

Southeast ADA Center
History of Disabilities Webinar
Part 3: Mid-20th Century Ferment in Disability Rights
February 8, 2018, 1:00 P.M. EST

Celestia Ohrazda:

As a reminder, all phone lines and microphones are muted for the duration of the webinar. If you have any questions either for our presenter or technical in nature, please type them in the chat area, and we will address them appropriately. Thank you.

Today's presentation materials are posted, and I have provided the link in the chat area. Also, for those of you who have missed part one or part two, archives are available also on the same link. There is an audio and also a video for both of those sessions. Feel free to view them and share them with your colleagues.

Good afternoon and welcome to the History of Disabilities webinar series. This is part three in our four part series with Dr. Larry Logue. We'll begin the webinar in about three minutes at 1:00 eastern time. Meantime just doing a series of audio checks, just to make sure everyone's audio is configured properly.

As a reminder, your microphones and your telephone lines will be muted for the duration of the webinar. If you have any questions either for our presenter or maybe technical in nature, please type them in the chat area. Today's presentation and part one and part two archives are available on our website. And I will place that link in our chat area.

Barry Whaley:

Thank you, Celestia. Again, this is a good opportunity for you to adjust the volume on your speakers. Keep in mind you can listen to the webinar either via your computer speakers or telephone conference number. Those numbers are listed on the screen in front of you.

1-855-212-0212 or 1-701-801-1220 and the meeting ID code, 852 497 642 and the pound sign.

Remember, you can use those phone numbers if you experience audio difficulty through your computer. I'll draw your attention to the audio and video box, you will see a closed caption icon

there and you can select that to have captioning of today's webinar. We recommend putting the captioning and the webinar window side by side. Also I want to share some information and answer some frequently asked questions.

Whether you are joining by phone or using our web conferencing system Blackboard Collaborate, the system makes it possible for us to conduct workshops over the internet from just about any computer with an internet connect-

[Silence]

Celestia Ohrazda:

Barry, we lost your audio.

Barry Whaley:

There we go. I'm back. I don't know what happened there. I don't know where you lost me.

Celestia Ohrazda:

Start from the top.

Barry Whaley:

Oh, my goodness. I'm welcoming everybody to episode three, the History of Disabilities with Larry Logue. It is 1:00 right now. If you need telephone conferencing, the numbers are on the opening screen here, those numbers are 1-855-212-0212 or the toll number, 1-701-801-1220 and you will have to put in a conference ID number, 852 497 642, and the pound sign.

Some information frequently asked questions. We are using Blackboard Collaborate today. This allows us to conduct workshops over the internet from just about any computer with internet connectivity or web browser. Unfortunately, there may be computer issues that are inherent to your system beyond our control, so now is a good time to check your system. Our IT staff is available upon request to work with you in advance, but once we begin, will be unable to troubleshoot technical issues. I want to turn your attention to the audio and video box where the closed captioning icon is. You can turn on captioning by selecting that icon. We recommend that

you have the window along with the session window open side by side.

Today's session is also being recorded and will be archived for future use. A link to the recording will be sent out to registered participants and posted on the southeast ADA website. Please share it freely with your colleagues who may have missed the opportunity for today's session. And as a final reminder, your microphones and phone lines will be muted. If you have a question, please type it in the chat area. We do encourage and welcome questions and feedback. Dr. Logue provides plenty of time for interactive dialogue with the audience today. And our staff will be actively monitoring the chat window and addressing those questions we receive. If you want to comment on our material or if you want to share resources with your colleagues, that's excellent. We also have experts who are ready to answer your questions that you might have in the chat.

At this time I suggest you also close any applications you may have running on your computer that could interfere with your experience today. You might want to also turn off any automatic systems check your computer does automatically to eliminate any further interference with the session. If your computer is networked, please, and it may shut down if it stays idle for too long. If that's the case, please periodically tap the space bar. Just to let the webinar system know that you're still there with us.

Again, I want to say good afternoon to you. We're thrilled that you're joining us for the webinar today. My name is Barry Whaley, I'm the project director of the Southeast ADA Center based in Atlanta, Georgia. The Southeast ADA center is a project of the Burton Blatt Institute at Syracuse University. We're funded by NIDILRR, the National Institute on Disability, Independent Living, and Rehabilitation Research. A center rehabilitation research, I'm sorry, the center within the Administration for Community Living, the Department of Health and Human Services. The Southeast ADA Center is one of ten centers that make up the ADA national network and our purpose is to provide informal technical guidance, training, and information on all aspects of the Americans with Disabilities Act. The Burton Blatt Institute at Syracuse University is a leader in efforts to advance the civic, economic, and social participation of people with disabilities in a global society.

