



CHAPTER ONE

A HISTORY OF DISABILITY IN HIGHER EDUCATION

I grew up before the passage of the ADA [Americans With Disabilities Act]. Although I learned to be self-sufficient and mentally strong, I certainly experienced the effects of discrimination that the ADA later addressed. For instance, the college I had my heart set on attending advised me not to enroll since, because of my disability, they did not believe I could be successful there. Instead of giving up on college, however, I found a school that was willing to admit me, ended up graduating with a 3.23 GPA, and became student government president. Unconsciously, I think I needed to prove that I could succeed regardless of what the first school told me.

—Nancy, faculty member

In this chapter we present a history of disability in the United States, with particular attention given to disability in higher education. We started this book by writing a chronological history of disability in higher education, and about 120 pages into that chapter we stopped. (A chronology is in the chapter appendix.) We cannot tell you all of that rich, deep, and diverse history in this book, because the history of disability in higher education is a book unto itself—and to shorten or condense that rich struggle down to a single chapter is unethical. We would not be authors of this book, or even people with a college degree, if it were not for the disabled people who came before us; they made higher education a possibility for women like us with physical, learning, and mental health impairments. So rather than trying to squeeze 200 years of history into one chapter, we have selected three historical themes that show why social justice is imperative. In doing so, we know that the scope of the three themes or stories represented in this chapter—Deaf education, the influence

of war veterans, and disability activism—is limited and represents only a fraction of the disability history of the United States. However, our goal is not comprehensive coverage; rather, we use these stories to illustrate why social justice is necessary. Furthermore, although attitudes about disability have evolved to some extent, astute readers will notice that bias, prejudice, and the prize of normalcy continue to exist and have systemic legal and societal impacts on the inclusion of people with disabilities.

Disability cannot be understood without examining the many historical connotations leading to different ways of viewing, interacting with, and treating individuals who have been labeled “disabled” (Nielsen, 2012). Burch and Sutherland (2006) pointed out that “social values and cultural perceptions have strongly framed what qualifies as a disability and have influenced the responses” (p. 129). While individuals with disabilities have always experienced their situations in various ways, what has been shared among disabled individuals throughout history and across categories of impairment are “experiences of cultural devaluation and socially imposed restriction [and] of personal and collective [struggle] for self-definition and self-determination” (Longmore & Umansky, 2001, p. 4).

In addition to excluding people with disabilities from most of the privileges of citizenship, the concept of disability itself was used to exclude other groups from citizenship, namely women, people of color, and immigrants (Baynton, 2001). Each of these groups was assumed to have physical, emotional, intellectual, and/or psychological flaws that precluded their ability to carry out the responsibilities of full membership in society (Baynton, 2001). And in arguing for full rights to participate in society, these groups used the argument that they were *not* disabled, thereby suggesting that it was legitimate to discriminate against those who did have physical, mental, or psychological impairments (Baynton, 2001).

Historically, position in society has largely dictated who was educated and how that education occurred. As Bryan (1996) stated, “In American society, education is a prerequisite to almost any endeavor one may undertake” (p. 15). While opportunities for higher education became broader over time, the further people were from positions of power, the less likely they were to be afforded the benefits of a college education (Thelin, 2011), which continues to be the case. And as we discuss in this chapter, people with disabilities have, for the most part, been very far from positions of power and have had to fight to legitimate their very existence in society, as well as their right to an education. Indeed, in the leading book on the history of higher education in the United States, *A History of American Higher Education* (2011), its author, John Thelin, made no mention of the education of students with disabilities

or of laws that have mandated the inclusion of disabled students, such as the Americans With Disabilities Act (ADA).

Here, we offer a counternarrative: we proudly show how disabled students, faculty, and staff have been an important part of higher education by examining the themes of Deaf education, veterans, and disability rights activism. We chose these themes because they have influenced the education of students with disabilities in important ways. First, Deaf children were the first group of children outside the boundary of those considered physically “normal” to receive an education. They were also the only group to have an institution of higher education specifically established to provide them with a college education. Second, throughout history, war veterans who became disabled as a result of their service to their country changed the nature of the student body entering higher education. To prepare disabled veterans for careers they could enter, state and federal governments established policies to fund their pursuit of higher education, leading to increased numbers of disabled students on college campuses and the development of programs and services to support them. Finally, disability activism illustrates the roles that disabled individuals have taken to enhance their education and establish their civil rights and equitable treatment in society.

Deaf Education

During the colonial era, higher education was primarily for wealthy White males, particularly those intended for careers in political leadership or the clergy. Colleges, in effect, established which individuals would make up the elite members of colonial society (Thelin, 2004). Certainly the chances that disabled individuals would receive any type of education were almost nonexistent. One exception was the deaf offspring of a few of the wealthiest Americans who were sent to deaf schools that had been established in Europe in the 1700s (Leigh, 2009). Deaf education in the United States itself began in 1817 and has shaped and influenced the inclusion of disabled people in education.

Early Deaf Education

During the Second Great Awakening, a period of spiritual resurgence and zeal that occurred in the United States between the 1790s and 1830s, a belief in people’s ability to become better human beings through education and moral enrichment, emerged (“Educating the Senses,” 2014). This positive belief

system led to a social reform movement in which upper- and middle-class urban inhabitants worked to improve the conditions of the poor, the sensory impaired, the mentally and psychologically disabled, and others whom they perceived to be spiritually impoverished (ushistory.org, 2016). The development of common schools was a result of this philosophy (Warder, 2014). Horace Mann, labeled the Father of the Common School Movement, who served as secretary of the Massachusetts Board of Education starting in 1837, believed that the best way to achieve “the moral and socioeconomic uplift” of all citizens was to establish universal, free, nonsectarian, and public educational institutions—common schools (Warder, 2014).

At this time in Europe, several Catholic clergy became interested in finding ways to communicate with deaf and blind individuals and developed sign language and braille to do so (Griffin, Peters, & Smith, 2007; Patterson, 2009; Stiker, 1999). In the United States, as a result of the Second Great Awakening, evangelical Protestants took on the mission of educating deaf and blind children about Christianity using the same tools (Burch, 2001; “Educating the Senses,” 2014; Nielsen, 2012). By the late 1840s, advocates for disabled children, especially Samuel Gridley Howe and Hervey Wilber, argued that in the appropriate setting, these children, as well as children who were psychologically or cognitively impaired, could be educated and prepared for work (Nielsen, 2012). Disabled children were considered “trainable” if they were in controlled settings where they could receive moral and humane treatment (Byrom, 2001; “Educating the Senses,” 2014; Stiker, 1999; Trent, 2009). As a result, special schools for disabled children emerged during the 19th century.

At the urging of several parents of deaf children, the first school for disabled children in the United States, the Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons (which became known as the American Asylum for the Deaf), was founded in 1817 in Hartford, Connecticut (Cerney, 2013). The parents, led by Mason Fitch Cogswell, convinced Thomas Hopkins Gallaudet, a hearing minister, to travel to Europe to learn how to educate deaf individuals and then to open the school in Connecticut (Crowley, 2014). In Europe, he met Frenchman Laurent Clerc, who was himself deaf and had graduated from the National Institute in Paris, where he learned sign language, and he convinced Clerc to return to Connecticut with him and teach at his school (Cerney, 2013; Crowley, 2014). Additional residential schools for deaf children developed across the northern and midwestern states (Cerney, 2013). While children who attended residential deaf schools received an education, it was mostly vocational and few were prepared to enter college (Griffin et al., 2007).

Fewer deaf schools were opened in the southern states during the 1800s, and those that were available were racially segregated and of lower quality (Nielsen, 2012). The problem of the lack of schools for deaf children in the South was compounded by the reluctance of wealthy White southerners to send their children to racially integrated deaf (and blind) schools in the North that were often run by abolitionists (Burch & Sutherland, 2006; Nielsen, 2012).

Although deaf schools in the West and North were integrated by the mid-1800s, southern deaf schools were not (Nielsen, 2012). Indeed, it was 1869 before the first deaf school for Black children was opened in North Carolina (Chronology, 2009; Landecker, 2014). Like mainstream public schools, deaf schools remained segregated from Reconstruction through the 1950s, with Louisiana being the last to integrate in 1978 (Burch & Sutherland, 2006; Landecker, 2014).

Deaf schools established for southern African Americans received only minimal financial support from state and local sources and were substandard in both facilities and teaching as a result. Black teachers generally had little training in deaf education, and many created their own unique sign language dialects, different from American Sign Language (ASL) and often from the dialects used in other Black deaf schools (Nielsen, 2012). These differences were significant enough that once deaf schools were integrated, Black children could not understand their White teachers and classmates (Landecker, 2014). These differences contributed to the segregation of the African American deaf community, although deaf African American graduates of deaf schools did build relationships with each other and a sense of Deaf community among themselves (Nielsen, 2012).

This difference continues to be a concern for African American d/Deaf students, who often cannot understand White interpreters and generally have family members who are not certified interpreters sign for them (Fleischer & Zames, 2011). Other ethnic deaf groups face similar issues if the sign language they have learned is not ASL, such as members of Latinx and Asian Deaf communities. Some funding became available in 1996 to train Black interpreters at LaGuardia Community College, but little effort has been extended to address the limited understanding of minority group members (Fleischer & Zames, 2011).

Oralism Versus Manualism

Around the middle of the 19th century, oralism was introduced into deaf schools in the United States (Cerney, 2013). This method of communication, which involved the use of lipreading and speech rather than sign language,

originated in Europe and was advocated by the educators Horace Mann and Samuel Gridley Howe, who observed this method of educating deaf students during a trip to Germany in 1843 (Edwards, 2001). Howe opened an oral school for the deaf in Massachusetts in 1867, and throughout the rest of the 19th century and into the 20th century, deaf educators battled over the preferred method of communication for deaf students, with oralism becoming prominent by the end of the 19th century (Edwards, 2001).

Oralists viewed sign language as “disorderly, irrational gesticulation”; they argued that “real thought and learning could only take place through oral and written language” (Longmore, 2003, p. 42). Most hearing educators supported oralism for another reason: they believed it would lead to the assimilation of Deaf students into mainstream society (Burch, 2001). They reasoned that if sign language were eliminated, then deaf individuals would have to communicate using spoken language, which would weaken the development of a separate Deaf culture and community. The oralists preferred that deaf people assimilate into the spoken community, where they would be less of a threat to mainstream culture (Cerney, 2013; Longmore, 2003). Led by Alexander Graham Bell, hearing educators and politicians argued that such communities would contribute to Deaf people marrying and producing more deaf children, which would lead to the continuance of a “defective race of human beings” (Cerney, 2013, p. 475).

