Painting a Picture: A Timeline of Students with Disabilities in United States History

Stephanie Bain De Los Santos, EdD
Advancement Via Individual Determination Liaison
Center for Student Success
Texas A&M University-Kingsville

Lori Kupczynski, EdD
Professor of Education
College of Health Sciences
University of St. Augustine for Health Sciences

Abstract

Prior to the 1950s, Americans with disabilities had little to no rights in the United States (Matthews, 2018). Court cases during the last several decades of reform shaped the way students with disabilities were treated in schools in the United States. Local, state, and federal legislation bolstered the real-world impact for people with disabilities which in turn created a pathway for protections and benefits for students in education. Students with disabilities are helped or hindered by the extent to which their institutions of higher education are responsive to their needs. This article reviews the historical timeline of students with disabilities in the United States.

Prior to the 1950s, Americans with disabilities had little to no rights in the United States (Matthews, 2018). The passage of the Social Security Act of 1935 provided limited benefits for people with disabilities, however; it was not until passage of the Americans with Disabilities Act of 1990 that individuals with disabilities gained significant protections and benefits (IDEA, 1990). According to Spaulding and Pratt (2015), most literature focuses on progress in the rights of people with disabilities since the passage of the Social Security Act of 1935 as it was the reformers of the 1800s who worked diligently to help ensure the rights of people with disabilities. Historically, there have been three distinct eras in history with regard to special education for students with disabilities: Early Reform (1800-1850), Stagnation and Regression (1860-1950), and Contemporary Reform (1950-present).

History of Disability in the United States

Before 1800, people with disabilities were not considered to be complete humans and were treated accordingly (Carey, 2009). Intellect was the foundation of human existence and philosophers believed that individuals with disabilities did not possess intellect; therefore, their
humanity was reduced and devalued (Brockett, 1858). People with disabilities were often exploited in various ways, including and abandonment in orphanages; exclusion from everyday life; display as attractions for public entertainment in circuses and sideshows; expulsion from society; and even execution in certain cases (Spaulding & Pratt, 2015). The families of those with disabilities were often ridiculed because disabilities were commonly associated with being inhuman, deviant, and even demonic (Winzer, 1993). These families often hid their family member from public life to avoid this ridicule (Dybwad, 1962). Any care given to the individual with disabilities was more to help the family avoid stigma than to ensure the well-being of the individual (Crissey, 1975).

**Early Reform Era (1800-1850)**

By the 1800s, medical and scientific advancement began to spark interest in the rights of persons with disabilities. Philosophers and law makers began to explore ideas for treating and educating people with disabilities (Spaulding & Pratt, 2015). The first efforts made to educate individuals with disabilities occurred at the Connecticut Asylum led by Thomas Hoskins Gallaudet and Laurent Clerc. Because physical disabilities were easier to identify than intellectual disabilities, the first implementation of this type of program was tested on deaf individuals. In 1817, Gallaudet and Clerc created a formal education program for deaf individuals (Winzer, 1993). Gallaudet University was named after Thomas Gallaudet. It was the first school for deaf students in the world and is today the only institution of higher education specifically created to help and specialize in meeting needs of deaf and hard of hearing students.

However, *deafness* as a disability was viewed as a condition in need of treatment. During this time, treatments to restore hearing for the deaf included electrical shock treatments, “leech therapy, ear surgeries, and various types of internal and external medicinal applications” (Carey, p. 9, 2009).

Another physician who led early educational reform was Sam Gridley Howe. In 1834, Howe began an educational revolution for individuals who were blind, formalizing their education and founding the Perkins Institution (Heller, 1979). The success of formal educational programs for deaf and blind individuals led to research and educational applications for individuals with other types of disabilities (Spaulding & Pratt, 2015).

One of the motivating factors of educating individuals with disabilities was the Industrial Revolution, which spanned the 1790s to the 1830s (Spaulding & Pratt, 2015). The Industrial Revolution required millions of able-bodied people to work the long hours in factories (Winzer, 1993). Consequently, individuals with disabilities were transformed into potential producers and a vocational educational environment sprang up to provide the bridge between potential and employment (Spaulding & Pratt, 2015).

Perhaps the most important reformer during this time was Dorthea Dix. After visiting jails and institutions in which criminals, the intellectually disabled, and mentally ill people were grouped in appalling living conditions, she became determined to change the way individuals with disabilities were treated (Spaulding & Pratt, 2015; Viney & Zorich, 1982). Dix solicited her legislators to create change and develop laws that would protect individuals with disabilities.

By the mid-1800s, it seemed the outlook on education for people with disabilities was looking optimistic due to the tireless work of reformers like Dix, Gallaudet, Clerc, and Howe. For however many steps forward these reformers took society, things like rising institutional costs and the need for factory workers began to stagnate progress (Spaulding & Pratt, 2015). The
number of institutionalized people rose dramatically and to help combat increased costs, intellectual education and a good quality of life in these institutions was virtually non-existent (Spaulding & Pratt, 2015; Winzer, 1993).

