over money for services and care.

Institutions began to look like hospitals with sterile wards for “patients, rows of
cribs and beds, tile floors and walls, and toilets without stalls. In their white uniforms, staff members looked more like guards than caregivers. “Patients” were segregated by gender, age, and condition. Day rooms were dismal and many residents were just left to themselves. Abuse, neglect, and even death were common in these facilities.

**Government Focus on Disability**

For the first time ever, the federal government showed an interest in developmental disabilities in the early 1960s. Mental retardation was recognized as an “issue of national significance” by President John F. Kennedy. This was probably a result of President Kennedy’s sister, Rosemary, being diagnosed with mental retardation (the label her father chose to give her since it was seen as less stigmatizing than a diagnosis of mental illness which is what she probably actually had).

*"We as a nation have long neglected the mentally ill and the mentally retarded. This neglect must end..."*

*-President John F. Kennedy*

Kennedy established the President’s Panel on Mental Retardation which encouraged local agencies to support people with disabilities in community-based services. On October 31, 1963, The Mental Retardation Facilities Construction Act was passed. This Act authorized funding for community-based services, research centers, and university programs to train professionals.
For additional information on the history of the President’s Committee for people with Intellectual Disabilities, please visit
http://www.acf.hhs.gov/programs/pcpid/pcpid_history.html

**Inhumane Conditions Exposed Again**

When Senator Robert Kennedy visited New York’s Willowbrook State School in New York in 1965, he was shocked by the appalling conditions. Some residents were naked and sitting in their own excrement. Treatment and care was minimal and many residents were abused by staff members and other patients.

During that same year, a professor at Syracuse University named Burton Blatt and Fred Kaplan, a professional photographer, used a hidden camera to depict the shocking conditions in institutions. In their book, *Christmas in Purgatory*, they documented the overcrowding, filth, hopelessness, and inhumane treatment in America’s institutions. When excerpts from their book were reprinted in a popular magazine, the American public finally saw the dreadfulness of institutions.

*There is a hell on earth, and in America there is a special inferno. We were visitors there during Christmas, 1965.*

- Burton Blatt and Fred Kaplan
“Normalization” Comes to America

The principles of normalization were first introduced in Scandinavia during the 1960s by Bengt Nirje. These principles were introduced in Canada and the United States in 1969 by Wolf Wolfensberger.

“Normalization” was not intended to make people with disabilities “normal”. The principles of normalization focused on the importance of typical, everyday routines for people with disabilities who were living in abnormal settings (e.g., segregated, congregated care facilities).

Key Components of Normalization:

- A normal rhythm of the day (eating, sleeping, etc.)
- A normal routine (living, working, going to school)
- A normal rhythm of the year (celebrating holidays)
- A normal economic standard
- Age appropriate experiences
- Opportunities to make choices
- Right to live, work, and play in typical communities

The principles of normalization had a positive impact on many people with disabilities, their families, and professionals.

A Natural Part of the Human Experience

The Developmental Disabilities Services and Facilities Construction Amendments (also known as the DD Act) were passed in 1970. These Amendments represent the first congressional effort to address the needs of a group of people with
disabilities. In this Act, the term “developmental disability” was created to depict a “significant, permanent disability that manifests itself before a person reaches the age of twenty-two”. The DD Act established a Developmental Disabilities Council in each state to work toward systems change for people with developmental disabilities.

The DD Act includes a philosophy that is the foundation for special education and other federal disability-related laws.

“Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity to live independently, enjoy self-determination, make choices, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society.”

- DD Act of 1970

Conditions in Institutions Worsen

Despite the federal attention which was focused on disabilities during this time, conditions in America’s institutions continued to get worse.

The horrific conditions of the Willowbrook State School were secretly documented by television reporter Geraldo Rivera and a film photographer in 1972. Children in the institution were only partially
clothed or naked. They were crying, screaming, staring blankly, sleeping on the bare floor, or tied to their beds.

Some children choked to death or died from pneumonia when staff members forced mush down their throats. Physical and emotional abuse by staff members and other residents was typical.

Exposes such as this resulted in public outcry. Under increasing pressure and lawsuits, public institutions gradually began to change. In 1974, Executive Order #11776 was issued by President Nixon. This Order reaffirmed President Kennedy’s goal of returning residents of institutions to community placements.