However, Deaf people themselves overwhelmingly preferred sign language since they viewed it to be of Deaf origin and therefore their natural language (Edwards, 2001). As such, it was best taught by Deaf educators and provided employment for Deaf adults (Burch & Sutherland, 2006). The reality was that teaching speech to deaf children took an enormous amount of time, required almost one-to-one tutoring, took significant time away from the teaching of academic subjects, and was successful only if the child had become deaf after learning the English language (Longmore, 2003). Profoundly deaf students who could not learn speech were labeled “oral failures” and placed in vocational classes with no opportunity to take academic classwork that might lead to a more challenging career (Van Cleve, 2009). Deaf students continued to learn sign language from the remaining Deaf teachers who taught vocational classes and from older children teaching it to the younger ones (Burch, 2001). They used sign language to communicate outside the classroom and after they left school, thereby thwarting attempts to undermine the development of Deaf community and culture (Baynton, 2009).

A final blow for those in favor of using sign language to teach deaf children came in 1880 at the International Congress on the Education of the Deaf in Milan, Italy, when the 164 educators in attendance, only 1 of whom was deaf,

voted to abolish the use of sign language in deaf schools and use oralism exclusively (Griffin et al., 2007; Leigh, 2009). Griffin et al. (2007) noted that in 1867, all deaf schools in the United States taught sign language; by 1907, no schools did. Oralism was used almost exclusively in deaf schools in the United States between the 1890s and the 1920s (Burch & Sutherland, 2006).

Resistance to Oralism. During the Progressive era (1890s–1920s), a strong sense of community developed among blind and Deaf individuals who had been educated in residential schools over the previous 50 years (Burch, 2001; Kudlick, 2001). After graduating from these schools, blind and Deaf adults formed alumni associations, advocacy groups, and other organizations and developed publications to continue to keep in touch with each other and address topics that particularly interested them (Edwards, 2001; Kudlick, 2001). Eugenicists, however, fought against the establishment of Deaf and blind communities, arguing that they would contribute to the growth of these “defective” populations (Burch, 2001). Oralists, most of whom were part of the eugenics movement, also encouraged more deaf students to go to public or day schools, where they could interact with hearing students and would have less opportunity to become a part of a Deaf community (Cerney, 2013). Deaf communities, in turn, worked to disprove the beliefs of the eugenicists and to gain their rights to the same treatment as other U.S. citizens (Burch, 2001).

While it appeared at the close of the 19th century that oralists had defeated manualists (users of sign language) with regard to the language that would be taught in deaf schools, several factors contributed to a resurrection of sign language in the teaching of deaf children. In 1891, Gallaudet College started a school to train teachers for the deaf. Although the school accepted mainly male students who could hear, it also ensured that teachers learned sign language as well as oral methods of teaching the deaf (Burch, 2001). Students in deaf schools continued to practice Deaf culture, learn sign language from each other and from Deaf vocational teachers who remained at the schools, and advocate for their own culture and language once they graduated by expressing their views in independent newspapers (Burch, 2001). As Nielsen (2012) stated, “American Sign Language ... remained alive and vibrant due to the sometimes covert, sometimes overt, insistence and resistance of deaf people” (p. 98).

The Reemergence of Sign Language in Deaf Schools. The Great Depression marked the beginning of a resurgence in the use of sign language in deaf residential schools (Burch, 2001). Beginning in 1929, the Deaf community

succeeded in having superintendents appointed to head these schools who were more supportive of Deaf interests, arguing that oral programs had not produced positive academic results for deaf students. In addition to providing deaf children with a better education by reinstating sign language, the hiring of Deaf-supportive superintendents helped to promote a more positive identity for Deaf individuals that helped to combat the negative view of Deaf people as defective and deviant that had emerged under oralist superintendents.

By 1939, sign language was again being taught in Deaf schools in many states, and Deaf teachers were hired to teach in these schools (Burch, 2001). Between the end of World War I and the beginning of World War II, as many as 75% of Gallaudet College's graduates became teachers at deaf schools. These teachers, who became important role models for their deaf students, were largely responsible for strengthening the Deaf culture and community and undermining oralism. Poor economic conditions in the United States during the Depression also contributed to the development of a strong Deaf community, since students remained longer at residential Deaf schools because their parents could not afford to bring them home for visits and employment was hard to secure (Nielsen, 2012; Patterson, 2009).

Another factor in the reinstatement of sign language was the popularity of John Dewey's child-centered educational philosophy in the 1930s, which weakened the oralist approach and introduced scientific assessment to determine the effectiveness of school programs (Burch, 2001). Testing of deaf children's hearing at 29 schools in 1924–1925 led to the conclusion that speech ability was related to the age at which the child became deaf, how much residual hearing the child had, and how long the child had had speech training, factors that Deaf people had claimed were important since oralism was introduced.

In 1965, *A Dictionary of American Sign Language on Linguistic Principles* was published by Stokoe, Croneberg, and Casterline (as cited in Cerney, 2010). This publication legitimized ASL and contributed to the move away from oralism in the schools (Cerney, 2010; Fleischer & Zames, 2001).

The Effects of Mainstreaming on d/Deaf Students

In 1975, the Education for All Handicapped Children Act was passed, requiring that "all children should receive a 'free, appropriate public education' in the 'least restrictive environment'" (Cerney, 2010, p. 472). While this law pleased parents whose deaf children could now live at home and attend a public school, it was devastating for the residential schools where for generations

Deaf students had learned their language and culture and developed a community (Cerney, 2010). This law has resulted in a loss of funding for residential schools, along with a loss of enrollments.

As important, Cerney (2010) argued, the “system of assimilation” found in public schools fights against the desire of the Deaf community to be viewed as “a unique and culturally viable minority group” and isolates deaf children from others who understand that culture and use sign language (p. 472). During his interviews with disability activists, Charlton (1998) learned from Deaf individuals that they had not had one teacher in their 12 years of public education who was proficient in sign language. In another instance, which resulted in the 1982 *Hendrick Hudson Central School District v. Rowley* Supreme Court case, a Deaf student sued the school district for not providing a full-time interpreter (Fleischer & Zames, 2001). Rather, the school had provided the student with a part-time interpreter and tutors. Because the student was performing adequately academically, the Court ruled in favor of the school system, declaring that there was “no congressional intent to achieve equality of opportunity or services,” although this rationale countered the Individuals with Disabilities Education Act (IDEA), discussed in Chapter 3, which required that disabled children be provided with an educational plan that would allow them to achieve their “maximum potential” (Fleischer & Zames, 2001, p. 189).

In the 1980s, the courts were inconsistent regarding cases focusing on what constituted a “least restricted environment,” with some ruling that segregated schools for disabled children were legal, while others pushed for integration and mainstreaming (Fleischer & Zames, 2001). A third opinion the courts provided, which applied to physically disabled and deaf children, was that physical accommodations, created however the school wished, took precedence over issues related to least restrictive environments. The latter ruling meant that d/Deaf children could be placed in special education or any other segregated location within the school.

Research completed in the 1980s documented that since deaf children of deaf parents had been exposed to complete language usage through sign from birth, they were better at language concepts than deaf children of hearing parents (Fleischer & Zames, 2001). Therefore, deaf students who have learned sign language as a first language are well prepared to learn English as a second written language. One expert, Marcia Bernstein, stressed that anyone who teaches d/Deaf individuals should be proficient in ASL (Fleischer & Zames, 2001). As a result, a number of state-supported schools and charter schools for d/Deaf students now require that all teachers instruct mostly in ASL (Fleischer & Zames, 2001).

Higher Education for Deaf Students

With the significant number of deaf schools in the United States by the mid-19th century, a strong network of advocates pressed for opportunities for deaf high school graduates to have the opportunity to attend college (de Lorenzo, 2009). In 1864, at the urging of Edward Gallaudet, the son of Thomas Gallaudet, Congress authorized Columbia Institution for the Instruction of the Deaf, Dumb, and Blind to confer college degrees under the name the National Deaf-Mute College (renamed Gallaudet College in 1894 in honor of Edward Gallaudet's father, Thomas Hopkins Gallaudet, and Gallaudet University in 1986; de Lorenzo, 2009). Gallaudet was fully accredited in 1957 and began a graduate program in 1962 (J. W. Madaus, 2000). Its purpose was to provide opportunities for d/Deaf students to gain the knowledge and skills to undertake professional employment (de Lorenzo, 2009; J. W. Madaus, 2000, 2011). Initially, blind students were also admitted to the institution, but just a year later, they were transferred to the Maryland Institution at Baltimore (Griffin et al., 2007).

After the Civil War, more colleges and universities began admitting women (Nielsen, 2012). Gallaudet admitted women when it was established, but in 1871 the college became male only (de Lorenzo, 2009). With pressures increasing, in 1886 women were again admitted to Gallaudet on an experimental basis for two years (de Lorenzo, 2009; Nielsen, 2012). There was no dormitory for the women, who lived instead in the president's home. They could not leave campus without a chaperone or join extracurricular literary societies since it was viewed as improper for them to associate with men (Nielsen, 2012). Although the valedictorian of the class of 1893 was a woman, Agatha Tiegel, the first woman at Gallaudet to graduate with a four-year degree, doubt about the intellectual capabilities of women continued. In a speech to the college, Tiegel gave a passionate address, "The Intellect of Women," in which she proclaimed the equality of women with regard to ability and intellect, as well as their right to an education (Nielsen, 2012). Women continued to enroll at Gallaudet despite pressure from men against coeducation (Nielsen, 2012).

Although a few African American students enrolled in the precollege program at Gallaudet immediately after its founding, they did not graduate from the college (de Lorenzo, 2009). Segregation increased around the turn of the century and in 1903 African American students in the precollege program were transferred to the Maryland School for Colored Deaf Mutes in Baltimore (de Lorenzo, 2009). After a lawsuit by parents, African American deaf students were finally admitted to the Gallaudet precollege program again in 1952 (de Lorenzo, 2009). With support from Deaf mentors, a Black student,

Andrew Foster, was admitted to the college in 1951 (de Lorenzo, 2009); in 1954, he became the first Black student to graduate from Gallaudet.