**Stagnation and Regression (1860-1950)**

By 1860, on the cusp of the Civil War, conversations about race and the genetic make-up of America were being hotly debated. The idea of eugenics and improving the genetic quality of life by eliminating undesirable genetic characteristics had gained popularity. The momentum of the Industrial Revolution, and with it its need for skilled factory workers, declined. As a consequence, there was a parallel decline in the advancement of rights and educational opportunities for individuals with disabilities (Carey, 2009).

As states passed school attendance laws, students with disabilities were grouped into isolated classrooms to avoid their influence on non-disabled other children (Spaulding & Pratt, 2015). In many instances, individuals with disabilities were not trained or educated at all due to the fear that they would integrate in society and reproduce (Cranefield, 1966). In 1931, it was reported that ten million minors in the United States needed special education and only one million of them received the education they required (Paul, French, & Cranston-Gingras, 2001).

With the publication of Darwin’s (1872), *On the Origins of Species*, came the idea that all human characteristics were inherited. Darwin’s book strengthened the eugenics movement, although Darwin himself did not publicly support eugenics. Eugenics was based on two theories: purposeful reproduction and unfit reproduction (Winzer, 1993). Those who were fit to reproduce were encouraged to reproduce. Those who were not (e.g., individuals with disabilities) were directed to institutions so that they could be separated from the population and, presumably, would not reproduce (Field, 1911).

The concept that nature was more important than nurture also propelled the eugenics movement. The goal of decreasing “unfit” reproduction through separation and exclusion quickly transformed into marriage restriction laws and sterilization practices, sometimes without consent of the individual (Gould, 1985; Spaulding & Pratt, 2015). The rationale for supporting sterilization was that medicine was able to keep people alive who would have previously died. Keeping people alive was, perhaps, a moral imperative since doctors take an oath to first do no harm; allowing them to reproduce was an entirely different matter. In addition, with the misguided association of disability and lack of intellect, popular support for eugenics dictated that the medical community had a responsibility to “curb the surge of feeblemindedness” (Winzer, 1993, p. 200).

The court case *Buck v. Bell* (1927), resulted in the decision by the U.S. Supreme Court that sterilization laws were lawful. Justice Oliver Wendell Holmes, Jr., argued that sterilization laws would help society if those that were unfit could not reproduce. The increasing acceptance of the theory of eugenics and the decline in need for laborers shaped this period of stagnation and repression for people with disabilities (Spaulding & Pratt, 2015).

**Contemporary Reform (1950 to the Present)**

Post-World War II and after global horror towards the eugenics’ practices in Nazi Germany that resulted in the deaths of six million Jews and three million other “undesirable” people, the United States distanced itself from these practices (Spaulding & Pratt, 2015). Medical
discoveries in identification and treatment of disabilities helped change the public perception of individuals with disabilities (Winzer, 1993). New laws were passed, and court cases ruled in favor of individuals with disabilities, shaping a new era for people with disabilities. With laws requiring classrooms to be inclusive, debate around disability, like debates around race, became heated (Spaulding & Pratt, 2015).

**Landmark Court Cases**

Court cases during this contemporary era of reform shaped the way students with disabilities were treated in schools. According to Gollnick and Chin (2013), the most influential court case in education was *Brown v. Board of Education of Topeka* (1954). This court case overturned *Plessy v. Ferguson* (1896), which upheld segregation. *Brown v. Board of Education of Topeka* (1954) declared segregation was unequivocally unconstitutional. Schools and public facilities began to change from racially segregated to integrated. During the proceeding of *Brown v. Board of Education of Topeka* (1954), Thurgood Marshall presented the case to the United States Supreme Court; he was later nominated and then served as the first African-American on the Supreme Court.

Another revolutionary court case discussed by Gollnick and Chin (2013) was *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* (1971). In this case, the Pennsylvania Association for Retarded Children (PARC) sued the state of Pennsylvania for not providing education for students with intellectual disabilities. The ruling was in favor of PARC and stated that the more desirable place for these disabled students was in an educational setting with their non-disabled peers, not in segregated classrooms, programs, or schools.

Gollnick and Chin (2013) examined *Mills v. Board of Education of District of Columbia* (1972) that was argued before the United States Supreme Court. Eighteen thousand students in the District of Columbia were not able to attend school because of their “behavior problems, hyperactivity, epilepsy, intellectual disabilities, and physical problems” (p.4). In this case, the court ruled in favor of the plaintiffs and required the District of Columbia to provide public education to all students with disabilities.

**Legislative Reforms**

Local, state, and federal legislation bolstered the real-world impact for people with disabilities created by the three landmark Supreme Court cases. Like the court cases of the contemporary era of reform, legislation shaped the way people with disabilities were treated in schools and communities.