In addition, Amendments to Social Security policies authorized funding for residential care in Intermediate Care Facilities for the Mentally Retarded (ICF-MR). The Supplemental Security Income (SSI) program was founded in 1972. As a result of State and Federal regulations, the number of people with disabilities who were living in state institutions began to decrease.

**Modern Neonatology and Infanticide**

Medical advances significantly improved the survival rate of newborns with significant disabilities. Despite improved technology, many of these babies were the victims of infanticide in hospital nurseries.

Many medical professional believed that children with disabilities were doomed to live pathetic lives and would be better off dead. Because children with disabilities
were viewed as financial and emotional burdens, many physicians could not imagine wanting these children, especially when the family could replace the “defective” child with a “healthy” child. Under the guise of “medical expertise”, many doctors encouraged parents that it would be best to let their baby die.

Many newborns with disabilities were denied life-saving medical care; others were starved to death. Many highly-publicized cases were being fought in hospitals and courts. While parents and their physicians were usually on the side of no treatment, neonatologists and hospital administrators contended that treatment should be provided. Arguments were based on sanctity of life versus quality of life.

The Federal government viewed lack of treatment as a form of discrimination based on disability. As a result, hospitals were notified that failure to provide medical care was a violation of Section 504 of the Rehabilitation Act of 1973.

**Prohibition of Discrimination Based on Disability**

When the Vocational Rehabilitation Act was passed in 1973, people with disabilities received legal protection by the Federal government for the first time. Section 504 was the most important part of this Act because any entities that received Federal funds (e.g., colleges and universities, hospitals, state and local governments, public schools, transportation systems) could not discriminate against people with disabilities. Section 504 of the Rehabilitation Act was a pivotal event for people with disabilities.

Unfortunately, Section 504 was not enforceable because the regulations were not written. Bureaucrats stalled for time because they were unprepared for the powerful implications of the Act. Disability activists triumphed when the
regulations were issued in 1977. Section 504 is the beginning of equal rights for individuals with disabilities.

**Educational Victory**

When their advocacy efforts failed in the early 1970’s, many parents filed right-to-education lawsuits for their children. In one of these lawsuits, the Pennsylvania Association for Retarded Citizens (PARC) sued the state of Pennsylvania for denying their sons and daughters with disabilities access to public schools. The parents won and schools in Pennsylvania were required to teach children with and without disabilities in similar settings.

During the trial, the attorney for the parents cited the 1954 Supreme Court decision in Brown v. Board of Education of Topeka. Even though the Brown case was about racial segregation, it was argued that the same principles were applicable to children with disabilities. The landmark decision in the Brown case ruled that separate educational facilities are “inherently unequal”.

> “Separate educational facilities are inherently unequal.”

*Chief Justice Earl Warren  Supreme Court*

The 1974 Amendments to the Elementary and Secondary Education Act included provisions for the education of students with disabilities. When a combination of forces merged (e.g., the 1974 Amendments, state right-to-education cases, and parental advocacy), Congress passed the Education for All Handicapped Children Act (Public Law 94-142) on November 29, 1975.
The basic components of this law for children with disabilities are a free, appropriate public education in the least restrictive environment. In 1986, services for infants and toddlers were added. In 1990, the law was renamed the Individuals with Disabilities Education Act (IDEA). This name change reflected the Federal government’s emphasis on respectful and accurate language. The latest amendments to this law occurred in 2004.

**Independent Living**

Although it is hard to assign an exact date to the beginning of the independent living movement, many people believe it started in 1962 when Ed Roberts enrolled at the University of California at Berkeley.

Born on January 23, 1939, Edward Roberts had contracted polio when he was fourteen years old. Even though he spent the majority of his school years in an iron lung, he was able to complete his secondary education using the “school-to-home phone system”. After a lengthy battle with administrators at the University of California at Berkeley and the State Department of Rehabilitation, Roberts was finally accepted to attend Berkeley at the age of 23. Roberts was the first individual with severe disabilities to attend the Berkeley. He was also the only student who was required to live in the university’s infirmary because it was the “only suitable place for the cripple”.

Through a grant, Roberts started the first program for students with physical disabilities in the world. This program set up an unprecedented level of support for students with physical disabilities and Robert’s determination motivated other
students who used wheelchairs to enroll at Berkeley.