National Technical Institute for the Deaf. In 1965, the National Technical Institute for the Deaf (NTID) was established by Congress. Rochester Institute of Technology was selected in 1966 to house this institute, which was designed to prepare d/Deaf students for successful employment in technical fields (Griffin et al., 2007; J. W. Madaus, 2000). It opened in 1968 with 70 d/Deaf students enrolled (“History of NTID,” n.d.). In addition to programs in technology, in 1969 NTID began the first program in the country to train interpreters (“History of NTID,” n.d.).

Deaf President Now! In 1988, students at Gallaudet College engaged in one of the most important protests in disability history (J. B. Christiansen, 2009). The cause of the protest was the selection of a hearing president for the college by Gallaudet’s board of trustees (Griffin et al., 2007). The students found it particularly troublesome that in the 124 years of its existence, Gallaudet had never had a d/Deaf or hard-of-hearing president (Fleischer & Zames, 2001). During the search for a new president, Deaf leaders both on and off campus, including alumni, engaged in a campaign to have a d/Deaf president selected (J. B. Christiansen, 2009). At the end of the search, 9 of the 67 candidates who applied were d/Deaf. Of the 3 finalists interviewed, 2 were d/Deaf. The board selected Elizabeth Zinser, the candidate who was not d/Deaf. When the decision was announced on flyers rather than by a member of the board, the crowd that had gathered to hear the news was outraged, and a protest was held at the hotel where the trustees were staying. After a week of demonstrations, meetings, and marches, during which no classes were held and media covered the events extensively, Zinser stepped down. The board met again and selected one of the d/Deaf finalists, I. King Jordan, as the next president (J. B. Christiansen, 2009; Nielsen, 2012). In addition, when the chairperson of the board of trustees resigned, the first d/Deaf board chairperson was named (J. B. Christiansen, 2009).

The Deaf President Now! (DPN) movement was significant for many reasons. It was a significant event in the history of self-advocacy by the Deaf community (J. B. Christiansen, 2009; Longmore, 2009). Second, it was an important event not just among Deaf activists but also for disability rights activists as a whole; it gave other disabled people encouragement to continue their initiatives (J. B. Christiansen, 2009; Fleischer & Zames, 2001; Pelka, 2012). It was particularly instrumental in changing the political climate that allowed the ADA to be approved just two years later (J. B. Christiansen, 2009;

Fleischer & Zames, 2001; Shapiro, 1993). A final observation by Fleischer and Zames (2011) referred to the effect that the movement had on d/Deaf people themselves. Prior to DPN, d/Deaf people who could speak were perceived to hold the most political power in the Deaf activist community. After DPN, being a Deaf child of Deaf parents gave a person credibility in the new radicalized Deaf community, as did using ASL (Fleischer & Zames (2011).

The Second Gallaudet Protest. When Jordan retired from the presidency of Gallaudet in 2006, controversy again arose over his successor, Jane K. Fernandes, a Gallaudet University administrator (de Lorenzo, 2009). Although Fernandes was deaf, various constituencies, including students, faculty, staff, and alumni, questioned her leadership style, previous policy decisions, and how well she represented Deaf cultural identity. Protesters occupied buildings, camped on the campus green, and closed down the campus, causing suspension of classes. The board of trustees rescinded Fernandes's appointment and instead appointed Robert Davila, a Gallaudet alumnus who had previously served as vice president at Gallaudet. This protest, de Lorenzo (2009) suggested, demonstrated the turmoil that Gallaudet was experiencing internally to define its role in the 21st century, particularly given the technological advances, such as closed captioning and the Internet, that currently allow d/Deaf students to attend almost any college they choose.

Cochlear Implants

One of those innovations was cochlear implants. The first experimental surgeries in the United States to embed cochlear implants occurred in 1961, although deaf children did not start receiving them until after 1977 (Christiansen & Leigh, 2009). Cochlear implants, which include both external and surgically implanted internal parts, are designed to assist individuals to hear when hearing aids are not successful. They are now small enough to fit behind the ear but remain quite expensive. Members of the Deaf community have challenged the use of cochlear implants since they do not see deafness as an impairment and believe that they live meaningful lives using ASL, which is part of their Deaf culture. They particularly protest the implantation of cochlear devices in very young children who cannot make their own decision to have an implant. Waiting until a child is old enough to make a decision is problematic, however, since the younger a person is when the surgery is performed, the better the cochlear implant will work. In 2000, however, the National Association of the Deaf softened its opposition to pediatric cochlear implants because so many individuals were getting them and found them

helpful (Leigh, 2009). Deaf parents of deaf children with implants also reported that their children were able to navigate quite well in both the hearing and the Deaf worlds (Leigh, 2009).

Deaf Culture: An Aspect of Social Justice

The theme of d/Deaf education demonstrates several important aspects of social justice, including the right to choose a preferred language; the importance of intersectionality, including race, gender, and social class in determining access; the multiple avenues of discrimination; and the opportunity for a rich, vibrant culture. Deaf culture is perhaps the oldest and strongest disability culture; it first developed in the United States in deaf residential schools in the mid-19th century and grew as ASL was formalized as the language of Deaf people, particularly through their long and tumultuous fight to maintain it in the face of oppression (Kuppers & Wakefield, 2009). According to Leigh (2009), Deaf people have rejected allowing hearing people to define them and instead “view the world ... from a Deaf center, one that reflects a different normality” (p. 14). In its valuing of differences, this idea of a different normality is certainly one that social justice advocates support.

Influence of War Veterans

The United States is a country born out of war, and since its inception over 200 years ago, military conflicts have been a constant factor in its history. From the Revolutionary War to the current conflicts in Iraq and Afghanistan, either active military engagement or the aftermath of war seems to have always been present. A major impact of war is always the veterans who return with some type of impairment, physical or psychological. How to respond to disabled war veterans has been a major issue facing the country for centuries. Certainly, veterans deserve some sort of compensation for their service. Deciding what that compensation will be has been one dilemma the government has faced. How to return veterans to a productive life has been another, addressed by both the government and the medical field. Where disabled veterans fit into society has been a third, and perhaps more nebulous, question that has had to be resolved by society itself.

Early Influences

The philosophy of the Enlightenment, which lasted until the beginning of the 19th century, led to a more rational view of disability than the previous

perspective grounded in religious beliefs (Trent, 2009). The Revolutionary War Pension Act of 1818 “established disability as a legal and social welfare category” (Nielsen, 2012, p. 54). The War Pension Act also helped legitimize the medical paradigm; individuals who administered veterans’ pensions “began to require that doctors (rather than local shop owners, neighbors, or ministers) determine impairments” (Nielsen, 2012, p. 66).

The Civil War led to significant changes in both the northern and southern United States, including an alteration in how society viewed disability (Logue, 2009; Nielsen, 2012). The war led to the deaths of 620,000 people and left hundreds of thousands with physical and psychological disabilities, including around 45,000 amputees (Logue, 2009; Nielsen, 2012). Major decisions had to be made regarding the futures of these veterans. In addition, the post-Civil War years were a time of upheaval as the country shifted from predominantly rural to mostly urban, and the economy, which had been mainly agrarian, became largely industrial. Reconstruction led to increasing numbers of former African American slaves moving to the North to seek employment (Nielsen, 2012).

Disabled Veterans. Since a great number of disabled veterans were amputees, their immediate need was for devices to assist them with mobility. During and after the war, a great number of medical devices, such as improved prostheses and wheelchairs, were patented (Logue, 2009; Nielsen, 2012). These devices were a great help to all individuals with mobility impairments, not just veterans.

Securing employment was difficult for disabled veterans (Nielsen, 2012). Although 20,000 disabled military men had successfully served in the Invalid Corps, which was established in 1863 to take on job responsibilities behind the lines so that able-bodied soldiers could be sent to fight, employers were less willing to hire them after the war (Nielsen, 2012). A federal law, Section 1754, was passed to give disabled veterans preference in civil service work, which assisted some individuals who were qualified for intellectual work (Nielsen, 2012). Most veterans, however, were not equipped to take on intellectual employment and struggled after the war to find jobs they could do. Many ended up in poorhouses or asylums (Nielsen, 2012).

Former Slaves. Former slaves who were disabled often had no alternative but to remain on the plantations of their former masters and work for their room and board (Nielsen, 2012). Emancipated African Americans also faced the misperceptions of Whites that freedom led to their becoming ill and insane, resulting in many being placed in segregated insane asylums in the South,

where they received inferior treatment and experienced horrible living conditions (Nielsen, 2012).

World War I

R. K. Hickel (2001) noted the importance of World War I in establishing disability as “an expansive but contested category” (p. 236) for providing financial support to U.S. citizens. Because of the huge numbers of individuals debilitated by the war, new ways of thinking about and managing the consequences of disability were needed. Progressive principles used to address disability caused by industrial accidents were incorporated into strategies developed to assist war casualties (R. K. Hickel, 2001). For instance, the basic concepts associated with workers’ compensation were incorporated in War Risk Insurance, which ensured that disabled veterans had the same benefits as disabled workers injured on the job.

Disability became defined as “functional impairment,” that is, reduced bodily function that prevented individuals from being able to engage in productive labor and manage their lives (R. K. Hickel, 2001; Longmore, 2003; Pelka, 2012). In 1921, federal legislation created the Veterans Bureau with authority over pensions and made physicians responsible for determining if benefits were deserved (R. K. Hickel, 2001; Pelka, 2012). Physicians began approaching disability “in terms of diagnosis, prognosis, and treatment” (R. K. Hickel, 2001, p. 237). This view of disability, which evolved into the rehabilitation—or functional limitations—model of disability (see Chapter 2), led to the development of policies that “created a large stigmatized and segregated category of persons and held it in a permanent state of clientage” (Longmore, 2003, p. 206).

Veterans, who were unhappy with this view of disability, argued that their pensions should be based on their “obligations toward [their] dependents, [their] local communities, and the state”—expectations built on “a life of labor, moral integrity, and patriotic loyalty in a just and democratic society” (R. K. Hickel, 2001, p. 253) rather than on a medical diagnosis. In addition, racial bias was evident in the distribution of benefits to Black disabled veterans (R. K. Hickel, 2001). Only half of the Black veterans who sought assistance received it, with justification for turning these veterans down being that Blacks were more susceptible to illness and were congenitally weak so their impairments were innate rather than war related (R. K. Hickel, 2001).