I want to welcome you to today's part three of The History of Disabilities: "Mid-20th Century Ferment in Disability Rights". Dr. Larry Logue is our presenter. He is a senior fellow at the Burton Blatt Institute and prior to coming to BBI, Dr. Logue was a professor of history and

political science at Mississippi College. His first book, *A Sermon in the Desert: Belief and Behavior in Early St. George, Utah*, won the Francis and Emily Chipman Award for best first book. Since then Dr. Logue has turned his interest to the experiences of Civil War soldiers and veterans. His books include *Race, Ethnicity, and Disability: Veterans and Benefits in Post-Civil War America* with BBI chairman Dr. Peter Blanck, *To Appomattox and Beyond: The Civil War Soldier in War and Peace* with Ivan R. Dee, along with Michael Barton, *The Civil War Soldier: A Historical Reader*, and finally *The Civil War Veteran: A Historical Reader*. Both those books are produced by New York University Press. At BBI Dr. Logue collaborates with Dr. Blanck exploring the psychological trauma suffered by union army veterans. This work will lead to their new monograph in the Cambridge disability law and policy series. That monograph is entitled "Civil War Veterans' Psychological Illnesses and Suicide: Lessons from the Past". It is my distinct honor now to introduce you to Dr. Larry Logue. And Larry, welcome, I'll turn it over to you.

Larry Logue:

Thanks, Barry, and welcome back to everyone who's been with us before. Before I get to today's topic, what I'm going to do is follow up on two especially challenging questions from last time. That's what I sort of promised to do, and I'll do it as often as I can. We can make it a contest, will your question get answered?

The first question that I'm going to go into again is one that asked, "Did legal authority determine why immigrants with disabilities continue past the progressive era?" I'll say more about the progressive era in a bit, we talked about it at length last time. The short answer is that the authority did. Longer details behind the answer are these. We talked about immigration law in the late 19th century and how it's set precedence for rejecting people with disabilities. The law was majorly- was reworked in 1924, but it retained the criterion of normality for admission to the U.S. which meant that it allowed rejection of those with mental illness or what was called physical defects at the time.

Another reworking of the law in 1990 narrowed that rejection rule. Now the government was authorized to turn away just those whose disorders constitute a threat to society, but that's not all. What we talked about last time is the LPC principle, that is, the criterion that if someone was

going to be likely a public charge they become another target of exclusion. That is, officials look at somebody and if they determine that they may become a public charge, may become a dependent on government money, they can be turned away. So that's another provision that's used disproportionately against people with disabilities. There's a really good book that explores these recent ones on the older background with considerably more detail.

[Silence]

Barry Whaley:

Larry, I think we've lost you.

Larry Logue:

Yeah, when I hit that- when I hit that book it seems to have disappeared, but I hope that it's now in the chat area: Douglas Bayton's *Defectives in the Land*.

Barry Whaley:

Very good. And you sound more clear as well. You sounded a little muffled a few minutes ago. Thank you.

Larry Logue:

Okay. The second question I'll follow up on is, "Were people with disabilities more vulnerable through the flu pandemic of the early twentieth century than others?" This is the one we sometimes call the Spanish flu which killed about between six and 700,000 Americans and maybe 50 million people worldwide. Considerably more in both cases than World War I did that was going on at the same time. The short answer of this one is we don't know if people with disabilities were more vulnerable. Most studies including two recent ones, two highly regarded recent ones, don't say much about disability. When they do, it's about disabilities caused by influenza, not people's susceptibility to influenza such as brain damage to fetuses. So we just don't know much.

But there's a good reason not to just leave the question there. Because this question offers a chance to visit a topic that is dear to me and important to anyone when we talk about the past.

That topic is how do we do detective work about the past? When a question hasn't been asked and answered, doesn't mean it can't be, and that's the key to historians' work. And in this case, the answer sometimes depends on exploring new sources and sometimes it depends on a new approach to old sources. To illustrate approaches to our flu question, we can start with a more conventional source, that is, published reports of mental asylums for mental illness, often called lunatic asylums or insane asylums in the 19th century. Asylums like this one: the Taunton State Hospital in Massachusetts. And this is taken about the time we're talking about, the 19 teens. You can see it's a large, imposing institution and symmetrical in form. You can see that it reproduces on both sides all its features. It was meant to be large, imposing, and symmetrical because that represented order. When this hospital was built before the Civil War, the idea was still popular that imposing order and discipline on people with mental illness would somehow cure them, it would reengage the disorder that caused their problem in the first place. And this is not unique, it's just- this is a good example.

The trustees of the hospital published annual reports, and the one for 1918 talked in some length about, and analyzed, the influenza outbreak. It described a severe attack- the hospital was attacked by the influenza the last of September and the epidemic following was the most extensive, severe, and fatal in the history of the hospital. And it says about the first case, first case probably came from the city of Taunton where the epidemic was raging. It goes on, but you get the idea. So it described the attack and further on down the page it lists the number of cases, 373 cases among patients and employees, and the number of deaths: 52 patients, five employees.

Now, on another page the report lists the number of daily inmates and if we divide those out, we get these rates. The hospital death rate- if the hospital had 100,000 patients, which it didn't, but rates are good comparisons- there would have been more than 3,000 died per 100,000 patients. Whereas look down the page, the U.S. death rate was about 500 per 100,000 people. And so the death rate here looks like it's more than six times the rate for the whole U.S. And so gives us a chance to say ah ha, people with mental illness were more susceptible to the flu. But here's how we move on to the detective work, not so fast. These were people who were also, of course, held in close quarters in institution and to know the vulnerability of people there better we'd have to compare it with other institutions, such as people in poorhouses and prisons. This comparison is possible, but I haven't pursued it just yet. And there's another question too: What about people

with other disabilities? And people especially not in the institutions? There are sources that we can use to pursue an answer here too. One source is the U.S. census of 1910, the last census before this outbreak. The upside of the census is that it includes people inside as well as outside of institutions, but it's got a huge downside too. The census that year only collected information on blind or deaf individuals. Nonetheless, this census has potential for exploring the vulnerability of people with disabilities.

