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The Changing Nature of Disability Policy and Its Distributive Impact

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Abstract

The focus of disability policy changes over time. Starting with vocational rehabilitation programs for disabled veterans of World War I and continuing down to the Americans with Disabilities Act of 1990, the policy slowly evolved from paternalistic handouts to civil rights legislation. Nevertheless, the intended outcomes of these public policies were based upon need (equity) to a large degree. The literature contains some findings that persons with developmental disabilities and persons who are severely disabled are the beneficiaries of assistance more than others. However, conclusions from a study of the Disability Community in Massachusetts indicate that class considerations are highly associated with receiving benefits from disability policy of all types. The same is true of the Americans with Disabilities Act. It is a case of class politics operating in the guise of need (equity). The implications of these conclusions for disability policy are discussed.

Disability - like sex and like aging - is a common experience. Everyone who does not now identify as a person with a disability will, before he or she dies, be disabled. Maybe just minutes before death from a heart attack or in a car accident, but everyone will be disabled. Most people will spend a considerable length of time as a disabled person and so will some loved one. As a consequence of this fact disability policy is of immediate concern to everyone and not just to people who presently identify as a person with a disability. (Stone, 1988)

Disability Policy

Disability policy in this country can be categorized in a number of ways. One schema which identifies the policy areas receiving the most attention generally and which is somewhat

chronological is the following: (1) rehabilitation policy; (2) income replacement policy; (3) independent living; and (4) civil rights.

Mental health policy, which is not overtly included in these four categories, is almost a world unto itself. While persons with disabilities which can be called mental impairments or disabilities fit into these four policy areas, there is always something more difficult, more obscure, more complex, or, to all too many people, more frightening about them than persons with physical disabilities. However, the distributive impact of mental health policy is largely the same as that of the four listed categories of disability policy.

Many persons spend time discussing policy concerning disabled veterans. In fact, the first law granting benefits to a person with a disability (in what was to become the United States) was passed in 1636 in the Plymouth Colony. It provided that: "if any man shall be sent forth as a soldier and shall return maimed, he shall be maintained competently by the colony during his life." Other colonies passed similar laws as did the Continental Congress during the Revolutionary War. The Continental Congress provided that disabled veterans of the Revolutionary War as well as their dependents would receive a pension. The last dependent of a disabled Revolutionary War veteran died in 1901. (Schwartz, 1984; Linehan, 1976-77)

The Congress established under the 1789 Constitution continued this policy and gradually included disabled veterans of subsequent wars. However, the discussion of disabled veterans policy never reaches the intensity of other policy areas. In addition, as will be noted below, veterans are considered to be the most worthy of all persons with disabilities so only in rare cases are there heated debates over such policy.

In order to oversee the payment of veterans' pensions a series of government agencies were created. Today the Department of Veterans' Affairs (VA) is a cabinet level agency. About one third of the population (about 90 million people) are eligible for some VA benefit as veterans, dependents, and survivors of veterans, although not all of them utilize VA services.

The VA has the largest medical care system in the country. Starting with 54 hospitals in 1930, the VA in FY1985 had 172 medical centers which is approximately its size today. They have a total of nearly 80,000 beds and treat 1.3 million patients a year. It also has over 200 outpatient clinics which have over 18 million visits each year. There are more than 100 nursing homes plus other residences which care for some 30,000 persons. And there were, at one time, 189 Vietnam Veteran Centers which provide counseling to some 40,000 veterans and their family members on employment, marital problems, and post-traumatic stress disorder. (Linehan, 1976; Schwartz, 1984)

The VA conducts or supports a great deal of medical and rehabilitation engineering research. It helped in conquering tuberculosis, developing the heart pacemaker, perfecting kidney transplants, and developing laser care for the vision impaired. It is a world leader in prosthetic device innovation such as the Boston elbow, motorized wheelchairs, and vision aids. It supports research on the care and treatment of spinal cord injuries and the psychological effects of war experiences.

For persons with disabilities who were not disabled veterans the earliest policy in this country began in the middle of the nineteenth century. Anyone who was not able to attain a minimum educational level was labelled "feebleminded." Persons who had a mental impairment, anyone with a communication problem (vision, hearing, or speech impairment), and anyone with a mobility problem were labelled feebleminded because these conditions prevented the

socialization necessary to learn or prevented their attendance at the village school.