After graduating from Berkeley with a degree in political science, Roberts was told to go home and collect disability benefits because he was “too handicapped” to work. Roberts rejected this advice and became involved in disability advocacy. In 1972, Roberts became the executive director for the world’s first Center for Independent Living (CIL) that had opened near the Berkeley campus. The Independent Living Movement was born and Robert’s career as a leader in for the independent living and disability rights movements was launched.

In 1975, the Governor of California appointed Roberts to the position of director of the State Department of Rehabilitation (the agency that he had fought against years earlier to attend Berkeley). In 1984, Roberts co-founded the World Institute on Disability which is a prominent public policy center for disability rights. He was also a founder of Disabled Peoples International which was instrumental in bringing disability programs together from throughout the world.

The independent living movement had significant and long-term implications for people with disabilities. Ed Roberts was dedicated to establishing programs, policies, and organizations which empowered people with disabilities to fully contribute to and participate in society. There are now hundreds of CILs all over the world. The legacy of Ed Roberts continues to grow as new generations of individuals with disabilities and their family members adopt the philosophy of advocacy, independence, and being in control of your own life.
“Independent living is more a psychological idea than a physical concept. Being independent is not about being able to walk, talk, or perform functional skills. It is about being in control of your life and making your own decisions.”

- Ed Roberts

Self-Advocacy

In Sweden during the 1960s, a small number of individuals with disabilities, their family members, and professionals were beginning to recognize that people with disabilities could speak for themselves. As parents and professionals actually began listening to the young people whose lives they controlled, the People First Movement (also called the Self-Advocacy Movement) was born. One of the most important philosophies which evolved from this movement was “we are not our disabilities, we are ‘people first’.”

“Nothing about us without us!”

Beginning in the 1960s, self-advocacy conferences were held in Sweden, England, and Canada. The self-advocacy movement arrived in the United States in 1974 when more than 500 individuals with disabilities attended a conference in Oregon. Today, there are over 600 self-advocacy chapters in the United States. People first meetings and conferences are organized by people with disabilities for people with disabilities. Similar to support groups, People First members gather together for friendships, to share advocacy skills, and to discuss important disability issues.
In the 1990s, a new organization grew out of the People First Movement. Known as Self-Advocates Becoming Empowered (SABE), this group was created to support people with disabilities to move out of institutions and into their communities.

The Power of Advocacy

As a result of viral encephalitis as an infant, Katie Beckett required complicated medical procedures and hospitalizations. When Katie’s family was told that only medical professionals could provide the care that she needed, her family fought the rules and regulations that prohibited them from caring for her at home. The home and community-based waiver program (also called the Katie Beckett Waiver Program) was established through the efforts of Katie Beckett and her mother Julie. This program allowed children who would be hospitalized or institutionalized to be cared for at home without losing their Medicaid eligibility.

At the age of 10, Katie Beckett became a disability rights advocate. Her advocacy efforts have included testifying before Congress, visiting senators and representatives, and training others to advocate for themselves. Katie Beckett and her mom Julie were co-founders of Kids as Self-Advocates (KASA). KASA is a self-advocacy organization to help children with disabilities become involved in their own health care.
The Americans with Disabilities Act

The Americans with Disabilities Act was passed on July 26, 1990. This Act ensured full legal equality for people with disabilities. The ADA addressed civil rights in all facets of American society instead of focusing on specific entities (e.g., programs that received federal funds or education). The ADA prohibits discrimination on the basis of disability in areas such as: employment, state and local public services, public accommodations (e.g., restaurants, child care, theaters, etc.), and telecommunications.

With this legislation, the United States government addressed the full participation of individuals with disabilities in all levels of society. Even though this law is not perfect, it has resulted in progress toward acceptance, inclusion, and the reduction of discriminatory policies and practices.

The Olmstead Decision

Despite Section 504 and the ADA, many individuals with disabilities have continued to face prejudice and discrimination (especially related to state institutions and other congregate living facilities). This discrimination was addressed in the Olmstead v. L.C. Supreme Court decision on June 22, 1999.

When two women in a Georgia institution were denied the opportunity to live in the community, they filed a lawsuit that went to the Supreme Court. Known as the
Olmstead Decision, the Supreme Court’s ruling in this case required states to provide services in “the most integrated setting appropriate to the needs of qualified individuals with disabilities”. States are now required to work with agencies to establish procedures to sustain supported or independent living in the community.