Here is a sample page, an abridged sample page from the 1910 census. And I want to call your attention particularly to a line right in the middle. And so I'll- it's not really clear, not a lot clear, so I'll narrate it for you a little bit. This is the line for Coy Funderburk. Listed as a hired man whose race is Black, 25 years old, and single. He's a laborer, listed as his occupation. Here's some other columns that aren't that useful for us, but in the far right hand side you see a little DD for him, because that's the side, that's the column in which the census taker was to put whether the person was as the terminology was at the time, deaf and dumb, and there he was, and according to the census taker he had these disabilities.

Now, that doesn't tell us a whole lot about the flu, but this does. Here's Coy Funderburk's death certificate. It's already not total crystal clear either, so I'll narrate some of the key thing for you. There is his name, Coy Funderburk. This is an easy record linkage for us because there aren't that many people by that name. The age is a bit off, but that wasn't too unusual for people dealing with African Americans. And in March of 1919 right in the epicenter of the flu epidemic, there he was, he died of flu and influenza in March of 1919. That's just one case. But if we can repeat that, if a researcher could repeat that enough times, with this discovery, then the researcher could establish a rate for those with disabilities and compare it to those without.

That's all I've done so far, but this is an example of how we can pursue an object lesson in evidence and investigation. There are other related sources too, few state censuses that report disability in the 19 teens as well. And the point of all this is that answers to questions like these, these kinds of challenging questions that come up, are possible once we start looking and this is how historians go about it.

Now, this week's subject, I've subtitled it "Depression, War, and Disability." I didn't put the subtitle on the slide, but it's really what we're going to talk about, that roughly the middle third of the twentieth century and what happened there. And to get us up to speed from last time, then we

talked about progressive reformers and their tactics for addressing disability. We noted that even if they differed in the objectives and their tactics among them, there was one common effect of what progressive reformers prioritized, and that was important because their influence was amazingly effective, and that influence was that they assured the dominance of what's normally called the medical model of disability, in which if you recall, I called the individual model, which as we review, means that disability was an individual defect to be fixed or at least modified so that the individual could be part of an efficient society. This model prevailed, that's another part of the progressive's influence, the model prevailed long past the end of the progressives themselves. The progressive era we usually terminate about 1920, but the model kept on.

Nonetheless, there was a foreshadowing of changes over the next two decades after the end of the progressive era. What happened was Americans underwent two stress tests, and the depression, and a war. Now, there had been events in the past that challenged these or approximated the seriousness of the stress tests, the depression of the 1890s may have been as severe as the depression of the 1930s. The Civil War killed more Americans than World War II did, but never before and, thankfully never since, have Americans had to endure two such incidents so close together. And that's how I'll organize things here.

First, we're talk about political stirrings among people with disabilities during the Depression. Then second, World War II and its effects on disability policies. And these periods give us the best chance we've had yet to break away from the usual focus on policy makers. Focus which leaves the impression that people with disabilities were mostly passive and tossed around from one model to the next. Scholars certainly don't mean to endorse this passivity, it's just that the sources are much richer. The richer sources we have are for elites rather than for ordinary people so the voices of elites and leaders come through louder. But ordinary people with disabilities had a voice too and that voice became louder in the Depression.

The voice didn't just spring into action with the Depression, of course. For a long time people with disabilities had been looking for more control over their lives. The best evidence we have for this search for control is the formation of organizations among people with disabilities. Organizations would generate a voice through sheer strength of numbers. And if we want to find pioneers organizing we need to look among the deaf. It's logical that it would have been deaf

people who pioneered this. They had a college, Gallaudet, to train and encourage leaders and the leaders inherited a distinctive set of challenges and opportunities. But I mean if you'll recall from last time, we talked about another of progressives' priorities, which was to suppress sign language, but the harder the authorities pushed in this campaign to replace sign language with what was called oralism, that is, speech and lipreading, the more deaf people resisted. And it could be that the shared oppression might have increased incentive for deaf people to come together and to organize.

We do know that they did organize as early as the mid-19th century, deaf people were getting together informally, in clubs and groups, but later in the century brought the next steps in organization, more formal. Deaf activists founded associations in several states and other advocates formed a National Association of the Deaf in 1880. Here is its logo. Eventually, the NAD became seen as too elitist, so in 1901 other activists formed the National Fraternal Society of the Deaf. So there were groups and what they did was primarily to criticize oralism, that is the use of lipreading and spoken word. But they had other goals too, organizations like this did. They promoted schools for the deaf and they opposed laws that made it harder for, made life harder, for deaf people. Laws such as those allowing deaf people to beg in public activists believed that that was deeply harmful.