Persons with disabilities were the object of scorn generally in the mid-nineteenth century. The policy of the time resulted in dehumanizing, custodial confinement in an institution where they were compelled to work in order to pay the cost of their imprisonment. It also led to their wholesale sterilization since "feble-mindedness" was considered to be genetically inheritable. (Smith, 1985, Pfeiffer, 1994) However, the deinstitutionalization of persons with disabilities largely shifted the discussion of such policy to other arenas such as the ones here proposed.

The best way to examine the changing nature of disability policy and its distributive impact will be to focus on the four areas of rehabilitation, income replacement policy, independent living, and civil rights.

REHABILITATION. In the early part of the twentieth century concern for returning disabled World War I veterans and for persons injured in industrial accidents produced the Smith-Hughes Act of 1917 and the Soldiers Rehabilitation Act of 1918. These two pieces of legislation set the pattern for the Vocational Rehabilitation Act of 1920 which was the first of a long line of federal acts serving as the foundation for one of the largest disability policy areas today: rehabilitation for persons with disabilities. (Burkhauser & Haveman, 1982; Berkowitz, 1987: chapter 5) The Rehabilitation Act of 1973 (note the change in name) established the basis for today's policy.

The public sector rehabilitation programs are primarily federally funded and under the guidance of the Rehabilitation Services Administration (RSA) within the U.S. Department of Education. Besides administering the funds which go to the state rehabilitation agencies, the RSA has funds for innovations in service delivery, improving relations with employers, research, demonstration programs, training, construction, and other things.

There are two criteria which must be met for a person to become eligible for RSA funded services: "1. The individual has a physical or mental disability which constitutes or results in a substantial handicap to employment. 2. The services may reasonably be expected to benefit the individual in terms of employability." (RSA terms quoted in Bitter, 1979: 9) A disabled person is not automatically eligible for RSA funded services. The eligibility of a person for RSA funded services is determined by the state rehabilitation agency, often called the VR agency harkening back to the days when vocational rehabilitation was that agency's main job.

Although many persons with disabilities have benefited greatly from VR assistance, its results are uneven. (Pfeiffer, 2000; Gilmore, Schuster, Zafft, & Hart, 2001; Slavin, 2001) The best which can be said is that with further training and post-secondary education people with disabilities are more likely to be employed and (if employed) to earn a higher income.

Workers' compensation has a different statutory basis than rehabilitation. It deals with persons who become disabled through occupationally related injury or illness, but since it is largely funded by private insurance companies and self-insuring companies, its politics are different than RSA funded rehabilitation. Most of what is said about rehabilitation can also be said about workers' compensation.

INCOME REPLACEMENT POLICY. One of the significant pieces of legislation coming out of the New Deal was the Social Security Act of 1935. Among other things it set up a system of retirement benefits for older persons and their survivors. Even though there was considerable discussion about the need for health care in general and disability insurance, nothing was contained in the 1935 legislation. When he signed the Social Security Act, President Franklin

Roosevelt established an advisory group to examine the questions of medical and disability insurance; however, they failed to produce anything which was pursued by the federal government.

During the late 1940s more discussion about federal disability insurance for workers occurred. A proposal considered by Congress contained a very strict definition of disability, a six month waiting period before benefits could start, a deduction for any other government aid received, and the need for recent and substantial work history. Temporary disability and allowances for dependents were removed from the proposal because of objections from the business community. Even with these parts removed, there was vehement objections from representatives of business such as the insurance industry and the U.S. Chamber of Commerce.

The objections to the proposal were: (1) disability could not sufficiently defined to keep ineligible persons from receiving benefits; (2) the payment of benefits would destroy the disabled persons incentive to work; (3) the insurance concept would lead people to believe that they were entitled by right to receive the benefits; (4) the administrators of the program would always decide in favor of the applicant; (5) the costs were not controllable; and (6) the program was an intrusion upon the rights of the states. Instead, it was proposed that the federal government grant funds to each state for assistance only to low income disabled workers.

The Social Security Administration (SSA) proposed a more liberal plan which would not depend as much on recent work history, would provide for dependents, would recognize temporary disability, and which would require only a small deduction for other government assistance. However, the business community's proposal carried the day. In 1950 Congress passed legislation which established a program of restrictive grants to the states for low income disabled workers.