Rehabilitation. At the beginning of the 20th century, a new way of addressing the needs of people with physical disabilities began to unfold. Labeled “rehabilitation,” this approach focused on providing vocational training

for “crippled” individuals (Byrom, 2001). Associated with rehabilitation was the image of disability as a “deficiency to eradicate” (Stiker, 1999, p. 124). The leaders of the rehabilitation movement in the United States viewed “cripples”—individuals with mobility impairments, such as amputees and paraplegics—as both a social and an economic problem because they were economically dependent on others (Byrom, 2001). Despite this impression, people who became disabled as a result of war or industrial injuries were often willing and even eager to find work to support themselves and their families (Pelka, 2012). While the goal of all rehabilitationists was to enable physically impaired persons to become self-sufficient, *social* rehabilitationists, who generally did not have medical backgrounds, tended to focus on changing societal attitudes regarding disability, while *medical* rehabilitationists used medical procedures such as moral education, orthopedic surgery, and other medical methods “to correct flaws in disabled people” (Byrom, 2001, pp. 333–334). Each group, however, saw both approaches as necessary (Byrom, 2001) in order to help those who were physically impaired assimilate into mainstream society (Stiker, 1999).

After the end of World War I, disabled veterans became the main clientele of rehabilitationists. To determine the needs of disabled soldiers, researchers from a Cleveland social service agency conducted a survey of disabled people in the city (Nielsen, 2012). Expecting all of these individuals to be incapable of financially supporting themselves, they were surprised to find that 65% of the physically disabled individuals they surveyed were self-supporting and living reasonably “normal” lives (Nielsen, 2012). As a result, rehabilitation professionals worked with disabled veterans to become “successful cripples” rather than “begging type of cripples” (Nielsen, 2012, p. 128). Their primary goal became enabling veterans to become employed (Nielsen, 2012).

To address the concern that disabled veterans would become a “social burden” (Ward, 2009, p. 52), federal legislators passed three laws that provided veterans with benefits that would put them in a better position to seek employment (J. W. Madaus, 2000). The first, in 1917, was the Vocational Education Act, which established the Federal Board for Vocational Education and led several states to also establish vocational rehabilitation agencies to address the needs of the disabled World War I veterans (J. W. Madaus, 2000). In 1918, the federal government passed the Smith-Sears Veterans Vocational Rehabilitation Act, which established and paid for state vocational training programs (S. Brown, 2008; R. K. Hickel, 2001). The Smith-Fess Civilian Vocational Rehabilitation Act of 1920 extended vocational rehabilitation to disabled civilians over the age of 16 who demonstrated the potential to successfully become employed; however, in most states, the services provided

were not particularly well developed (S. Brown, 2008; R. K. Hickel, 2001; Scotch, 2001a; Ward, 2009). Society, remember, often considered these disabled individuals to be “bad cripples” who begged on the streets and would never become “good citizens” who could support themselves (Nielsen, 2012, p. 128). These views were especially apparent in the case of White women and people of color (Nielsen, 2012).

Vocational rehabilitation centers, such as the Red Cross Institute for Crippled and Disabled Men in New York City, which was established in 1917 for disabled adult men, had as another important goal to educate the general public about physically disabled people “so that they [would] be regarded from the standpoint of their capabilities rather than their disabilities” (Byrom, 2001, p. 144). Unfortunately, employers often rejected this argument and refused to hire disabled individuals (Nielsen, 2012). Instead, those trained to join the “mainstream workforce” often had to settle for work in sheltered workshops that were established by private, nonprofit organizations or were government supported (Dunlavey, Magliulo, & Marotta, 2009). In these workshops, disabled men worked under close supervision doing assembly, repair, and production of products for far less money than other workers in the hope that this employment would lead to better positions in the community (Byrom, 2001; Dunlavey et al., 2009). Unfortunately, that rarely happened, and they remained in these segregated work environments (Dunlavey et al., 2009). Sheltered workshops, then, “served as a symbol of the cripple’s inferior status in the job market” (Byrom, 2001, p. 145).

Higher Education Opportunities for Disabled Veterans. The Veterans Vocational Rehabilitation Act of 1918, while primarily designed to prepare disabled veterans for work, sometimes provided postsecondary education and training as a means to achieve this goal (J. W. Madaus, 2000). Veterans engaged in study in areas such as industry, trade, and agriculture (J. W. Madaus, 2011). Professional training was also available to veterans who had some college education (J. W. Madaus, 2011). For instance, the Ohio Mechanics Institute in Cincinnati, which at that time offered two- and four-year college programs (Ohio Mechanics Institute, n.d.), enrolled over 400 World War I disabled veterans (J. W. Madaus, 2011). These students began a national organization to self-advocate for further support for disabled veterans, Disabled American Veterans (DAV), which is still active (DAV, n.d.; J. W. Madaus, 2011).

World War II and Its Aftermath

As men and women left private employment for military and government service, worker shortages at home led to the employment of around 300,000

people with disabilities in wartime industry (Nielsen, 2012; Pelka, 2012). In addition to providing disabled people with steady incomes, employment also led to improved self-images. In society as a whole, opinions about people with impairments improved after World War II. Nevertheless, although disabled people were no longer viewed as worthless and unfit as they had been previously, now disabled people—largely soldiers at this time—were seen as unfortunate, objects of charity, and pitiable (Beilke & Yssel, 1999; Griffin et al., 2007; Imrie, 1997; Ward, 2009).

Advances in medicine, especially the development of antibiotics to treat infection, resulted in significantly longer life expectancies, even for severely injured soldiers (Pelka, 2012). As veterans returned from the war maimed and traumatized, they were institutionalized for medical treatment and rehabilitation. But the goal of institutionalization now was to find ways to “fix” these veterans, especially those with the “least difficulties” (Ostiguy, Peters, & Shlasko, 2016; Ward, 2009, p. 52), so they could reenter society and support themselves and their families while contributing to the rapidly expanding U.S. economy in the 1950s (Bryan, 2013; Ward, 2009).

An important after-effect of World War II and the Korean conflict was the rapid expansion of rehabilitation institutions, technology, and medical innovations, supported by increased governmental funding for vocational rehabilitation, that allowed young people with impairments resulting from war service, polio, and accidents to live longer and be more mobile as better wheelchairs and prostheses became available (Scotch, 2001a; Ward, 2009). Veterans, polio survivors, and other individuals with impairments started to defy the image others held of them as weak, helpless, and passive and sought to establish a new view of themselves as self-sufficient (Ward, 2009). Many formed advocacy groups, including the Blinded Veterans Association in 1945 and the Paralyzed Veterans of America in 1947 (Pelka, 2012).

Expansion of Higher Education Opportunities. After World War II, the first significant numbers of individuals with disabilities were admitted into colleges and universities (J. W. Madaus, 2000). They were largely war veterans receiving educational benefits through the Vocational Rehabilitation Amendments of 1943, which increased educational and vocational assistance to disabled people, and the Serviceman’s Readjustment Act of 1944 (the GI Bill), which expanded opportunities for all veterans to attend college, as well as providing them with low-interest home loans and a stipend while looking for work (S. Brown, 2008; L. J. Davis, 2015b; J. W. Madaus, 2000, 2011). By 1946, veterans, many of whom had disabilities, were 52% of the total college population (J. W. Madaus, 2011). Disability resource offices were established in

response to the needs of these students (Beilke & Yssel, 1999; S. Brown, 2008; J. W. Madaus, 2000).

Lack of Accessibility on College Campuses. Few, if any, college and university campuses provided physical access to individuals with disabilities prior to the end of World War II (J. W. Madaus, 2000). Students with disabilities who enrolled in higher education found alternative ways to negotiate campuses, usually by enlisting friends or family to help, but occasionally demonstrating to administrators that they were worthy of assistance (see Fleischer & Zames, 2001, p. 36, for one such story). At UCLA, one of the first universities to admit disabled veterans after World War II when 18 paraplegic veterans enrolled for the 1946–47 academic year (J. W. Madaus, 2000), a group of nondisabled veterans volunteered to carry these students into inaccessible buildings (S. Brown, 2008). At the University of Illinois, an influential administrator transformed the campus into a community that was accessible to students with disabilities (S. Brown, 2008).

Tim Nugent and the University of Illinois Program. In 1947, William Kleashers, deputy commander of the American Legion, requested help from the University of Illinois to enable disabled veterans to attend college at the Mayo Army General Hospital in Galesburg, Illinois (S. Brown, 2008). This fully accessible hospital was leased to the university and became the Galesburg Undergraduate Division. Its dean hired a graduate student in educational psychology and administration, Tim Nugent, himself a disabled veteran, to develop a program for the disabled veterans (S. Brown, 2008). It began in 1948 as the first program for disabled students on a college campus (Griffin et al., 2007).

Significant resistance from administrators and even the state governor, Adlai Stevenson, who were afraid that the University of Illinois would become known more for its disabled students than its academic programs, threatened the program's existence in 1949 by closing the Galesburg campus (S. Brown, 2008). A legal technicality saved the program: since 14 wheelchair-using students had been promised two years of college and had received only one year at that time, the program was moved to the Urbana campus of the University of Illinois. The campus was not accessible to them, and accommodations were quickly made to add ramps to six classroom buildings, provide the students with keys to elevators in the student services building and the library, and house them in an old World War II barracks that had ramps at both ends and a community bathroom in the middle (S. Brown, 2008).

The program, which Nugent directed from 1948 to 1960, became known for serving students with severe impairments, including those with spinal cord

injuries, post-polio paralysis, muscular dystrophy, and cerebral palsy (S. Brown, 2008). In addition, Nugent convinced the university to require that all new buildings be accessible to wheelchairs long before any other university took this step. When new residence halls were built, they required several rooms in each building and all bathrooms and common areas to be accessible. Nugent also established a service fraternity inclusive of men and women students with disabilities. This group worked, independent of the university, to socially integrate disabled students and address problems they encountered. Another innovation that Nugent introduced was wheelchair sports teams, which became varsity sports in 1954 funded by the Veterans Administration, the state Division of Vocational Rehabilitation, and private donations, since the university refused to fund them (S. Brown, 2008).