Now, admittedly these groups lost their struggle to keep oralism out of schools. We talked about that last time. Eventually by the early twentieth century three quarters and more of schools used oralism but the state and national organizations remained active nonetheless well into the twentieth century. They provided advocacy, mutual support, and they encouraged people to have a voice in influencing the circumstances of their lives. Then came the Great Depression, which clearly provided more opportunities and more challenges for activism, including activism on the part of leaders of the deaf. And the collapse of the economy in the Depression hurt deaf people especially hard. The overall unemployment rate in America was about 25% but the unemployment rate among deaf people looking for work has been estimated at well over 40%. So deaf people and organizations became more active and the major focus of their activism was to convince federal government and state governments to help with training and placement in jobs.

The scale of this activism was impressive, especially in states such as Michigan and

Pennsylvania. These are two exemplary states. There deaf leaders lobbied for a creation of state bureaus that would train workers and educate employers to be more willing to hire deaf workers. But it wasn't just that, I want to get as much away from the elites and leaders as possible, and ordinary people pitched in too. In both Michigan and Pennsylvania, ordinary people with deafness swamped legislators with letters and petitions demanding the creation of these state bureaus and those states did, they complied, they created bureaus to help the deaf by the late 1930s. Now, especially the NAD tried a similar effort to get Congress to create a national labor bureau for the deaf, a national version of what they'd done at the state level. That failed. But for our purposes nonetheless, ordinary deaf people showed that they were willing and able to speak up for equal rights.

But that's an excursion into an influential group and it wasn't just them; it wasn't only deaf people who were willing to take action. And when we talk about taking action, when we talk about these decades, we come up against the master narrative of disability rights. I'll talk about this quite a bit- a little bit today, quite a bit next time. What I mean is that it's generally assumed that any real disability rights movement was waiting for two things to happen: first, is they'd have to be inspired from other movements for civil rights, such as civil rights for African Americans, the women's movement. The second thing that would have to happen is that deaf activists would have to be willing to cross disability boundaries and act for the common good. And it's generally assumed that these two criteria didn't happen until the 1970s, but we can look at a remarkable incident that happened in the 1930s that casts serious doubts on these assumptions.

I need to give you a bit of back story here. In 1935, Franklin Roosevelt issued an executive order that created the Works Progress Administration, far more popularly known as the WPA. WPA was supposed to put to work as many employable people, that's the term they used, as their funding would allow. These were people who would work on standard public works, such as building parks, libraries, airports, and the like; but the WPA also made more innovative projects, such as painting murals, staging plays, writing state guidebooks, and other kinds of untried projects. And it's often hailed as a remarkable success. But there was a problem here. People with disabilities were routinely classified as not employable and they were therefore ineligible for WPA projects.

So in May of 1935, six men and women with various mobility impairments went to the New York City Relief Bureau and demanded an end to public works discrimination against people with disabilities. When they were told to come back in a week, they simply sat down and refused to budge out of the bureau's headquarters until their demands were met. The press found out, publicized their sit in, and soon protesters marched outside the building, embarrassing the director enough that after several days of a standoff the director did agree to meet with the sit in participants. After a period of negotiations, the protesters got some of what they wanted. Mostly what they got was promises to find jobs for participants in the protest.

But these accomplishments, significant as they were, were less important for historians than other developments that this sit in movement- sit in incident- portrayed. But first, the lesson for historians was how protesters pioneered tactics, before sit down strikes by auto workers in Michigan, before sit ins that were part of the Civil Rights Movement. These protesters spontaneously put their bodies on the line to use a phrase from civil rights. A second important outcome and significance of this incident was how these protesters presented themselves. Shortly after the protest began the protesters chose a name for themselves, the League of the Physically Handicapped. Now, that didn't seem terribly significant, they might have chosen some other sort of name, the league of polio victims, for example, because many of the participants were, or the league of cripples, which was the common term that was often used for people with mobility limitations at the time. But instead, they picked a name that had two key features for us. First was that the choice of handicap called attention to obstacles that were imposed on people and not individual culpability. So it tried to deflect the tension. The second feature was that the name didn't highlight boundaries between disabilities. Now, we have to recognize that the protesters didn't include any people with, say, deafness or blind participants, but on the other hand, their name and statements they made didn't exclude other disabilities either.

Now, the league disbanded a few years later, but the historical significance of what they did didn't disappear. And this is why I made my point earlier, the developments in the Great Depression cast out on the standard narrative, the master narrative, I might put it, of disability rights. This group didn't copy anyone else's tactics, this group's name and approaches deemphasized boundaries between disabilities, and this group rejected that the model of disability as an individual defect that needed to be repaired. What we can say so far, and I'll

revisit this topic a little bit later on, this conclusion later on, the trials of the Great Depression generated new levels of assertiveness among people with disabilities.