Another problem for disabled workers at the time was the requirement that a minimum number of quarters be worked in order to be able to receive social security retirement benefits. The retirement benefits were based on past contributions to the fund. Disabled workers who faced a number of years of not working before age 65 realized that they could not receive full benefits when they qualified for social security retirement. Other disabled workers who had not yet worked the minimum amount of time would receive nothing. In 1952 SSA asked that a "freeze" be enacted for disabled workers in the sense that their non-working time due to disability would not count against them.

There was considerable opposition to this "freeze" proposal. The American Medical Association called it the first step toward socialized medicine because it provided for federally employed physicians to make the determination of disability. The U.S. Chamber of Commerce and the insurance industry called it the first step toward a full program of disability insurance. But Congress passed the "freeze" legislation in 1954 when the Eisenhower Administration supported it with major changes. The states were to administer the program and there was to be a vocational rehabilitation component in hopes of quickly returning disabled workers to the labor force. Eligibility for the "freeze" was limited to persons unable "to engage in any substantial gainful activity because of any medically determinable physical or mental impairment that can be expected to be of long continued and indefinite duration." (quoted in Weatherford, page 40)

In the Congressional elections of 1954 the Democrats regained control of both houses of Congress. In 1955 the SSA brought in a proposal for a full-fledged income replacement program for disabled workers. The Eisenhower Administration - essentially the White House since at the

time federal agencies still proposed legislation on their own - opposed it. However, Lyndon Johnson had become Majority Leader in the Senate. Senator Walter George of Georgia had always opposed such legislation. Since Senator George was chair of the Senate Finance Committee through which any disability insurance legislation had to pass, it was usually defeated. But in 1956 Senator George gave up that chair in order to become chair of the Senate Foreign Relations Committee. The new chair, Senator Harry Byrd of Virginia, also opposed the legislation and it was defeated in committee.

However, Johnson, as Majority Leader, had no trouble bringing it to the floor of the Senate. To everyone's surprise, Senator George took the lead on the floor to pass the legislation. (It is speculated that he did so due to a heated Senate race that year.) With Johnson working behind the scenes and George working on the floor, the bill just barely passed 47-45. It is the SSDI program we have at present. (Weatherford, 1984)

Typical income replacement programs for disabled persons are the federal disability insurance program (SSDI) and the federal supplementary security income program (SSI) to which states can add additional monies. (Burkhauser & Haveman, 1982; Berkowitz, 1987: chapters 2-4) There are other federal Social Security Administration programs such as one for miners who develop Black Lung Disease. In addition there are publicly supported programs such as fuel assistance, housing subsidies, and food stamps. (Worrall & Butler, 1986; Berkowitz, 1987: chapter 1; Social Security Programs in the United States, 1989) The National Council on the Handicapped (1986)) - now the National Council on Disability - listed 45 federal programs which provided substantial funding for programs dealing with disabled persons. Finally, there are private disability insurance programs.

INDEPENDENT LIVING. In 1978 P.L. 95-602, the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978, was signed into law by President Jimmy Carter. It added a new title to the Rehabilitation Act of 1973 entitled "Comprehensive Services for Independent Living." Under it severely disabled persons who were judged not potentially employable were made eligible to receive such services as needed so as to enable them to live independently. A number of severely disabled persons who are now working and living in the community would not be there if it were not for independent living services.

The Education of All Handicapped Children Act (20 USC 1401), often called PL 94-142 and which was modelled on Massachusetts' Chapter 766, is important. Recent amendments have changed the name to IDEA or the Individuals with Disabilities Education Act. The Developmental Disabilities Assistance and Bill of Rights Act of 1975 (42 USC 6001), created state developmental disabilities councils for planning and advocacy and it has had a great impact.

Special education and developmental disability policy partakes of the characteristics of independent living. That is, they are policies which provide something to the disabled person which will (hopefully) assist him/her to live independently. Many of the analysts concerned with these two policy topics are specialists not in policy, but in service delivery. Consequently the policy discussions are different from the present viewpoint, but much of what is said about independent living can also be said about special education and developmental disability policy.