Obtaining both adequate funding and space were constant battles with the university during the early years of the Disability Resources and Educational Services program. However, after a group of disabled students invited Governor William Stratton to speak at their annual awards banquet in 1954 and he praised the rehabilitation work the university was doing, the university never again questioned the need for the program (S. Brown, 2008).

Wheelchair ramps and curb cuts were among the many changes first introduced at the University of Illinois to improve access for students who used wheelchairs (Pelka, 2012). Other innovations begun over the years for disabled students at the university included counseling services, preregistration, a student rehabilitation center, accessible buses, a transitional living program for students who had severe mobility impairments, an on-campus living center for students who needed assistive services, and the first study-abroad program for students with disabilities (S. Brown, 2008).

Other universities across the country followed the lead of the University of Illinois in establishing programs for disabled students in the 1950s. Among the earliest initiators were Southern Illinois University, the University of Missouri, the University of Minnesota, City University of New York, Florida State University, the University of Michigan, Wayne State University, Hunter College, and Kansas State Teachers College (now Emporia State), all of which had established programs by 1959 (S. Brown, 2008; J. W. Madaus, 2000). These schools were the exception, however, as most administrators and faculty believed that providing severely disabled students with a college education was not a worthwhile endeavor since they were unlikely to succeed academically or obtain employment after college (J. W. Madaus, 2011). In a 1957 national survey by Condon reviewed by J. W. Madaus (2000), 31 colleges and universities out of 181 respondents reported having an organized program for students with disabilities. Since these early programs were designed to

serve disabled veterans, their focus was on eliminating physical barriers for mobility-impaired students rather than considering other types of impairments (J. W. Madaus, 2000).

Aftermath of the Korean Conflict

The Korean conflict resulted in over 100,000 disabled U.S. veterans (J. W. Madaus, Miller, & Vance, 2009). Unfortunately, educational benefits that had been available to World War II veterans had been reduced and no longer covered all the costs of higher education. As a result, fewer disabled veterans took advantage of these benefits to attend college (Rumann & Hamrick, 2009). However, after the Korean War, additional college and universities implemented services to assist disabled veterans, although many institutions of higher education continued to refuse to admit students who used wheelchairs because their campuses were inaccessible (J. W. Madaus et al., 2009).

Impact of the Vietnam Conflict

Veterans of the Vietnam conflict, returning home in the 1960s and 1970s, received—at best—a low-key welcome since many U.S. citizens opposed this war (Ackerman & DiRamio, 2009; Rumann & Hamrick, 2009). More than 153,000 veterans returned from Vietnam with injuries, including many whose conditions were caused by chemical weapons, which created new types of impairment (J. W. Madaus et al., 2009). Unemployment of disabled veterans after the Vietnam War was twice as high as that of nondisabled veterans, according to a U.S. Department of Labor report in 1974 (cited in J. W. Madaus et al., 2009), because of their lack of training and failure to complete college.

As after earlier wars, one solution to this problem was provided by the government in the form of legislation. In 1974, Congress passed the Vietnam Era Veterans' Readjustment Assistance Act, which increased educational benefits (J. W. Madaus et al., 2009). However, many veterans felt unwelcome on college campuses, which often served as hubs of antiwar protests (Rumann & Hamrick, 2009). In addition, the Vietnam War also led to congressional passage of the Rehabilitation Act of 1973 (Nielsen, 2012). This legislation addressed the civil rights of disabled individuals with the inclusion of Section 504, which led to significant advancement for disabled students as a whole (see the next section).

The Conflicts in the Middle East

Because of improvements in military equipment, medical innovations, and evacuation systems, about 85% of the soldiers deployed to the Middle East

during the Persian Gulf War in the 1990s and the conflicts in Iraq and Afghanistan during the 21st century have survived (J. W. Madaus et al., 2009). In addition to amputations and other injuries that affect the body, more than 40% of these disabled veterans returned home with traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD), sometimes along with other impairments (DiRamio & Spires, 2009). While as a whole, these veterans are being honored for their service, higher education institutions, along with the rest of society, have not been well prepared to respond to veterans with these impairments and assist them in reintegrating into civilian life (Ackerman & DiRamio, 2009; Rumann & Hamrick, 2009). One initiative to address PTSD, Severely Injured Military Veterans: Fulfilling Their Dream, was developed and funded by the American Council on Education to assist severely wounded veterans in their transition from wartime service to higher education by providing them with mentors known as *champions* (DiRamio & Spires, 2009).

The government has responded to disabled veterans of the Middle Eastern conflicts by again changing benefits. In 2008, the Post-9/11 Veterans Educational Assistance Act (also known as the New GI Bill) became law (J. W. Madaus et al., 2009). This comprehensive law, which went into effect on August 1, 2009, replaced the variety of other educational benefits previously available to veterans and brought the level of benefits back up to the post-World War II level for veterans who have served since September 11, 2001 (J. W. Madaus et al., 2009; Rumann & Hamrick, 2009).

Veterans and Social Justice

The treatment of veterans throughout the history of the United States is a fitting example of why social justice is such an important concept for educators to understand and practice. While citizens express support and concern for “our veterans,” services have never (and still do not) lived up to the level of patriotism espoused in this country. War also reminds us of how quickly individuals can lose their privilege and become members of an oppressed class, in this case, disabled people. Throughout history, once able-bodied privilege has been taken away, individuals have also lost their rights to equitable health care, employment, education, and inclusive treatment in society, despite the laws and provisions for services that the government has provided after the fact. Perhaps most important, social justice is necessary in order to enable veterans to gain control of their own lives again rather than being controlled by government regulations, institutional policy, and societal attitudes.

Disability Activism

The eugenics movement, which lasted from about 1880 until the end of World War II, viewed disabled people as evolutionary “defectives” and considered them part of “the degenerate class,” which included all types of “undesirable” people (L. J. Davis, 2006, pp. 7–9). As Nielsen (2012) reflected, “The ideal American citizen was defined in increasingly narrow and increasingly specific physical terms” (p. 101). Preventing the “defective classes” from interacting with “normal” members of society and from producing defective and degenerate offspring were goals of the eugenics movement. These steps were accomplished by restrictive marriage laws, institutionalization, blocking immigration, involuntary sterilization, and the most extreme measure, euthanasia (Nielsen, 2012; Pernick, 2009; Ward, 2009). From 1930 through the 1940s, eugenics extremists in Germany and elsewhere were arguing that the human “race” was polluted by these “defective” people who should be sterilized or killed rather than merely institutionalized to keep them out of sight (Griffin et al., 2007).

Early Disability Rights Initiatives

Beginning in the 19th century, individuals with disabilities pushed back against eugenics, establishing their own communities and fighting to create a more positive view of themselves in society (Burch, 2001; Kudlick, 2001). Members of the Deaf community were the first to establish state political organizations as well as a national organization, the National Association of the Deaf in 1880, to fight the move toward oralism already discussed in this chapter (Longmore, 2009; Pelka, 2012). Their efforts expanded in the early 20th century to address other forms of discrimination such as federal civil service hiring practices (Longmore, 2009).

Blind people also formed their own politically focused organizations in the 19th century, including the American Blind People’s Higher Education and General Improvement Association, which was established in the mid-1890s by graduates of a number of midwestern state schools (Kudlick, 2001; Longmore, 2009). From 1900 through 1903, this organization published *The Problem*, a magazine designed to publicize conditions that blind individuals faced and their actual ability to function in society (Kudlick, 2001; Longmore, 2009).

In the early decades of the 20th century, polio epidemics arose, leading to the impairment of many thousands of people in the United States. Although later scholars have determined that it is likely that Franklin Delano Roosevelt,

who would become president in 1933, actually had Guillain-Barré syndrome (Goldman, Schmalstieg, Freeman, Goldman, & Schmalstieg, 2003), he was diagnosed at the age of 39 as having polio and became an advocate and role model for others who were diagnosed with this disease; however, he publicly hid his disability because he feared that he would not be elected if citizens were aware of it (Longmore, 2003). The New Deal that Roosevelt introduced saw the establishment of a number of federal programs, some of which provided assistance to disabled people and some of which excluded them (Scotch, 2001a).

Activism During the Great Depression

By the end of the eugenics movement in the 1930s and 1940s, more disabled individuals were tired of the discrimination they had faced for their entire lifetimes and began to see themselves as worthy of better treatment in society (Nielsen, 2012). Using the labor movement as a model, several organizations made up of disabled people began to play the role of advocates and activists for better treatment and respect from the larger U.S. society, particularly with regard to employment (Pelka, 2012).

For instance, the National Association of the Deaf (NAD), as well as the National Fraternal Society of the Deaf, actively addressed “insurance discrimination, job discrimination, driving restrictions, lack of vocational training, and other issues the Deaf community identified as vital” (Nielsen, 2012, p. 134). At the same time, the National Federation of the Blind (NFB), founded in 1940, was focused on the right of blind people to organize and run their own organization rather than being controlled by sighted individuals who had previously controlled organizations for the blind (Pelka, 2012). The NFB and other organizations of the blind were active in lobbying the government for employment for blind individuals and less restrictive social welfare regulations, as well as guide dog and “white cane” laws to provide blind people with freedom of movement in public settings, the first initiatives in the country to advocate for access and accommodation laws (Dunlavey et al., 2009; Longmore, 2009).

The League of the Physically Handicapped, formed in 1935 in New York City, actively protested against policies that made physically disabled people ineligible for jobs with the Works Progress Administration; its efforts resulted in jobs for 1,500 physically disabled workers (Longmore, 2003, 2009; Pelka, 2012). It was the first national political organization made up of members from more than one disability group in the United States (Longmore, 2009).

Established in 1940, the American Federation of the Physically Handicapped lobbied for an end to discrimination in the private employment sector

(Pelka, 2012). It was successful in getting a law passed in 1945 establishing the National Employ the Physically Handicapped Week, which was expanded in 1952 to become the President's Committee on Employment of the Physically Handicapped (later the President's Committee on Employment of People with Disabilities). This committee became a permanent organization in 1955 (Pelka, 2012). Throughout the disability rights movement, this committee played an important role in bringing disability activists together to share perspectives (Longmore, 2009; Pelka, 2012). As Nielsen (2012) commented, "Throughout the Depression and extending into the Cold War period, people with disabilities and their allies laid important groundwork that later disability rights activists would build on" (p. 133).