Then came World War II, which brought a whole new set of problems and possibilities. At first it looked like nothing but problems for people with disabilities. They didn't benefit much from the employment surge that characterized the run up to World War II. One sign of these problems was the founding of another new group, the National Federation of the Blind founded in 1940. The key founder was Jacobus tenBroek. Under tenBroek's leadership this new group took a much more assertive equal rights approach to employment needs, to the treatment of the blind under the Social Security Act, and other issues. Then the U.S. entered the war in 1941 and among the war's transformations was a change in the perception of disability. The major cause of the change was the absence of 16 million men and women from the labor force and that meant that the American economy could hardly afford the notion that people with disabilities were unemployable. So with these needs the federal government and federal agencies swung into action. They improved rehabilitation services, they helped with jobs placements, and tens of thousands of men and women with disabilities were hired in various war industries. After they were, supervisors took surveys that showed with people with disabilities were just as capable, just as productive as other workers.

But while the war was still underway, some activists worried that the employment boost wouldn't last. So Paul Strachan, this slide is a picture of him, who was a former labor organizer, gathered a group of advocates together in 1942 and they founded the American Federation of the Physically Handicapped, the AFPH, I'll call it for short, which was not just another disability group, and I say that for two reasons. First, they were much more militant than other groups. Strachan in particular spoke forcefully for employment opportunities. And against the assumption that people with disabilities were inevitably dependent on government handouts. Even singled out assumptions by those in the helping professions, all of which culminated in 1952 in this statement by Strachan, he referred to, and this is a quote from him, "do gooders, social welfare workers, and the like who will do anything in the world for the handicapped except get off our backs." A second reason why the AFPH was not just another organization is that it intended to represent all people with physical disabilities and the group reached out to the blind and the deaf as well as those with mobility limitations.

And the AFPH did see some successes. The group got Congress to designate a national employ the handicapped week and got Harry Truman to create a President's committee to promote federal employment programs. But the group also saw some defeats, especially on its campaign to get the Department of Labor rather than welfare bureaucracy to take over employment programs. But once again we're looking for significance for historian and what we find is that this early, long before the master narrative was predicted there was a group that was assertive and inclusive.

And now for one more example of a war time development, which involved what I called previously the military model of disability, which was the belief that disability among veterans was not so much an individual defect as it was a sign of public responsibility to care for people we now call wounded warriors. If you recall, this model dominated in particular after the Civil War in the late 19th century, and it shaped policy on federal pensions. But after World War I progressive reformers considerably weakened this model, especially in their condemnation of the inefficiency of pensions. So the progressives committed themselves and committed their efforts to rehabilitation. Congress responded by requiring rehabilitation for both civilians and veterans with disabilities.

But then the military model reemerged during World War II. The catalyst that we can identify the most was when the Roosevelt administration wanted rehabilitation services for veterans and civilians combined and put under a bureaucracy called the Federal Security Agency, which was the precursor to the modern, in our age, the Department of Health and Human Services. But veterans' representatives, especially those from the American Legion and Disabled American Veterans, which had been founded in 1921, vigorously objected to this proposal. They wanted instead more money for better prosthetics, for veterans' disabilities, and they wanted the veterans' administration, which was the precursor to today's department of veterans' affairs, they wanted the veterans' administration to keep the supervision of veterans' benefits and not transferred to a welfare bureaucracy. Veterans groups insisted on their rights, and in doing that, they got most of what they wanted. They got continued control of the VA of veterans' rehabilitation, they got a commitment by the VA to step up research and development of better prosthetics. Veterans activists continually complained about the poor quality and uselessness of the prosthetics they were furnished. The better ones, the new and improved ones, would be given

free of charge to veterans.

Now, civilian rehabilitation expanded during the war too, but along different lines under a separate bureaucracy. They were put under the Federal Security Agency and given less generous benefits, that is, benefits for civilians in rehabilitation depended partly on state and local funding. It was more a matching program where the federal program was entirely funded by the national government. So what we can say is that the military model became significant once again. That means that the public once again distinguished veterans' disabilities from those of civilians meaning that veterans' disabilities were once again seen as a national responsibility, while civilian's disabilities were largely a matter of state and local option with the federal government playing a secondary role.

Now, it does need to be pointed out that both groups, veterans and civilians, were still governed by the rehabilitation paradigm, that is, no matter where their disability came from it was still an individual problem. No matter who took responsibility for dealing with it, for addressing it, it was still an individual problem that had to be fixed to fit the individual to society, not the other way around. So the best way to characterize this is to say that the military model became a separate subcategory of the individual model during World War II and though it increased in importance, it was nowhere near as dominant as the military model has been after the Civil War.

So now time to sum up a little more. What we can say is the Depression and World War II inspired significant changes for people with disabilities. The organizations took the first step toward becoming more assertive and more inclusive. But I need to return to my initial point, though the evidence is richest for those organizations, they're not the whole story. I promised that we wouldn't lose sight of ordinary people in this period, and I'll try to fulfill that promise because their problems and achievements really helped to shape what the organizations did. They weren't just subjects. So again, as I said at first, the richest evidence is for the leaders, then the organizations. So our evidence for ordinary people is limited, but I think it's safe to conclude a couple of things. One is that the lives of ordinary people worsened, including people with disabilities, especially people with disabilities, during the Depression. People with disabilities were the last hired and the first fired when the economy collapsed. And state and local governments were unable to provide what little services they had as their budgets collapsed in the early 1930s.