CIVIL RIGHTS. Until the Americans with Disabilities Act was passed, the most far reaching civil rights statute for disabled persons was Section 504 of the Rehabilitation Act of 1973 (29 USC 794). It reads:

No otherwise qualified handicapped individual in the United States...shall, solely by reason of his [or her] handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Except for the opening phrase, 504 is almost identical in wording to the parallel part of the 1964 Civil Rights Act. So, too, are the relevant parts of the Americans with Disabilities Act. But the opening phrase of 504 ("no otherwise qualified handicapped individual") and a comparable one in the ADA means that disabled people, unlike other groups protected by civil rights statutes, have to establish first that they are "qualified." For other groups there is a presumption of qualification which must be upheld in a hearing, but not for disabled persons. It seems that even among the discriminated against, we are second class citizens.

Equally as important as 504 is Section 503 which prohibits discrimination by private individuals and companies holding federal contracts. However, 503 has not had the impact that 504 has because the former is a requirement placed upon employers and not a civil right of an individual.

There are other laws which relate to civil rights. The Voting Accessibility for the Elderly and Handicapped Act (PL 98-435), which was effective for elections starting in 1986, requires that all polling places in federal elections be accessible for elderly and disabled citizens. The Air Carrier Access Act of 1986 (PL 99-435) prohibits discrimination "against any otherwise qualified handicapped individual, by reason of such handicap, in the provision of air transportation." The Fair Housing Amendments of 1988 brought protections to disabled people in the field of housing.

The American with Disabilities Act (PL 101-336; 42 USC 12100) is the most conspicuous piece of civil rights legislation for disabled persons today (Burgdorf, 1991) and is intended to protect the civil rights of persons with disabilities. It also extends these protections from the public sector (where they were secured by Section 504) to the private sector and it places the public sector protection on a more firm basis.

Other. There are other important federal statutes. The Urban Mass Transportation Act of 1964, as amended, (49 USC 1612) requires that systems accepting the federal monies authorized under the Act must make those systems accessible to elderly and handicapped persons. The Architectural Barriers Act of 1968 (42 USC 4151) requires that all buildings built with federal funds be accessible. Although important statutes, these two are more often ignored than enforced.

In August of 1998 the Workforce Investment Act (WIA) was signed by then President Bill Clinton replacing the earlier Job Training Partnership Act (JTPA). Through a one-stop employment centers the WIA tries to create a system of work preparation and employment assistance which is designed to meet the needs of people looking for work and wanting to advance in their jobs as well as the needs of employers. People with disabilities are included in the target groups. (Jahier & Graf, 2001)

Most states have a number of statutes relating to disability policy. In addition, six states have some version of protection against discrimination based upon a disability in their constitutions.

There are at least three ways in which to view the distributive impact of disability policy. The first way is to emphasize the gradual independent role attained by persons with disabilities. The second way is to point out that the morality of the community makes some persons with disabilities more worthy than others. And the third way is to use class politics (as opposed to policy rationale) to explain the distributive impact of disability policy. In one sense the third way explains the first two views.

GRADUAL INDEPENDENCE. In reviewing the rationale and the purpose of these examples of disability policy a pattern emerges. The first policy - rehabilitation - was premised on the assumption that disabled persons had a deficit or were not normal. The professional - at first the medical professional and then the rehabilitation professional - would diagnose the problem of the person with a disability. The professional would then prescribe what was needed to make the disabled person normal or as close to normal as possible. The disabled person had to follow the professionals orders or else he/she would not receive any services at all. A strong paternalism runs all through the policy.

However, some disabled persons had impairments which could not be "fixed." They would never get "well" or would progressively become "worse." If those persons had worked long enough in the right jobs and thus paid enough money into an insurance fund, then they could draw money on which to live. The amount depended on how long they had worked and their past earnings. To retain the incentive to work, the disabled persons who collected this income replacement never received as much as they had earned - and they never received any raise. Again a paternalistic policy in which other people would decide if the person with a disability was entitled and how much he/she would have to live on, a true disability allowance from a paternalistic government.

With the advent of independent living the balance began to shift. Early independent living programs required that disabled persons live in a supervised residence or dormitory. Later participants outright rejected such an idea and luckily they were at colleges and universities which were just accepting the idea that undergraduates might be mature enough to make their own decisions about living arrangements. Although paternalism was still present, it had diminished in influence.