Ed Roberts and the Berkeley Movement

After World War II, physically disabled activists focused on obtaining the right to attend college (Longmore, 2009). In 1962, Ed Roberts, a quadriplegic polio survivor who used a wheelchair and an iron lung, became the first student with significant impairments to enter the University of California–Berkeley after successfully suing the institution for access and integration (Fleischer & Zames, 2001; Lampros, 2011; Nielsen, 2012). Berkeley officials required Roberts to live in the infirmary rather than in a residence hall, however (Fleischer & Zames, 2001; Nielsen, 2012). After hearing of Roberts's admittance, 12 other students with severe disabilities also enrolled at Berkeley and lived in the infirmary with him. The third floor of the Berkeley infirmary became the home for an activist group of disabled students, who successfully advocated for making the Berkeley campus and the city more accessible (Lampros, 2011). They also argued for personal attendants so they could live independently while enrolled in college (Nielsen, 2012).

Roberts assisted his former college advisor, Jean Wirth, in writing a grant proposal to the Department of Health, Education, and Welfare for a minority student dropout program to improve services for disabled students, which they obtained (Fleischer & Zames, 2011; Madeus, 2000). In 1970, this \$81,000 grant, plus \$2,000 from the university, formalized a student group called the Rolling Quads (later named the Disabled Students Union) and established the Physically Disabled Students Program at Berkeley, which provided support including personal attendants and wheelchair repair (Fleischer & Zames, 2011; J. W. Madaus, 2000; Nielsen, 2012; Pelka, 2012). Graduates of Berkeley and other institutions that were among the first to provide services for disabled students, including Illinois and Boston University, became important leaders of the disability rights movement in the 1970s (Longmore, 2009).

The Emergence of the Disability Rights Movement

The Berkeley movement was one of only a few initiatives in the period between the 1940s and 1960s as most of the disability groups formed in the 1940s lost momentum because of internal strife and burnout (Pelka, 2012). It was not until the 1970s that people with disabilities again began taking the lead in determining their own fate (Griffin et al., 2007). Enlightened by the civil rights movements of the 1960s (Fleischer & Zames, 2001), the disability rights movement of the 1970s and beyond transformed how disabled people thought about themselves and how others viewed them (Bryan, 2013). Its first goal was to demonstrate to society that people with disabilities were marginalized and therefore oppressed by the social structure of U.S. society (J. A. Winter, 2003). Once awareness was achieved, the movement worked to eliminate marginalization of disabled people and “to empower them to influence social policies and practices so as to further the integration and full inclusion of individuals with disabilities into the mainstream of American society” (J. A. Winter, 2003, p. 37), as well as to achieve autonomy over their own lives. An important aspect of the disability rights movement was exemplified by its slogan, “Nothing about us without us,” which stressed the value that disabled people placed on participating in the decisions that would affect them (Ostiguy et al., 2016).

Several events converged in the early 1970s that set the disability rights movement in motion: the influence of the civil rights movements, the independent living movement, the parents’ movement for integrated education, and the Rehabilitation Act demonstrations.

The Civil Rights Movements. The civil rights movements of African Americans, women, and lesbian and gay individuals in the 1960s and 1970s led to increased awareness of the rights of all people to equity and fairness among people with disabilities (Nielsen, 2012; Scotch, 1988). The movements were similar in that all were “struggles for fairness of opportunity among people who became fed up with their control and denigration ... by the larger society” (McCarthy, 2003, p. 210). Disabled people were encouraged by these movements to pursue their own political rights, full citizenship, and self-determination during the 1970s. Disabled activists learned from the strategies used by other groups to secure their rights (Fleischer & Zames, 2011; Pelka, 2012; Scotch, 1988). These movements also motivated people with different impairments to work together as one large movement for disability rights (Nielsen, 2012).

The Independent Living Movement. Meanwhile at Berkeley, Ed Roberts and the Rolling Quads moved out of the infirmary in 1972 and into the Berkeley community, where they established an agency self-governed by disabled residents, the Center for Independent Living (Bryan, 2010; Fleischer & Zames,

2011). This concept rapidly spread around the country in the 1970s and 1980s (Meade & Serlin, 2006) based on “the principle of self-determination, consumer control, and deinstitutionalization” (Nielsen, 2012, p. 163). Independent living centers (ILCs) offered peer counseling and coordinated personal assistants, while lobbying for accessibility, civil rights, and funding to support independent living (Longmore, 2009).

Another positive effect of the development of ILCs was the inclusion of individuals with severe impairments, challenging vocational rehabilitation practices that had focused largely on assisting less disabled clients in preparing for and finding employment while ignoring severely disabled individuals who were relegated to living in institutions (Ostiguy et al., 2016; Scotch, 2001a). Oliver (1990) noted that ILCs changed the definition of *independence* from doing things by oneself to making decisions for oneself and being in control of one’s life.

Lucy Gwin, the editor of the bimonthly magazine *Mouth: The Voice of Disability Rights*, pointed out that Ed Roberts and the others who established ILCs were all White males from “comfortable” families who had “been transformed over night into second-class citizens” by the polio virus (Fleischer & Zames, 2001, p. 41). She reflected in an interview,

What caused them to question their second-class status? They’d hatched out of privilege and protection into a world that was changing radically... The independent living revolution arose among privileged white boys. And bless them, those boys stormed the barricades to free us [people with disabilities] from *the medical model*. (Gwin, 1967, pp. 26–27, in Fleischer & Zames, 2001, p. 41)

During the 1990s, ILCs extended their services to people with sensory, cognitive, and psychological impairments, as well as people of all ages and ethnic backgrounds, as the deinstitutionalization movement left many individuals searching for homes in the community (Longmore, 2009). Current issues facing ILCs include the ability to identify and hire personal attendants, securing funding for in-home care rather than requiring people with disabilities to be cared for at residential treatment facilities, and securing enough accessible housing (Ostiguy et al., 2016). Resources to support ILCs seldom are adequate to keep up with the numbers of people with disabilities who wish to live in them, especially if these people are financially insecure (Ostiguy et al., 2016).

The Parents’ Movement for Integrated Education. As late as the 1960s, states were failing to provide adequate education to disabled children (Fleischer & Zames, 2001). As many as one in eight children with disabilities did not receive any education at all, and over half of all disabled children failed to receive special educational services to be successful in school (Fleischer & Zames, 2001).

While school districts did start taking more responsibility for educating children with disabilities starting in the early 1950s, parents often viewed this “education” to be babysitting or an act of “charity” (Ward, 2009, p. 53). Parents urged schools to provide better education that would enable their disabled children to attend college or successfully seek employment (Ward, 2009).

The parents’ advocacy movement, which began in the 1950s and 1960s, focused on lawsuits and legislation to achieve its goals of inclusive education for their children with disabilities (Longmore, 2009), often using *Brown v. Board of Education* as an arguing point for integrating education to include children with disabilities (Griffin et al., 2007). But as the 1960s began, little progress had been made toward integrating public K–12 education (Pelka, 2012).

In 1971, however, *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* led the courts to accept a consent decree that stated for the first time that disabled children had the right to free public education (Pelka, 2012). This decree encouraged activists across the country to file lawsuits in support of right-to-education legislation, which convinced Congress to pass the Education for All Handicapped Children Act in 1975 (Griffin et al., 2007; Pelka, 2012). This law guaranteed all disabled children pre-K through high school a free and appropriate education in the least restrictive environment (Kalivoda, 2009; J. W. Madaus, 2000).

After the passage of this law, activists lobbied for appropriate funding from the federal government; they also filed lawsuits to force compliance by school districts (Longmore, 2009). Parents of disabled children advocated in particular for mainstreaming children with disabilities into classrooms with nondisabled children (Longmore, 2009). In response to the Education for All Handicapped Children Act of 1975, the Supreme Court ruled in the case of *Burlington School District v. Department of Education* that schools were responsible for paying for enrolling disabled children in private programs if the courts determined that such a program was the least restrictive environment in which to provide a disabled child with an appropriate education (Griffin et al., 2007).

The Education of the Handicapped Act Amendments, renamed the Individuals with Disabilities Education Act (IDEA), passed in 1990. It strengthened the original bill mandating that each student’s needs be individually addressed through an individual education plan (IEP; Kalivoda, 2009). Not all parents have viewed the IDEA favorably, however. Some advocates argued that experts played too large a role in developing IEPs, devaluing the role of parents in determining what their disabled child needed in the educational setting, particularly if the parents were members of minoritized groups (Fleischer & Zames, 2001). Deaf parents, in particular, have expressed

concern about integrating their children into hearing classrooms where they are not allowed to use sign language. They have argued that education in a Deaf setting is the least restrictive environment for their children (Ostiguy et al., 2016).

Perhaps the largest problem facing parents of disabled children is the lack of compliance of school systems with provisions of the IDEA. In a national Council on Disability report conducted in 2000, every state was found to be out of compliance with the IDEA (J. A. Winter, 2003). Systematic monitoring is necessary to overcome this issue. Despite the failure of some schools to fully implement the IDEA, this act has significantly improved the education of disabled children and has been a major factor in the large increase in numbers of disabled individuals attending college since its passage (J. W. Madaus, 2011).

Rehabilitation Act Demonstrations. In 1972, President Richard Nixon pocket-vetoed the Rehabilitation Act, which would have given priority to severely disabled individuals in the rehabilitation system by setting up independent living centers for living and working in their communities. This led members of the cross-disability organization, Disabled in Action, to protest in New York City while the younger, more activist members of the President's Committee on Employment of the Handicapped (PCEH) held a night-long vigil at the Lincoln Memorial in Washington, DC (Longmore, 2003; Pelka, 2012). When Nixon vetoed the bill the second time in 1973, members of PCEH held a march in protest (Longmore, 2003). The vetoes also spurred younger members of various disability organizations to join together to form alliances across disability categories, recognizing that they were all fighting for the same goals (Bryan, 2010; Longmore, 2003).