Then we can say that World War II produced more mixed results of ordinary people. On the one hand, people with disabilities had opportunities they hadn't had before. At least for the duration of the war, the American Society couldn't afford any longer the rigid adherence to the individual model that it had clung to. Officials and employers had to make some effort to adapt the workplace to the workers so they offered more training and better job placement and people with disabilities responded with productive and satisfying work. On the other hand, even though we don't have very many hard numbers for this assertion, I think it's safe to say that many workers with disabilities undoubtedly lost their jobs to make way for returning GIs at the end of the war.

And there's one more point. One group is largely overlooked when we make these conclusions about ordinary people and that's African Americans with disabilities. They were certainly hurt more severely than other people during the Depression. Most black people had no jobs to begin with. If they had a disability, they'd be living with families or in poorhouses. And those with employment were in the lowest paying jobs or in sheltered workshops and soon lost much opportunity. Nor did African Americans fully share in the opportunities that the war brought. Most black civilians with disabilities were diverted into low paying jobs, and while black veterans in principle were entitled to the same benefits as white veterans, they had to rely on PA physicians to certify their disabilities, and here they ran into physicians who refused to approve their applications and we have numerous accounts of physicians using racist presumptions, such as this one. Here's one physician after the war rejecting a claim of war connected mental illness when he said that, and I quote, "conversion hysteria," which was a term at the time, "is much more common in the negro than whites and they are especially vulnerable to the exceptional nature of modern warfare." Suggesting that this is really a preexisting vulnerability.

Now, this discrimination didn't go unnoticed. Local groups formed among black veterans to protest mistreatment and help African Americans with disabilities to get better benefits. And another group, this one's mostly white, but quite interesting founded in early 1945, the Blinded Veterans Association, which is a national group, also spoke out against racism and also assisted black veterans. So here we can see tangible connections between disability rights and rights for African Americans. It was a kind of convergence and this trend of convergence set the stage for the final chapter of our story which I'll present next time. So that's where we'll end this one. And I'll ask you for any questions you have.

All right. “To what extent was the availability of employment the catalyst for the early attempts toward disability rights in the mid twentieth century?” Very interesting. I suspect that, then again, I haven't seen evidence on this, but I have a suspicion that it was much like the experience of women, and many women who worked during World War II found satisfaction and developed assertiveness that they otherwise wouldn't have and may have turned into activists for rights. I suspect something similar may have happened with people with disabilities, where having had satisfying and productive jobs and sometimes being thrown out of them might have- the effect was delayed and it was gradual, but I suspect that it might have had an effect on later campaigns for rights. So that's an insightful question.

All right. “During this time how and why did the subminimum wage laws get passed and was there a negative response from the disability community?” I'm not sure, I haven't seen- I'll have to say, I haven't seen research on this topic, and that's one of those things I suspect either I'm not up to speed on this or hasn't been done yet, but let me make note of that. That's one that sounds like a good one to follow up on, so that's about the most I can say about that topic at the present, but I made myself a note. So we'll defer the answer to that one.

Okay, keep those questions coming.

Barry Whaley:

We have two questions in the chat, Larry, one from Katherine, and one from Pam.

Larry Logue:

Okay. So I didn't- all right. “Did you come across initiatives to hire disabled people alongside disabled veterans by the military?” Let's see. One thing we know is that, and I'm not sure I'm addressing the question properly, but I'll give it a shot, employers were more welcoming to disabled veterans than they were civilians with disabilities. So in the military itself, if that's part of the question, did the military hire people with disabilities in, say, domestic operations, domestic chores, they might well have and there's another one for me to check into. I don't know about anything on that, but I will try to follow up on it. Military hire people with disabilities.

Yeah, excellent. Anything that makes me think and stumps me for a while is good.

“In your presentation you referenced that the disability movements started in the 1930s with deaf

advocacy, however, then the movement seemed to stay still for many years. What do you attribute that to?" I would attribute it to the stresses and strains of the Depression and World War II. Same thing was happening with civil rights, in particular, and women's rights. With all this going on then it's in a way slowed down. Civil rights was in some ways stimulated by civil rights for African Americans was in some ways stimulated by the crusade against fascism and its racist presumptions. And there wasn't a specific thing, a specific crusade, that affected people with disabilities, but there were things, development of groups like the Blind Veterans Association and others that I just didn't have time to cover, but there was not a complete hibernation, a complete dormancy of activity on the part of people with disabilities. It's just that I reached back to go as far as I could and to show how as early as 1930s things happened. There was still some, that's why I called this the ferment in the middle of the century. There was still some and in particular the Blind Veterans Association was especially good. Movies like the time of our lives were especially useful. So I think this was a kind of time of germination for disability rights. And later on we'll see how the master narrative doesn't really cover all this.

Next question, "Were people with disabilities welcomed into unions and labor organizations? If so, which? If not, was there organizing against that?" Actually, there was, and this has been studied to some extent, there was a kind of, what should I call it, ambiguous, I guess would be better of the two adjectives, ambiguous relationship between labor unions and people with disabilities. On the one hand, it was labor activists who were strong supporters of the League of the Physically Handicapped and their sit in movement, and so and they often provided assistance to people with disabilities who were having trouble with government programs. But at the same time, the labor activists often used some of the most, I don't know, some of the most unsympathetic language to talk about the same people they were helping and tried to distinguish able bodied workers from people with disabilities. And so they helped on a large scale and sometimes that help was counterproductive on another. So that's what I've seen about labor organizations and people with disabilities. Labor organizations professed to be sympathetic, but often when it came down to it were discriminatory.

