

## Historical Overview — Institutions and Disability Policy

### **Immigration Discrimination and the Role of Families During Colonial Times:**

People with disabilities could be turned away when they tried to immigrate to this county, even individuals with disabilities who had been self-sufficient in their native country. In spite of prejudice, many people with disabilities were able to develop skills and provide valued services to their family and the community. For the most part, families were expected to be responsible for children and other family members with disabilities. Even people with significant disabilities lived at home. There were early legal cases in which the court chose to protect the rights of individuals with disabilities to their inheritance, in part out of a concern that the funds remain available to pay for their housing and care.

**The Development of Poor Farms and Almshouses:** As the population grew, more people were not able to make it on their own because of poverty, disability or other personal or social problems. Gradually towns and cities developed poor farms where people who were not able to work were expected to live. People with mobility, sensory, intellectual disabilities and mental health conditions were often sent to poorhouses until the later development of training schools, “asylums,” and other institutions for those considered “feeble-minded,” “lunatic” or incapable of learning. Poor farms were funded in part by local taxes but supported by the unpaid work of residents.

**Asylums, Residential Schools and Sanatoriums:** Residential training schools began to develop in the early 1800s, inspired by the hope that education would make independence and work possible. Schools for children and youths who were blind or Deaf offered social experiences as well as work-related training. Braille writing for the blind or American Sign Language or other communication systems for the Deaf were taught at these schools. For many children, learning to use Braille or the visual language of sign was truly liberating and many students in these schools developed friendships and a sense of community that changed their lives.

Institutions and asylums for individuals with intellectual disabilities and mental health conditions often started as residential schools, but many evolved into institutions that segregated residents from their homes and communities without giving them opportunities or skills. Even those institutions that were founded to provide humane care and helpful training often failed, in part because of the lack of understanding of how to successfully provide effective and respectful support to people with significant disabilities. Some of the “treatments” provided to people

with mental health and cognitive disabilities were abusive. From their beginnings as training schools or boarding schools, these institutions became places where many people lived out their lives, often working for no pay at jobs in the institution instead of being helped to find homes and jobs in the community.

The development of sanatoriums and hospitals for individuals with physical disabilities, and health conditions such as tuberculosis and polio, are also part of the early history of public health in America. These hospitals, and the hospitals serving injured veterans, created new approaches to rehabilitative medicine, but sometimes they became long-term residential hospitals for people who would have preferred other options. In some cases, the illness ended up separating the individual from their family for many years and created a social identity for persons with disabilities as patients rather than persons.

**The Eugenics Period:** In the late 1800s and early 20th century, prejudice and the widespread misunderstanding of both intelligence and genetics led many people to believe that people with disabilities threatened the moral, physical and intellectual health of the nation. Eugenics, the belief that some people and races had inferior genes and would weaken the human species, led to stereotyping and discrimination against individuals and families believed to be less intelligent or to have other “undesirable characteristics.” Professionals and policy-makers often viewed individuals believed to have disabilities as having intellectual, moral and other flaws that they would pass on if they were allowed to have children. In many states laws were passed to keep these individuals separate from society, both to protect them from poor treatment and to prevent “feeble-minded” or “deviant” individuals from marrying and having children.

During this time, many people with disabilities — and others who were considered inferior — were often sterilized against their will and often without their knowledge. This practice was legal in some states up to the 1970s. In its worse form, beliefs about the inferiority of people with disabilities led to the killing of over 200,000 people with disabilities as “defectives” in Nazi Germany and the sterilization of people with disabilities and others in the United States and Canada. Other communities also suffered, including Native Americans and other people from different cultures who were also treated as inferior, separated from their families and sterilized against their will or without their knowledge. Though some Native Americans attended Indian School, others were sent to state schools for individuals with disabilities. Members of Indian nations often hid their tribal background to avoid the social stigma of sterilization and separation of families.

**Claiming Citizenship & Community:** People with disabilities and their families and other allies began questioning the use of institutions and exposing widespread abuses. World War II pacifists were one of the early groups to speak out. Assigned to work in institutions instead of in the military, many were shocked at the inhumane treatment of people with disabilities and began advocating for changes.

People with disabilities, families and other allies began to use legal and legislative mechanisms to create new programs and opportunities for people with disabilities. The first state to close its institutions was New Hampshire, which closed the Laconia State School in 1992. Vermont followed, closing the Brandon Training School in 1993. Over the next two decades, other states began closing their institutions for individuals with physical disabilities, mental health conditions, and intellectual disabilities. State and federal laws began to change to support educational, medical and social services in the community instead of in segregated settings. Schools for the Deaf and for individuals with low vision or blindness continue to provide short-term training and rehabilitation and/or help with accommodations.

During the last 20 years, we have learned a lot more about how to accommodate different disabilities and have begun to recognize disability and other differences as a natural part of human experience. While some scientists once thought there was only one kind of intelligence, we learned that people demonstrate many different types of intelligence and that there is more than one way to learn and to be successful. We have also learned that with the right accommodations and supports, individuals with significant disabilities are able to live independently and as contributing members of their communities. This awareness has closed the doors of many institutions; but we still have a lot to learn and a long way to go.

[Note: This summary is intended as an introductory overview. It does not reflect the rich history of disability and Deaf experiences in the United States, nor the changes in public policy that led to continued advocacy relating to improving opportunities and services for individuals with diverse disabilities. We hope that this lesson and other lessons in Include! create increased interest and awareness of this cultural and social history.]