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### Book Review:

# Disability and labor ?in the United States

- Reviews section -

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**Kim Nielsen tackles two different tasks in A Disability History of the United States: telling "the history of people with disabilities," and also telling "the history of the concept of disability." Her book traces how communities assigned value to individuals from precolonial times to today, and how individuals collectively challenged the rhetoric, paternalism, and outright hatred hidden behind the ideals of individualism and independence. In the process, Nielsen's book actually elaborates the history of labor in this country. A Disability History is a valuable contribution to understanding the labor movement of Black, white, immigrant, and women workers who participated in work, school, child rearing, and warâ€"despite the increased institutional forces that attempted to make them invisible and to exploit them. In this sense, Nielsen's contribution to a growing body of disability studies and to labor history is much needed and highly recommended.**

Nielsen emphasizes that the concept of disability in the United States is historically shaped and fraught with contradictions. What is less explicit in her book is that the shifting conception of disability in US history is closely linked to the contradiction between the need for labor and the social and economic cost of providing for those whom society has disabled, or has erringly determined "unfit" to work.

Given the diverse characteristics of indigenous peoples in North America, a general definition of disability did not exist. Based on scholarship of Blackfoot and Navajo activists, Nielsen highlights the concept of the "relational definition of disability" that defined a person's ability to participate in the community, rather than an individual's physical, sensory, or cognitive impairment. If a member of the community participated in reciprocal relationships within the community, no stigma was attached. The limitations this person experienced shaped his or her contributions to the collective. For example, a person with a cognitive impairment might perform less cognitively challenging but still necessary work, but the same could be said of each individual participating for the welfare of the community. Thus, "able-bodiedness" or "soundness of mind" were not concepts that defined a person as much as his or her ability to contribute to society.

That is not to imply that bodily differences at birth (today known as congenital disability or impairment) were not noticed. Many peoples attributed physical impairments to an imbalance of mind, body, and spirit in the individual, or in the parents or family members. But in many indigenous communities all variations (physical, intellectual, or spiritual) were part of the spectrum of human experience. Clearly, the harshness of climate, terrain, and labor conditions also resulted in many accidents and acquired disabilities throughout the lifespan. One Native American scholar wrote that because of mountain lion and bear attacks, smallpox, and conflict, "Acquired handicaps were so common that little attention was paid them." Of course, increasing contact with European colonial settlers increased the incidence of disease and violent conflict, with a corresponding surge in physical and sensory disabilities, particularly smallpox.

Due to the diversity of physical landscapes, cultural beliefs, political organization, and collective needs, there was no one North American Indian notion of disability within their communities. In contrast, the European colonial communities settling in the United States shared a more homogeneous view, basing their definitions on the prevailing notion of early capitalist systems taking root during the seventeenth century: disability was defined as an inability to perform labor.

For those leaving Europe for North America, that meant one must be able to "maintain" oneself economically. This concept of "ability" vs. "disability" had several effects. First, those considered to be unfit to work were immediately excluded from emigrating.  Second, those with physical impairments who could still work under preindustrial labor conditions were relatively welcomeâ€”North American colonies needed many laborers. And third, while the American colonies initially paid less attention to physical disabilities, they expressed greater concern for those with mental and cognitive disabilities as a financial burden. The individual family was responsible for the "burden" of providing care to those considered insane or intellectually disabled. But as colonies became more populated, an individual's hometown was also considered responsible for his or her care.

Nielsen cites the case of Samuel Coolidge, a well-educated young man who became increasingly "unruly and unpredictable . . . sordid and vicious." His community agreed to care for him only if he would serve as the town's schoolmaster. During the day he used his skills to teach children; when he became "unmanageable," he was locked into a room in the school at night. His mental disability was not deemed serious enough to prevent him from working with children, but his "pay" was room and board. Coolidge was fortunateâ€”he was allowed to work. Others, especially the poor, were sent to almshouses where they were confined in the first "mental institutions" (which also served as prisons). There they were subjected to efforts to "cure" their disabilities with questionable and often barbaric medicinal treatments.

Given the second-class status of women in the hierarchy of Puritan religious society, women were politically and socially controlled in their primary sphere of work: raising children. Many women experienced stillbirths or gave birth to children with non-normative bodies or minds. But for a woman who strayed outside social norms, such a birth was ascribed to her social or political transgression. Mothers of children with disabilities all felt social stigma but were only subjected to public condemnation when, as women, they dared to question the clerical and gender hierarchy, as well as the general political norms of Puritan religion.