In 1973, Nixon finally signed the third version of the Rehabilitation Act passed by Congress after members of Congress had decreased the funding level for programs for individuals with serious disabilities and dropped the provision for independent living centers (Longmore, 2003). Included in the bill, however, was Section 504, which outlawed discrimination against "otherwise qualified" disabled individuals in federally funded programs (Longmore, 2009). This provision of the bill was added near its conclusion by Senate staffers with minimal experience with disability issues "who nonetheless recognized that prejudice was a problem for disabled Americans" (Longmore, 2003, p. 104). Only one person commented on it during all the debates and hearings held prior to the vote, and few people, including Nixon and his advisors, became aware of its antidiscrimination language (Longmore, 2003; Nielsen, 2012). Only the National Federation of the Blind, which had taken a strong civil rights approach to disability issues for several decades, stressed the importance

of Section 504 to disabled people (Longmore, 2003). However, when it came time to fund the bill, disabled people began to see its value (Nielsen, 2012).

Because of concern over the costs of providing accessibility, especially at colleges and universities, the government avoided issuing implementation regulations for the Rehabilitation Act for four years under three presidents (Longmore, 2009; J. W. Madaus, 2000). Efforts to get these regulations into effect mobilized advocacy among leaders of the disabled community who made up the PCEH (Scotch, 1988). At this committee's 1974 meeting, they established the American Coalition of Citizens with Disabilities, the first successful cross-disability advocacy organization (Longmore, 2009; Scotch, 1988). This group's activism culminated in April 1977 with one-day sit-ins in Washington, DC, and 10 other U.S. cities, as well as occupation of the Department of Health, Education, and Welfare (HEW) in San Francisco, which lasted 25 days (Longmore, 2003; Pelka, 2012). Finally HEW secretary Joseph Califano signed the regulations to implement Section 504 (Fleischer & Zames, 2011; Longmore, 2003, 2009; Nielsen, 2012).

This sit-in succeeded for a number of reasons, including the previous experience of many of its leaders in other activist movements (e.g., free speech, antiwar, feminist, and racial civil rights) and what they had learned from the tactics these other groups used (Fleischer & Zames, 2001; Nielsen, 2012). They also had support from traditional disability organizations, such as Easter Seals and United Cerebral Palsy, as well as religious leaders and less expected groups, including labor unions, gay men, Chicano activists, and the Black Panthers (Longmore, 2003; Nielsen, 2012). As a result, this protest led to sophisticated coalition building during the 1980s that eventually led to passage of the ADA (Longmore, 2009). Section 504 was the first civil rights law that protected the rights of disabled students, faculty, and staff in higher education (Kalivoda, 2009). (See Chapter 3 for further discussion of its implications for higher education.)

Disability Rights Issues After Section 504

In the 1980s, disability rights were a less visible public issue than they had been in the previous decade (Scotch, 1988). However, important legal and political issues did arise that shaped the future of disability activism and contributed to the passage of the ADA.

Court Decisions Regarding Section 504 Implementation. Although Section 504 had a major impact on the access of students with disabilities to higher

education, many questions had to be answered related to its implementation (Pelka, 2012). Many schools were reluctant to implement aspects of the legislation because they perceived that it would be costly and time-consuming (J. W. Madaus, 2000). Even after funding to implement Section 504 was released, compliance on college and university campuses was minimal (Kalivoda, 2009). J. W. Madaus (2011) reported that a backlash occurred with significant legal action.

The courts dealt with cases focusing on “documentation of disabilities, reasonable accommodations, definitions of ‘major life activities,’ and the impact of mitigating measures on the impact of a disability” (J. W. Madaus, 2011, p. 11). In 1984, one of these court cases, *Grove City v. Bell*, led the Supreme Court to rule that Section 504 applied only to specific funded programs rather than the entire institution (J. W. Madaus, 2000; Safransky, n.d.). In 1987, Section 504 was amended under the Civil Rights Restoration Act to reverse this decision (J. W. Madaus, 2000; Safransky, n.d.). This amendment stated that Section 504 applied to the entire institution if any of its programs received federal funding, reversing the decision the Court handed down in *Grove City v. Bell*. The Civil Rights Restoration Act’s prohibition of discrimination against disabled students in higher education provided a foundation for legal action to protect the rights of students with disabilities if institutions were unwilling to provide accommodations voluntarily (J. W. Madaus, 2000). However, many court cases, to the dismay of many disability activists, narrowed the scope of Section 504 at a time when the political landscape was becoming increasingly conservative (L. J. Davis, 2015a; Scotch, 1988).

Addressing Political Conservatism in the Reagan Era. Ronald Reagan, elected president in 1981, was “skeptical, if not downright hostile” (Pelka, 2012, p. 28) to the involvement of the federal government in efforts to advance civil rights. Among his efforts to defund aspects of President Lyndon Johnson’s Great Society, the administration began making threats to amend or revoke regulations implementing both Section 504 of the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975 (L. J. Davis, 2015a).

Several leaders in the disability movement were children of wealthy members of the Republican Party, including Patrisha Wright, Mary Lou Breslin, and Justin Dart. Using this fact of birth to their advantage, disability rights activists from the Disability Rights Education and Defense Fund (DREDF), led by Wright, and the Disability Rights Center, led by Evan Kemp Jr., worked with insiders in the Reagan administration to gain information regarding the administration’s specific plans (L. J. Davis, 2015a). This information was leaked to members of DREDF, who began intense lobbying and grassroots

campaigning to stop their efforts (L. J. Davis, 2015a; Griffin et al., 2007). After the administration received over 40,000 cards and letters, they abandoned their attempt to repeal this disability rights legislation (L. J. Davis, 2015a).

Passage of the ADA

By the late 1970s, disability activists were clear that more legislation was needed to bring buildings into compliance and raise consciousness to accomplish their goals of access and equity (Meade & Serlin, 2006). While Section 504 effectively addressed the “easy” issues, such as architectural and transportation accessibility, it did not lead to increased employment, a major issue facing disabled people (Fleischer & Zames, 2001). Disability activists consistently lobbied for a stronger law that would allow them to confront discriminatory employers (Fleischer & Zames, 2001).

The ADA was introduced in 1988 by two congressmen, Senator Lowell Weicker, a Republican from Connecticut, and Representative Tony Coelho, a Democrat from California (L. J. Davis, 2015a; Mezey, 2009). The bill passed in the Senate but was defeated in the House (Mezey, 2009). The introduction of the bill did raise awareness among members of Congress, as well as citizens in general, of the challenges that disabled people in society continued to face (Mezey, 2009). The ADA was reintroduced in May 1989 after President George H. W. Bush became president by Representative Steny Hoyer, a Democrat from Maryland, and Senators Tom Harkin, a Democrat from Iowa, and Ted Kennedy, a Democrat from Massachusetts (L. J. Davis, 2015a; Mezey, 2009). The goal of the ADA was to advance “the civil rights of people with disabilities” by establishing “a ‘national mandate’ to end discrimination against people with disabilities and to guarantee that the federal government would play a key role in enforcing the law” (Mezey, 2009, p. 48).

DREDF was among the leaders of the movement to pass the ADA (L. J. Davis, 2015a). Because of their efforts, particularly those of Patrisha Wright, disability rights was on the agenda of a significant number of other civil rights organizations, including the influential Leadership Conference on Civil Rights, for the first time (Pelka, 2012). While Kemp was working inside the administration, Wright had been meeting and collaborating with other activist civil rights groups to raise their awareness of the ADA and the issues facing disabled Americans (L. J. Davis, 2015a). Their involvement was important in lobbying Congress while the ADA was being considered (Davis, 2015a).

Important as well were disability activists across the country. Justin Dart, a leading disability activist, and his wife, Yoshiko Dart, traveled throughout the United States collecting stories from people with disabilities for the

“Disability Discrimination Diaries” that he used to generate support from the public for passage of the ADA (Fleischer & Zames, 2011). In addition, as the ADA was being considered in Congress, over 8,500 disability activists signed and paid for a full-page ad in the *Washington Post* urging their legislators to pass the ADA and to reject amendments that would legalize unacceptable discrimination that some members of Congress were attempting to add to the bill. The ad was personally delivered to every congressional office and the president (Fleischer & Zames, 2001). With this backing, the ADA was successfully guided through Congress by Senator Harkin and Representative Hoyer, passing the Senate 76–8 and the House 377–28 (Fleischer & Zames, 2001).

Justin Dart, often referred to as the Father of the ADA, described the passage of the ADA this way:

A ragtag hodgepodge of advocates with disabilities, families, and service providers, who had never completely agreed on anything before, joined together with a few farsighted members of the older civil rights movement, business, the Congress, and the Administration to defeat the richest, most powerful lobbies in the nation. (Fleischer & Zames, 2001, p. 92)

Fleischer and Zames (2001) went on to name some of these lobbyists. They included the “National Federation of Independent Business, U.S. Chamber of Commerce, the *New York Times*, *Wall Street Journal*, the Restaurant Association, Greyhound Buses, and the entire transportation community, as well as conservative elements of the Republican party” (Fleischer & Zames, 2001, p. 92). Pelka (2012) stated, “Quite simply, the Americans with Disabilities Act of 1990 marks the political arrival . . . of the national disability rights movement” (p. 29).

The ADA had a major influence on increasing the numbers of students with disabilities attending higher education (J. W. Madaus, 2000). It extended rights to every aspect of the operation of college and university campuses, providing access to all facilities, services, and programs they offered. As a result, colleges and universities have been forced to adapt and provide the programs that disabled students need. Unfortunately, these changes were much too slow and often required not only activism on the part of students and faculty with disabilities but, too often, lawsuits to win their rights. (For an in-depth and engaging history of the ADA, see L. J. Davis, 2015a.)

Working for the Passage of the ADA Amendments Act

As with Section 504, the ADA did not totally live up to its expectations, largely because the rulings of an increasingly conservative Supreme Court limited

the meaning of some of the vague phrases used in the law, such as “disability,” “reasonable accommodations,” and “undue burden” (Mezey, 2009). Cases such as *Sutton v. United Airlines* (1999), *Murphy v. United Parcel Service* (1999), and *Toyota Motor Manufacturing v. Williams* (2002) restricted who qualified as disabled and therefore limited how and to whom it applied, particularly in employment (J. W. Madaus, 2011; Mezey, 2009).

To address these issues, bipartisan legislation, the Americans With Disabilities Act Amendments Act (ADAAA), was introduced to clarify the original intent of Congress in passing the ADA (Fleischer & Zames, 2011). This legislation was supported by a broad coalition of disability and civil rights organizations, war veterans, the U.S. Conference of Catholic Bishops, the National Association of Manufacturers, and the U.S. Chamber of Commerce, which previously had opposed the ADA (Fleischer & Zames, 2011).