Then the independent living movement focused upon severely disabled and supposedly unemployable persons. With some income support and having learned the skills of living independently, many severely disabled persons not only moved into the community, but they also obtained the training and education necessary to become employed. The paternalistic tendencies were still present in many programs, but to a lesser amount.

With the implementation of Section 504 of the Rehabilitation Act of 1973, the Air Carriers Access Act of 1986, the Fair Housing Amendments of 1988, and the Americans with Disabilities Act of 1990 persons with disabilities arrived at a new level of independence. Richard Scotch (2001) published a book on the passage of Section 504 which chronicled this gradual move to independence. He entitled it *From Good Will to Civil Rights*. He could not have picked a more incorrect title. It should have been titled "From Paternalism to Civil Rights." However, the battle is still not over.

The shift from paternalism to independence is one way to view the changes in the distributive impact of disability policy. As Berkowitz (1987: chapter 6) portrays, it was a long,

slow battle for persons with disabilities to overcome the paternalistic policy and to assert their independence. The professionals controlled the policy at the start and determined what was wrong with the disabled person. By the time of the Americans with Disabilities Act the individual with a disability has the right to access and equal protection.

WORTHINESS. However, there are other ways to view the distributive impact of disability policy. Since it is true, as Joel Handler writes, that "...the characteristics of...[any] program [or policy] reflect the moral characteristics that society ascribes to the potential category of eligible recipients...", (Handler, 1987-88: 484) it is worthwhile to ask what characteristics are reflected by disability policy and programs. These characteristics are sacrifice, hard work, and bad luck.

Beginning with the earliest law in the Plymouth Colony there was a hierarchy of persons with disabilities. Disabled veterans are considered to be the most worthy of all persons with disabilities. They are the ones who are considered to have made a sacrifice for the nation. Military service is considered to be hard work, except for many who do know what happens in the armed services. And disabled veterans are viewed as having the bad luck to have sustained wounds which left them disabled. They clearly fit all three necessary characteristics.

While there are complaints about the level of care in veterans' hospitals, generally speaking no one complains about the level of benefits for disabled veterans. A 100% disabled veteran today receives approximately \$4000 a month tax free, free medical care, a new car every two years, an ample amount to use to purchase and/or renovate a house, and other benefits.

On the next level down in regard to worthiness are disabled industrial workers. They showed sacrifice in the sense that they obtained jobs, but not the sacrifice of being in the armed forces. It is assumed that they worked hard and then had the bad luck to be injured. Although workers' compensation claims are often fought intensely by the employer (because losing raises premiums), the benefits can be large. A disabled person who qualifies for SSDI (due to an occupationally related injury or illness) can receive (on the average) \$900 a month plus Medicare and Medicaid.

The bottom level is mixed. Agricultural or clerical workers disabled as adults probably have not earned enough (paid enough into SSDI) to obtain more than the minimum benefits. People disabled at birth or as a child may gain from special education or generic services, but much criticism is levelled at these benefits. Certainly there is no income supplement except for the miserable SSI payments. This group is certainly viewed as the least worthy of all persons with disabilities. They are not disabled because of sacrifice nor have they worked and become disabled. All they have is the bad luck to become or to be born disabled.

One way to explain why the middle and bottom levels of persons with disabilities are viewed so poorly is presented, inadvertently, by Joel Handler himself in his work on the Family Support Act of 1988. For Handler the "core issue is whether the applicable category [of poor person] is morally excused from work." (Handler, 1987-88: 460) He states that today the Afro-American, single, female head-of-household is no longer morally excused from work. This fact explains most, if not all, of the features of the Family Support Act of 1988. In his article, however, he continually states that only "able-bodied recipients" (Handler, 1987-88: 462) of welfare benefits will be expected to work as if persons with disabilities can not work.

To further explain the Family Support Act he reviews the history of welfare policy in the US. One of the four features Handler found in the formative period of welfare policy was what he

called "a hostage theory: those who are truly needy are given relief under such conditions as to deter those capable of work. . . . The truly needy were segregated, stigmatized, and sanctioned." (Handler, 1987-88: 470) Among the truly needy were "the blind, the deaf, and the insane." (Handler, 1987-88: 470) Apparently Handler does not know very many persons with disabilities.