In pre- and post-Revolutionary America, religious institutions and the expanding economy defined disability in shaping and controling the roles of men and women, immigrant and indigenous, as laborers and mothers. Nowhere is this religious, political, and economic collusion to define disability more egregious than in the institution of slavery. As Nielsen states, "The racist ideology of slavery held that Africans brought to North America were by definition disabled. Slaveholders and apologists for slavery used Africans' supposed inherent mental and physical inferiority . . . to legitimize slavery." The entire slave trade was premised on a slave's ability to work; those not considered "able-bodied" were often killed or abandoned.

The issue of slave labor in the United States inevitably became the political, social, and economic question that the country was forced to address. Apologists for slavery enlisted scientific racism to diagnose particular defects: drapetomania caused the enslaved to attempt escape; dysathesia aethiopica described the "psychotic" desire to destroy an owner's property. Black and white abolitionists countered the mainstream concept of African American slaves as inherently disabled by emphasizing the disabling nature of slavery. Abolitionist literature and speeches placed emphasis on the physical and psychological damage of the slavery system; if chattel slavery were eliminated, they argued, African Americans could take their place in US society as free workers. The great Sojourner Truth, who emancipated herself from slavery, and who had a badly diseased hand, proved by example that despite the abuse and disability faced by former slaves, they were more than able to provide leadership and actively fight for the abolitionist cause.

During the increasingly rapid industrialization of the nineteenth to twentieth centuries, the concept of disability evolved into a means of labor and social control. More restrictive ideas of "able-bodiedness" and "able-mindedness" provided justification for a series of state and national laws excluding immigrants and native individuals with disabilities from work, voting, education, and even the right to have children.

National immigration law in 1891 standardized the infamous "LPC" ("likely to become a public charge") clause that specifically barred immigrants with cognitive and/or physical disabilities. The question of acquired disabilities for US workers and war veterans became more pronounced as the nation developed economically and politically. Rapid and poorly-regulated industrialization maimed many men, women, and children in its path, while production speedups required more from “able-bodied” individuals to physically keep up. US wars continually produced soldiers who returned with physical, sensory, and psychological disabilities. Private enterprise as well as the government tried to regulate who could work, but also to limit the extent of their help given to injured employees and soldiers.

National and local governments increasingly asserted political and social control over those born with mental and physical disabilities, especially over women, racial minorities, and the poor. Nielsen points to a trend begun in the mid-1800s in which state governments explicitly excluded those with disabilities from voting based on the notion that “the insane and the idiot are incapable of voting wisely.” Beginning in 1907, more than thirty states passed forced sterilization laws for the “feebleminded” and “deformed.” The Supreme Court upheld state sterilization statutes in Buck v. Bell in 1927. The decision has not yet been overturned.

This reality and rhetoric provide the historical context for the struggles of disability rights activists beginning in the 1930s. Disabled activists publicly demanded their right and ability to work, as well as the right to take part in civil society. The League of the Physically Handicapped and the National Association for the Deaf fought the “unemployable” classification in the Work Projects Administration (WPA). African American veterans of World War II organized pickets and “wheel-ins” in Cleveland to demand racially equitable rehabilitation and housing for disabled veterans. Cross-disability activism emerged in groups such as the Disabled Miners and Widows of Southern West Virginia, a group of mainly African American men and women activists in 1967 who organized rallies and rolling wildcat strikes to demand better pensions and medical benefits from the United Mine Workers of America (UMWA) and the state.

In the 1960s, disabled activists in Berkeley began organizing what became known as the independent living movement, focused on self-determination, consumer control, and deinstitutionalization. This activism led to wider struggles over the following decades, as people with various disabilities organized themselves, through radical and reformist formations. They fought to increase national awareness of the barriers they faced and demanded legislation to end discrimination and to gain access to housing, healthcare, and education. National legislation, including the Architectural Barriers Act of 1968, the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act (IDEA) of 1975, promised to end centuries of discrimination and exclusion. Enforcement has been uneven, however, and disability rights activism continues to this day to be necessary to ensure that the US government and businesses truly eliminate discrimination against people with disabilities in employment, housing, healthcare, and education.

Nielsen’s book is too short to be comprehensive; yet its length and style make A Disability History quite comprehensible. Unfortunately, her history does not examine specific histories of US regions beyond the eastern colonies/states prior to the twentieth century. I was left wanting to learn more about individual and systemic discrimination and struggle in the Southwest and in the West, regions with their own particular sociopolitical, economic, and racial histories. But as the author points out, if she galvanizes much-needed additional scholarship on studying disability in the United States, she has accomplished her goal. This book is an essential starting point to learn more about both concepts of disability and labor in this country.

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