Okay. Let's see if we have any more questions.

Barry Whaley:

Larry, before you go on, I have a question. You had referenced the “Best Years of Our Lives” a few minutes ago, and I must confess, that is one of my all-time favorite movies. I'm wondering in the context of the medical model in the time period the significance of Harold Lloyd even symbolically as a real World War II disabled veteran playing that part in the movie.

Larry Logue:

I think this movie was a real breakthrough and opened new evidence for people to consider disabilities. And I think you're right in that I mean actually showing a person who was involved in this and who was an actual person with disabilities was a real breakthrough too. So, yeah, I'll have to say it's been a while since I saw the movie, I did watch it once upon a time, but I think it's important. Now, there's a good article by David Gerber, I don't know the title- oh, it's just an article in a collection but if anybody wants to pursue this, and it's got in the title it's got “the best years of our lives”, so put David Gerber's name out there and if you'd like to pursue a scholarly report, scholarly analysis, of that film and answer Barry's question better than I can, then there's a place to go. In fact, I'm going to follow up on that next time too and see if I can get a better answer.

Barry Whaley:

Thank you. And Steve, I stand corrected, Harold Russell, not Harold Lloyd. One other question that I have has to do with during the Depression and the first years of the world war, Roosevelt and his disability, no matter how large the deception, there clearly were people who ignored and overlooked his disability and the impact that shaped and how his disability shaped policy in those years, the Depression leading up to World War II.

Larry Logue:

Yeah, and there's going to be some research, I can't exactly think of a specific citation, but I think that in some ways what Roosevelt did was to compartmentalize his life. On the one hand he, as you suggested, concealed his polio limitations as much as he could and I don't think the general public knew much of anything about it. On the other hand, when he went to Warm Springs, Georgia, he could let down his hair and he could be an ordinary person, he could get along and socialize with other people who had disabilities, so I'll have to it say- I mean, I suspect, and I

haven't seen this for sure, but I suspect that Roosevelt's condition did probably contribute, I guess, to his willingness to be an advocate for ordinary people. He didn't do that much after all, there was this protest against WPA that didn't consider people with disabilities as employable. So there are all sorts of details, and Roosevelt himself, actually, the League of the Physically Handicapped went to the top official in the administration and were rebuffed. So he's got a mixed record. I suspect it contributed to his identification with and his willingness to champion ordinary people. I think that's fair to say. But the public version of Roosevelt was one that portrayed him, that's the verb I want, portrayed him as able bodied, though in his private life he really did, as far as I know, everything I saw, he enjoyed the chance to... I don't know, to act himself at Warm Springs. So that's where I would come down on that question.

Barry Whaley:

Interesting. Just as a follow up, one of the most interesting books I have read on the subject of FDR and his disability was *FDR Resplendent Deception* by Hugh Gallagher. Just the length to which Roosevelt himself, the administration, his sons, the steps they took to conceal his disability at all costs.

Larry Logue:

It's remarkable. I see another suggestion/request, a timeline of these organizations, when they were active and when they intersected. I can try to do that, maybe a slide for next time, a timeline for organizations, and see how it looks. So I'll try to do that. I think it's useful to just see some of the organizations and when they formed and the like. So yeah, sure, I'll do that. More questions? Keep them coming.

Barry Whaley:

Well, I'll manipulate while people are thinking. I had one more question. You had mentioned the conditions in the early part of the twentieth century in regard to the institutions and the influenza epidemic. I'm wondering about the conditions during the Depression for those people who were institutionalized. Obviously this is the era of Buck v Bell and the eugenics movement. I'm wondering what other information you can provide on the circumstances and conditions in that era.

Larry Logue:

I can refer you to a book here. I'm not exactly sure of the title, but I'll put the author down. Gerald Grob. And starting with the dissertation, he is going to follow through on several books on institutions and what he says is that conditions in institutions did not necessarily degenerate in the Depression, that states continued to support them. I'm not sure about that, but that's what he says. And let me see if I can find the name of his book real quick while I talk. And so Grob really suggested during the Depression, there wasn't much of a downturn, but the eugenics movement actually started in the late 19th, early twentieth century, to deal with the latter part of Barry's question. And I think that these institutions, and that's where I said when we looked at the picture of Taunton, this large, imposing building, that was an idea that they could cure mental illness with hard work and discipline and regularity and order. That idea was abandoned by the early twentieth century, and these places became essentially warehouses to just get mentally ill people off the streets and out of sight.