What was at one time called the General Relief program is Handler's best example of the hostage theory. The conditions of receiving General Relief are so onerous that many persons do not even apply. The recipients are "...children, the severely disabled, the mentally ill, and the aged, [persons who] were usually totally unemployable." (Handler, 1987-88: 483) The final irony of Handler's article is that when he gives an extended illustration of the problems with General Relief, he presents a case study of the difficulties faced by a man labelled mentally retarded. Although he states that such a case is one of several easily available, perhaps he is unaware of the numbers of persons labelled mentally retarded who go to work every day.

Apparently not only is worthiness based upon the attitudes of the community at large, but it is also based upon the attitudes of the scholarly community. While I concur with his analysis of the Family Support Act and that it is essentially racist and sexist, he amply reflects the attitudes of society at large that persons with disabilities are not expected to work and therefore not expected to be able to be independent, capable citizens. It is ironic that a leading proponent of the position that moral values shape policy continually gives handicapist illustrations. Worthiness is in the eye of the beholder - and the value presuppositions.

CLASS POLITICS. There are many studies which find that certain disabilities cause low income and/or unemployability. Other studies show that severely disabled persons are the ones unemployed or who receive low income.

For example, many researchers find that persons with a vision impairment have high unemployment rates and, if employed, receive lower wages than non-disabled persons. (Dixon, 1983; Fuqua, Rathbun, & Gade, 1984; Hill, 1989; Johnson & Hafer, 1985) Other researchers find that the more severe the disability the more likely the person is to be unemployed or to receive lower wages. (Bowman, 1987; Hasazi, Gordon, & Roe, 1985; Kuh, Lawrence, Tripp, & Creber, 1988; Lichtenstein, 1987; Taler, 1986) An early onset age of the disability apparently allows the person with a disability to plan an education and become employed. (Taler, 1986) At the same time persons with multiple disabilities (DeLoach, Sparger, & Pullen, 1988) or psychological disabilities (Sink, 1987) have higher rates of unemployment and lower wages no matter what is the age of onset. Stuttering (Hurst & Cooper, 1983), hearing impairment (Barnartt & Christiansen, 1985; Brown, 1987; Cesare, Tannenbaum, & Dalessio, 1990; McCarthy, 1989), and cognitive impairments (DeLoach, Sparger, & Pullen, 1988; Fuqua, Rathbun, & Gade, 1984; Gibson & Groeneweg, 1986; Godowsky, 1987; Greenwood, Johnson, & Schriener, 1988; Johnson, Greenwood, & Schriener, 1988; Kuh, Lawrence, Tripp, & Creber, 1988; Minskoff, Sautter, Hoffmann, Hawks, 1987; Richardson, Koller, & Katz, 1988) are all related to unemployment and lower wages for persons with these disabilities.

However, almost no researcher looks at the entire spectrum of persons with disabilities who are working or looking for work. There are a few, but they are lacking in some way. A narrow study, Kuh, Lawrence, Tripp, & Creber (1988), had a sample of persons with disabilities, but only ages 16-25. Another study, Bolton (1983), correlated employment with having an optimistic outlook on life. Were the disabled persons optimistic because they were employed or employed because they were optimistic? There is no way to know from his study.

Clark & Hirst (1989), who used socio-economic variables and made comparisons with non-disabled individuals, had a small sample of 39 individuals. DeLoach, Sparger, & Pullen (1988) had a sample of 49 college graduates who had graduated over a six year period. While making a contribution, these studies and the others are too limited.

There are questions which go unanswered in these studies primarily because they are not asked and therefore the data does not reflect the answers. The main question relates to the influence of race, gender, and education upon employment and income of persons with disabilities. Pfeiffer (1991), Burkhauser, Haveman, & Wolfe (1992), and Clark and Lipset (2001) demonstrate that the structural factors which play a major role in the US society at large are also the predominant variables which operate within the disability community. That is, better educated white males are the persons with disabilities who are most likely to be employed and who earn the most.