Once again disability activists played a large role in publicizing the legislation and encouraging citizens to support its passage. On November 15, 2006, a bus tour, The Road to Freedom, left Washington, DC, on a 25,000-mile road trip to advocate for the passage of the ADA Restoration Act, an earlier version of the ADAAA (Fleischer & Zames, 2011). It was led by Jim Ward, the founder and president of ADA Watch and the National Coalition for Disability Rights. The trip lasted 18 months and made 20 stops, accompanied by a second bus that held a traveling exhibit about disability rights. Ward believed that a grassroots initiative such as this would remind people that their voices were powerful in the electoral process. He provided the people he met with call-in numbers, website addresses, and petitions so they could let Congress members know they supported the ADAAA. Senator Harkin, one of the sponsors of the ADA, spoke on the floor of Congress about the Road to Freedom campaign, noting that it was instrumental in the passage of the ADAAA (Fleischer & Zames, 2011). The law passed in 2008, with implementation taking place on January 1, 2009 (Mezey, 2009).

In the ADAAA, Congress clarified language used to define disability, provided expanded examples of what conditions should be considered disabling, and explained the role of mitigating measures in determining eligibility (J. W. Madaus, 2011). Institutions of higher education are just beginning to see the impact of the ADAAA as cases make their way through the courts and are interpreted by the Office for Civil Rights (Goren, 2016).

Disability Activism and Social Justice

By the end of the 20th century, the disability rights movement had changed how disability was viewed in the United States from a “medical, charity

model” to a “minority rights issue” (Ward, 2009, p. 52). The self-advocacy involved in this movement also led to changes in self-perception among people with disabilities as they developed minority group consciousness and a strong positive sense of themselves (Castañeda & Peters, 2000; Longmore & Umansky, 2001).

Disability activism as it happened over the history of the United States exemplifies social justice. Disabled individuals and groups that fought for equity and justice demonstrated that they were people to be respected and included in U.S. society. They worked to overcome the oppression they experienced, educate those around them, and ensure that those who came after them would be treated as full, participating, and valued citizens of this nation.

Conclusion

Critical to the three movements highlighted in this chapter—deaf education, the influence of war veterans, and disability activism—are themes of liberation, justice, interdependence, and respect, ideas that are core aspects of the social justice approach. Deaf people, veterans, and disabled activists (including Deaf and veteran activists) all worked to liberate themselves and others who were part of the populations they represented from the oppression that they experienced in society. All three groups advocated for equity and justice to live their lives freely and to be treated fairly. They also worked together with other members of their groups and their allies to achieve their goals. Finally, the core principle underlying their activism was to be viewed with respect by those in society. Their stories and the themes that appear in them have special meaning within the framework of social justice, as we detail in Chapter 2.

The history of disability is rich, extensive, and powerful. It demonstrates the varied ways in which disability has been viewed in society and the manner in which disabled members of society have been treated. It is not always pretty or easy to read. Yet it demonstrates the resilience of people faced with challenging circumstances and their ability to turn those circumstances around. Disabled people have found ways to succeed in a society where they have not always been wanted or welcomed. To truly understand the experiences of people with disabilities today, understanding the past through the eyes of their predecessors is valuable in that it provides a clearer sense of the work that is yet to be done and the strategies that may be or may not be effective to move nearer to completing it.

Discussion Questions

1. How has U.S. history influenced educational access for people with disabilities?
2. What barriers have people with disabilities experienced in access to education and legal protections?
3. Why is a historical understanding important for framing a socially just approach to disability in higher education?
4. How have the historical narratives described in this chapter influenced the culture of your institution in regard to access and policies for people with disabilities?
5. What is the specific history of disabled people studying and working on your campus?

Appendix: Significant Moments in the History of Disability in the United States

Year	Disability Moment	Historical Context
1700–1800		Age of Enlightenment
1775–1783	Continental Congress promised pensions to disabled veterans.	Revolutionary War
1790s–1830s	Evangelical Christians took on the mission of educating deaf and blind children.	Second Great Awakening
1817	American Asylum for the Deaf opened.	
1818	Revolutionary War Pension Act passed.	
1840–1870		Second Industrial Revolution
1850s	Oralism introduced in deaf schools.	
1861–1865		Civil War
1865–1877		Reconstruction era

Year	Disability Moment	Historical Context
1864	Congress authorized Columbia Institution for the Instruction of the Deaf, Dumb, and Blind (later Gallaudet University).	
1867	Exclusively oralist Clarke School for the Deaf opened in Massachusetts.	
1869	Institution for Colored Deaf and Dumb and Blind opened in North Carolina.	
1880	International Congress on the Education of the Deaf met in Milan, Italy. National Association of the Deaf established.	
1880–1945	Eugenics movement in the United States.	
1890s–1920s		Progressive era
1893	First woman, Agatha Tiegel, graduated from Gallaudet.	
1894	First documented case of polio in the United States (in Vermont).	
1895	American Blind People's Higher Education and General Improvement Association formed.	
1896	First eugenics law prohibiting marriage of certain disabled.	
1902	Helen Keller became first deaf-blind person to graduate from college; published her autobiography in 1903.	

(continued)

Year	Disability Moment	Historical Context
1907	Indiana passed first forced sterilization law. Sign language removed from all U.S. schools.	
1917	The Vocational Education Act established the Federal Board for Vocational Education.	United States enters World War I
1918	Smith-Sears Veterans Vocational Rehabilitation Act passed.	
1920	Smith-Fess Civilian Vocational Rehabilitation Act passed. Disabled American Veterans formed.	
1921	Federal legislation created Veterans Bureau.	
1930s	Resurgence of sign language in deaf schools.	Great Depression
1933	Election of the first U.S. president with a physical disability.	F. D. Roosevelt elected president
1935	League of the Physically Handicapped formed. Vocational rehabilitation programs received permanent authorization under the Social Security Act.	
1937–1955	Polio epidemics spread across the United States.	
1938	President F. D. Roosevelt established March of Dimes.	
1940	The American Federation of the Physically Handicapped founded. National Federation of the Blind formed.	

Year	Disability Moment	Historical Context	
1941–1945	300,000 people with disabilities employed in wartime industry.	United States in World War II	
1943	Congress passed the Vocational Rehabilitation Amendments (i.e., the Barden-LaFollette Act). Public Law 16 passed.		
1944			Serviceman’s Readjustment Act (GI Bill)
1945	Blinded Veterans Association formed.		
1947	Paralyzed Veterans of America formed.		
1948	Disability Resources and Educational Services program at the University of Illinois at Galesburg gained official recognition from the university. Later moved to the main campus at Urbana-Champaign.		
1950–1953		Korean War	
1952	President’s Committee on Employment of the Physically Handicapped (later President’s Committee on the Employment of People with Disabilities) formed.		
1954	Andrew Foster became the first Black student to graduate from Gallaudet. Congress passed Vocational Rehabilitation Amendments of 1954.	<i>Brown v. Board of Education of Topeka</i>	

(continued)

Year	Disability Moment	Historical Context
1960s–1970s		Civil rights movements
1961	American Council of the Blind formed. First experimental cochlear implant surgeries performed.	
1962	Edward Roberts, a veteran of World War II, was the first quadriplegic person to enroll at the University of California, Berkeley.	
1963	Vocational Education Act passed.	
1965–1975		Vietnam War
1965	The National Technical Institute for the Deaf, established by Congress; it opened in 1968. <i>A Dictionary of American Sign Language</i> published.	
1970	Judith Neumann and other disability activists in New York City formed Disabled in Action. Ed Roberts and Rolling Quads receive a U.S. Department of Education grant to establish the Physically Disabled Students Program, which became the nucleus of the first Center for Independent Living in 1972.	
1971	<i>Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania.</i>	

Year	Disability Moment	Historical Context
1972	<i>Mills v. Board of Education.</i> Disability activists hold demonstrations in Washington, DC, San Francisco, and other cities to protest veto of Rehabilitation Act.	
1973	Section 504 of the Rehabilitation Act passed.	
1974	Vietnam Era Veterans' Readjustment Assistance Act passed.	
1975	Education for All Handicapped Children Act (Pub. L. 94-142) signed by President Gerald Ford.	
1977	Kurzweil Reader invented. The American Coalition of Citizens with Disabilities sit-ins in Washington, DC, and 10 other U.S. cities; 25-day occupation of the Department of Health, Education, and Welfare office in San Francisco. Association on Handicapped Student Service Programs in Postsecondary Education (AHSSPPE) founded; renamed Association on Higher Education and Disability (AHEAD) in 1992.	

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Year	Disability Moment	Historical Context
1979	<i>Southeastern University Community College v. Davis</i> Disability Rights Education and Defense Fund founded.	
1981–1983	Reagan administration threatened elimination of Section 504 and Education for All Handicapped Children Act.	Ronald Reagan elected U.S. president
1985	U.S. Department of Education sponsored the National Longitudinal Transition Study.	
1987	Congress passed Civil Rights Restoration Act over President Reagan's veto.	
1988	Deaf President Now! movement at Gallaudet University. Americans With Disabilities Act introduced in Congress.	
1989	Revised versions of ADA introduced in Congress. Center for Universal Design created.	
1990	Americans With Disabilities Act passed. Soldiers report symptoms of Persian Gulf syndrome. Congress amended Education for All Handicapped Children Act, renaming it the Individuals with Disabilities Education Act; reauthorized in 1997.	Persian Gulf War
2003		U.S. invasion of Iraq began

Year	Disability Moment	Historical Context
2004	U.S. Access Board published updated ADA Accessibility Guidelines. President George W. Bush signed the Assistive Technology Act.	
2006	Second controversy at Gallaudet over hiring of president.	
2008	Americans With Disabilities Act Amendments Act signed; effective January 1, 2009. Higher Education Opportunity Act passed. Post-9/11 Veterans Educational Assistance Act (the New GI Bill) passed.	

Source: Content drawn from Chronology. (2009). In S. Burch (Ed.), *Encyclopedia of American disability history, vol. 1* (pp. xxiv–lvi). New York, NY: Facts on File. Additional material drawn from references cited in this chapter.