And the eugenics movement that is- we talked about that some last time, the idea that there were steps to the white race, that should be dealt with. I'm not sure how much that entered into the- I think what I've seen is that the changes in institutions came not so much from the eugenics movement as simply from overcrowding and other related problems. And if I sound a little discombobulated, I'm trying to find Gerald Grob's work. In any case, his work deals with especially mental institutions. He does have a kind of overview that might be good, let me put that. This is the one I remember the most, *The Mad Among Us*. We'll see if that's a good start, but he's got more detailed work. And I remember him saying that the Depression didn't hurt these institutions that much, and it could be that they were already so underfunded and overcrowded that there wasn't much room to cut. So I'm hoping that answers your question. So eugenics began earlier and during the Depression at least there was an argument that these institutions changed less than you might think.

All right, here is a good question. "When did ugly laws begin in relation to the founding of the AFPH?" The ugly laws were, let me explain what they were. They were laws passed in a number of cities that said that people with any kind of deformity or any kind of defect were not to be allowed to beg on the streets. Usually there was an exception for Civil War veterans, but a

number of cities adopted these ugly laws, especially in the Midwest and West. And so they began much earlier than the American Federation of Physically Handicapped and kind of represented a different- I mean, the discrimination that the AFPH fought against certainly was related to the impulse behind the ugly laws. But they were much earlier, late 19th, early twentieth century was the origins of the ugly laws where the AFPH was founded during World War II. Yeah, there we go. I know that Chicago just repealed theirs in the early 1970s. Yeah, they were an impulse that was around a long time, that people were made extraordinarily uncomfortable by seeing people with disabilities in public and eventually it was made illegal.

Barry Whaley:

Larry, you missed a question above from John.

Larry Logue:

Oh, did I? Yeah, "Is there data on the number of disabled hired in specific industries that were dangerous such as bomb making arsenals?" I honestly don't know. I haven't seen that. Let me see if I can- I suspect not, but, I mean, it makes sense. It makes unfortunate sense that this could have been done. So let me check out the answer to this question. Disabled and dangerous in World War II. Jobs. Okay. I'll see what I can find. I haven't seen anything, but doesn't mean it doesn't exist. Okay. Sorry I missed that question. Okay. Keep them coming, folks.

Indeed, I forgot this slide. How about that? Yeah, that's the AFPH. Oh, well. I'll reshoot this the next time. That's a good one. Oh, well. Totally forgot. Just added this one at the end, that's why.

Celestia Ohrazda:

If you have any questions for Dr. Logue or if we've missed your question in the chat area, please retype it in the chat area, and then we will address it. Thank you.

Larry Logue:

I don't think I missed any, let me see.

Barry Whaley:

Larry, you may have answered this, but I may have missed it. It seems to me from your lecture today that especially deaf people and the organizations surrounding them and their movement seemed to be stronger than other lobbies and I'm wondering why that is. I mean, in terms of maybe the context of social role valorization theory, for instance, of people being deaf being considered more valuable than other disability groups.

Larry Logue:

Possibly, though I tend to take the historical approach that there were incentives to organize such as the progressives' campaign against sign language. And there was also no other group had as long a history of an institution that trained leaders as the deaf at Gallaudet College. So I'm sort of suspecting that it's a confluence, a convergence, of supply and demand. It wasn't just Gallaudet, it was schools for the deaf generally, it didn't have to be colleges, were encouraging deaf people to act on behalf of the movement. And there was also, the progressives gave them a perfect issue to deal with the campaign against sign language. So I would suspect that that's why deaf people organized sooner and more forcefully than other groups. But eventually, and I don't know how much, I don't think there was really any cross fertilization to speak of until the AFPH came along, but it's possible that other groups were encouraged by the formation of deaf organizations. So I would tend to take the historian's approach and look at historical circumstances and the opportunities that they presented.

Barry Whaley:

Thank you. Well, if we have no more questions, let me just make a reminder to participants today that the Commission on Rehabilitation Counselor Certification has approved the History of Disabilities webinar series for 6 CRCC clock hours. The CRCCs are approved from today until January 10, 2019. In order to earn the credit, you must attend all four live or archived sessions, and you need to request verification of completion from the Southeast ADA Center.

Additionally, your feedback is very important to us. We ask that you take a minute to complete the evaluation form that is found... if they come up... there we go. Take a minute to complete the evaluation form found at either of the links on this page. Thank again for being with us. We look forward to your attendance for our final installment of the series on February 22, 1:00 Eastern time. "Civil Rights to Disability Rights."

Finally, if you have questions about the Americans with Disabilities Act, please contact your regional center at 1-800-949-4232 or the Southeast ADA Center, 1-404-541-9001 or you can always email us at ADAsoutheast@syr.edu.

With that, thank you, Larry. This was a great lecture and I hope you all have a great afternoon.

Larry Logue:

Thank you.

Celestia Ohrazda:

Dr. Logue, did you see the question from John Medert in the chat room there? He asked, "Are you considering contract work such as those done on MHMR and other large institutions in your data on hiring during World War II?"

Larry Logue:

Well, you're right, I missed it. I can use that as a follow up. Do you know exactly, was it early in the questions or later?

Celestia Ohrazda:

It actually- it was the last question asked as we were closing.

Larry Logue:

I didn't- there we go. What I'm doing is cutting and pasting some of those and then I'll have a better prodding for what I do.

Celestia Ohrazda:

John, thank you for your question, and I think Mr. Logue will get back to you with that answer.