There are some reported statistics (not really parts of research studies) which support my thesis. For example, federally gathered statistics in Ficke (1992: Table 24) present data which supports this view of the distributive impact of disability policy. The data is for full time workers ages 16-64 with a work disability in 1987. The mean income for men was \$24,000 and for women was \$15,796. The mean income for white men was \$24,454 and for black men was \$20,790. The mean income for white women was \$16,202 and for black women was \$12,620.

Ficke (1992: Table 24) on full time workers ages 25-64 with a work disability in 1987:

| <u>ed in years</u> | <u>men</u> | <u>women</u> |
|--------------------|------------|--------------|
| LT 12 | \$17,224 | \$10,150 |
| 12 | \$23,773 | \$14,955 |
| 13-15 | \$28,200 | \$17,223 |
| GE 16 | \$33,901 | \$24,591 |

Ficke (1992: Table 25) occupations of workers ages 16-64 with a work disability in 1987:

| | <u>men</u> | | <u>women</u> | |
|--|--------------|--------------|--------------|--------------|
| | <u>white</u> | <u>black</u> | <u>white</u> | <u>black</u> |
| managerial and professional | 18.6% | 10.7% | 17.7% | 7.5% |
| technical, sales, & admntive support | 18.6% | 7.7% | 41.2% | 28.3% |
| service | 10.4% | 31.8% | 23.7% | 47.7% |
| farm, forestry, & fishing | 4.4% | 7.7% | 1.5% | 0.8% |
| precision, production, craft, & repair | 20.8% | 10.5% | 2.4% | 0.5% |
| operators, fabricators, & laborers | 27.0% | 31.3% | 13.2% | 14.9% |

Similar relationships can be inferred from N.O.D. (2000). The statistics on education,

employment, and income compares people with disabilities with people without disabilities, but always the better educated white males come out on top.

Class politics also explains the other two ways of describing the distributive impact of disability policy. Better educated disabled white males refused to play a subjugated role and gradually moved disability policy from paternalism to more independence. Better educated disabled white males - being either disabled veterans, having avoided the dead end of special education, or having received education before becoming disabled - influenced the moral attitudes of society which shape the worthiness hierarchy of disability.

It is the contention of this paper that better educated white males are the ones who have and will continue to benefit from disability policy. While this finding may not surprise some people, it runs counter to the policy research done in the field of rehabilitation. It also runs counter to the expectations of policy makers on both the federal and state levels.

In June 1992 the National Council on Disability held public hearings on the implementation of the Americans with Disabilities Act, the legislation which is heralded as the emancipation doctrine of persons with disabilities in this country. (Pfeiffer, 1992) One of the persons testifying was John R. Dunne, Assistant Attorney General, Civil Rights Division, U.S. Department of Justice. In his testimony he said that the ADA is fair and balanced and takes into account the ebb and flow of resources. It balances the rights of disabled persons with the need of government and business for efficiency and profitability. He went on to say:

Attorney General Bill Barr and I are committed to enforcing the ADA vigorously, effectively, and fairly. Our compliance strategy is a simple one and can be summarized in a phrase: educate and negotiate and litigate only when compliance is refused. What this means is that we are seeking to promote voluntary compliance with the ADA through an active outreach and public education effort. We will first seek to resolve a complaint through a process of technical assistance and negotiation and only resort to litigation when these avenues have proven unsuccessful. . . . In the relatively brief period we have been working with this revolutionary statute...I have come to one clear conclusion. The ADA is not a zero sum game.... Every sector of society can benefit from the ADA's swift and effective implementation.

There is no recognition that women and non-whites have not had the opportunities nor the successes as better educated white males have. There is no suggestion that some parts of the disability community will benefit from the "business as usual" attitude while others will remain unemployed or in low income jobs.

Another person who testified was one of the disability advocates usually given major credit for passage of the ADA, Justin Dart, Chairman of The President's Committee on Employment of People with Disabilities. He said: "Let's make friends. Friends don't sue friends. Friends don't discriminate against friends who have disabilities and want jobs." But, one needs to ask, how many white males have friends who are non-white or women?

Among the members of Congress who testified were many of the ones given the credit for passage of the ADA. For example, US Representative Steny H. Hoyer said:

For far too many Americans the course of their lives is predicted and defined not

by their talents, dreams, or desires, but by their disability. Unnecessary attitudinal and physical barriers make the words 'full opportunity' ring hollow for 43 million Americans with disabilities. We can make the ADA a successful reality.