**The Future of Disability History**

Throughout the history of disabilities, many positive changes have occurred for people with disabilities. As a result of federal laws and various advocacy movements (e.g., Parents, Independent Living, and Self-Advocacy), the issues which are faced by people with disabilities have been illuminated. During the past fifty years in the United States, there have been more disability laws, programs, entitlements, and services than ever before.

On February 17, 2009, President Barack Obama signed legislation that invested $12.2 billion into the Individuals with Disabilities Education Act (IDEA). This investment represents an unprecedented infusion of federal government funding into special education and early education.

Despite these positive changes, people with disabilities are still impacted by the practices and attitudes of the past 2000 years. If we want to be in a position to empower people with disabilities to live successful lives in all aspects of society, we must never forget the negative influences of the past.
Awareness Calendar

With the exception of July and December, each month throughout the year is dedicated to promoting awareness about particular disabilities. This calendar lists selected disability awareness months and provides links to the national organizations which are sponsoring awareness events.

People with disabilities, family members, disability support providers, health care professionals, educators, community groups, and others can use the materials provided by these national organizations to promote disability awareness in their local communities. Resources that are available from the sponsoring organizations are downloadable and range from a single flyer or brochure to packets of promotional materials.
January:
National Birth Defects Month
http://www.ibis-birthdefects.org/start/bdpregnancy.htm
http://www.cdc.gov/ncbddd/bd/prevention.htm

February:
Low Vision Awareness Month
http://www.lowvision.com/get-involved/awareness/
http://www.emaxhealth.com/1275/96/35358/increase-your-awareness-low-vision.html

March:
Mental Retardation Awareness Month
http://www.thearecoftexas.org/advocacy/Memo_and_Presskit.pdf
http://www.youtube.com/watch?v=Vjkgza5lth8

April:
National Autism Awareness Month
http://www.autism-society.org/site/PageServer?pagename=research_awareness
http://www.autism-society.org/site/PageServer?pagename=shop_downloads
http://www.autismawarenesscentre.org/
http://www.worldautismawarenessday.org/site/c.egLMI2OKpF/b.3917065/k.BE58/Home.htm
http://www.youtube.com/watch?v=-fVnEqkkfc
http://www.ndcpd.org/autism

May:
Asthma and Allergy Awareness Month
http://www.aafa.org/display.cfm?id=10&sub=99&cont=457
http://www.epa.gov/asthma/awm/index.html
http://www.aanma.org/

Better Hearing and Speech Month
http://www.asha.org/bhsm/
https://www.msu.edu/~comdis/bhsm/

National Mental Health Month
http://www.mentalhealthamerica.net/go/may
http://www.tapartnership.org/resources/awarenessday.asp
http://www.cmha.ca/bins/index.asp
June:
Helen Keller Deaf-Blind Awareness Week
http://www.hknc.org/DBA2009MAIN.htm
http://www.helenkeller.org/

August:
Spinal Muscular Atrophy
http://www.fsma.org/Fundraising/AwarenessMonth/
http://www.athenasmaawareness.com/

September:
National Rehabilitation Week
http://www.nraf-rehabnet.org/

October:
National Campaign for Healthier Babies Month
http://www.marchofdimes.com/pnhec/pnhec.asp
http://www.healthyyounow.com/followthecampaign.html
http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20100204/baby_campaign_100204/20100204?hub=Health
National Disability Employment Awareness Month
http://www.dol.gov/odep/media/press/theme.htm
National Down Syndrome Awareness Month
http://www.cdss.ca/
http://downsyndromeawareness.net/
http://www.ndss.org/
National Spina Bifida Prevention Month
http://spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2664425/apps/s/content.asp?ct=6958277
http://www.sbha.on.ca/spina-bifida
Rett Syndrome Awareness Month
http://www.rettsyndromeadvocacy.com/

November:
National Epilepsy Month
http://epilepsyfoundation.org/epilepsyusa/2003epilepsymonth.cfm
http://www.epilepsy.com/articles/ar_1063759500
http://www.purpleday.org/
Prematurity Awareness Month
http://marchofdimes.com
http://www.squidoo.com/marchofdimes/prematurity-awareness-month