The ADA might relate to discrimination based upon disability, but what about the additional burdens of racism and sexism? Representative Benjamin A. Gilman, Co-Chair of the Republican Task Force on Disabilities, said that the ADA is very important. "Americans with disabilities are a valuable source of talent. . . . [And] are not a dysfunctional part of our society." But who participates in our society?

US Senator John McCain said: "The Americans with Disabilities Act is the most sweeping civil rights legislation since the 1964 Civil Rights Act. Its impact on the lives of countless millions of Americans will be great. But more importantly, our Nation will benefit from the ADA."

Finally, John Wodatch, Director of the Office on the Americans with Disabilities Act, U.S. Department of Justice, said:

The ADA is - as said by several people today - revolutionary legislation. It calls for fundamental changes in the American way of life. It is a truism to say that change, especially significant change, is never easy. . . . I can report to you that there has been an unprecedented coordinated effort by the federal government. I can also report that there is a growing understanding of what the ADA is by the American business community and, even more enheartening, an acceptance of it.

Hopefully all of these policy makers and implementers know the role which class politics (racism and sexism) play in the US political, social, and economic systems. However, not one person during these two days of testimony bothered to mention it. For the ADA, presumably, it does not exist.

Conclusion

Why is the impact of class on disability policy not recognized? Why do policy makers, implementers, and evaluators deny it? Why, even though our literature contains extensive class references, is it denied? (DeMott, 1990) There is no conspiracy to hide the functioning of class. Instead, the denial of the impact of class politics supports the idea in the US that we should be optimistic and through hard work will obtain "the American dream." Or, to put it into the words of a very large and pervasive federal agency, by working hard we can be all that we can be. It is maintained that no one is held back by class origins.

When the mass media discusses (supposedly in depth) non-middle class persons - such as dope dealers - it is said that a lack of intelligence and a lack of morality explains why they do not behave in middle class ways. Their illegal and immoral activities are contrasted with working for minimum wage, saving for retirement, and having health insurance. I would hope that people would know that minimum wage jobs have no surplus wages for saving and no health insurance. But then I am optimistic.

Scholarly treatises describe any non-middle class behavior as deviant, ignorant, and

mentally unstable. Since classes are presumed not to exist, class based explanations are not put forth. Non-middle class behavior is seen as counter productive and not legitimate. Persons with disabilities are trained in job searching and how to behave on the job - if they are ever hired. If the person with a disability behaves in too "bizarre" ways, then he/she will not receive rehabilitation services because the prospect of employment is non-existent. Unless disabled persons behave in middle class ways, they can not live independently in society. Unless they behaved as a member of the middle class and worked in covered employment, they are not eligible for SSDI. Unless they conduct themselves in middle class ways they are not "otherwise qualified" and can not obtain civil rights protection.

It is a myth in this country that public schools and higher education are means for achieving personal goals. If one is middle class - dresses, looks, speaks, and behaves in a middle class manner - then that statement may be correct. Otherwise it is a joke. Media writers, opinion shapers, policy analysts, teachers, policy makers, and policy implementers do not have to be reminded that only middle class values are legitimate. They are socialized into that position. If they object, then they are forced out of the comfortable occupations.

There is a class based explanation for these facts. Disability policy is evaluated by better educated white males. When they see that better educated white males are successful under existing disability policy, they conclude that existing policy is effective and efficient. Less educated persons, non-whites, and women are not expected by better educated white males to be "successful" (as they define it) so when they have more difficulty achieving anything at all it is to be expected. A self-fulfilling prophecy of failure by non-middle class persons justifies inadequate funding for disability policy.

There are three positions taken by most policy analysts which reinforce the prevalence of middle class values. Most policy analysts believe that the government can never do better than the private sector, that a public agency always acts to inflate its budget, and that central planning is doomed to failure. Many voters, elected officials, policy makers, opinion shapers, and policy implementers also agree with these positions. They shore up the self-fulfilling prophecies which produce the class based impact of disability policy.

What can be done? I do not know. I do know that the ADA has little chance of success as long as the middle class sexism and racism dominate the disability community and the US society. If we want disability policy to be directed toward equity, we must change the distributive impact of disability policy.

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