**Social Security, Medicare, and Medicaid**

The Social Security Act of 1935 gave basic rights to pensions for people in old age and insurance against unemployment. The Social Security Amendments of 1956 provided income benefits to people with disabilities. It provided medical insurance to totally disabled workers between the ages of 50 and 65 as well as disabled adult dependents who were disabled before turning 18.
The Medicare Law of 1965 was an amendment to the amendment of the Social Security Act of 1935. Medicare and Medicaid were created to provide health care benefits for seniors, individuals with disabilities, and low-income families. Title XVIII, Medicare, has two parts: Part A affords hospital insurance for the elderly; Part B affords supplementary medical insurance. Title XIX, Medicaid, provides financial means to states to finance health care for individuals who are near the threshold for receiving public aid.

**Architectural Barriers Act (ABA) of 1968**

The Architectural Barriers Act (ABA) of 1968 requires accessibly for people with disabilities at Federal funded buildings wither build, renovated or designed including schools, public housing, and public transportation. This includes post offices, Veterans Affairs medical facilities, national parks, Social Security Administration offices, Federal office buildings, U.S. courthouses, and Federal prisons. The Department of Defense, the Department of Housing and Urban Development, the General Services Administration, and the U.S. Postal Service have been charged with enforcing this requirement. They specify everything aspect of the building from the ramps to the restrooms.

**Rehabilitation Act of 1973**

The Rehabilitation Act of 1973 prohibits discrimination in federally funded programs. It replaced the Vocational Rehabilitation Act of 1973, extending and revising the funding of state grants for vocational rehabilitation services, specifically for people with severe disabilities. It also expanded Federal responsibilities, research and educational programs as well as identifying responsibilities for the Secretary of Health, Education, and Welfare (Becker & Palladino, 2016).

Section 504 of the Rehabilitation Act of 1973 deters discrimination on the basis of a student’s disabling condition. This law requires schools to afford students with disabilities comparable accommodations to those of their non-disabled peers. Section 504 is a civil rights law and, if a school is found to be negligent in providing accommodations for these students, any funds given to the school by the Office of Civil Rights will be rescinded (Becker & Palladino, 2016).

**Individuals with Disabilities Education (IDEA) Act**

The Education for All Handicapped Children of 1975 requires all public schools to admit and educate students with disabilities. This law was is currently known as Individuals with Disabilities Education Act (IDEA) of 1990. IDEA holds educational institutions accountable and helps create opportunities for students with federally identified disabilities in their transition to post-secondary education and/or the workplace (Gibbons, Cihak, Mynatt, & Wilhoit, 2015). IDEA Act mandates that schools ensure “free and appropriate public education” (FAPE) students with disabilities in the “least restrictive environment” (LRE). FAPE and LRE are protected in the United States and all of its territories. Within the last seven years, more than 2.2 million students have been recognized as having a learning disability. In the 2015-2016 school year, 6.7 million children received services under the IDEA Act (McFarland et al., 2018).

Under the Individuals with Disabilities Education Act (IDEA) of 1990, parents are held accountable by being required to be involved in the decision-making process about their child’s
learning needs. An educational team made up of parents, teachers, and learning specialists determines if the school needs to conduct a complete assessment to determine if the student has a disability. Student eligibility for special education services is determined by the presence of a disability and the need for special education to succeed in school. If the educational team finds that the student needs special education services, he or she will then receive assistance from the local education agency (LEA).

According to the Individuals with Disabilities Act (IDEA) of 1990, if a student is placed in special education, an Individual Education Program (IEP) is enacted. This plan is a contract between the school and the child which states what will be provided for the student’s benefit from the instructional program. An IEP must be present for the child to receive special education services; it is reviewed annually to ensure the best education plan is implemented. Each IEP must include student performance; future goals and a plan to meet them and the required amount of student participation in the general education classroom. Funding is imperative for schools to meet the needs of students with disabilities in the classroom and if special education programs do not comply with the law, the government can rescind funding.

There are thirteen disabilities that are currently categorized by the Individuals with Disabilities Act (IDEA) of 1990: learning disabilities, speech or language impairment, intellectual disability, emotional disturbance, autism, hearing impairment, visual impairment, deaf-blindness, orthopedic impairment, traumatic brain injury, other health impairment, multiple disabilities, and developmental delay. They also define and explain the distinction between low-incidence and high-incidence disabilities. Low incidence disabilities are rare; high-incidence disabilities occur in about one-in-ten children.

The Americans with Disabilities (ADA) Act of 1990

The American with Disabilities Act (ADA) of 1990 commonly known as ADA, was introduced in the House and Senate in 1988. In 1990, the ADA became law. This act protects and defends people with disabilities from discrimination in the workplace as well as school and other environments. The law requires employers and educational institutions to implement reasonable accommodations for people with disabilities (Gibbons et al., 2015). Reasonable accommodations involve taking existing facilities and making them accessible to individuals with disabilities (Black, Weinberg, & Brodwin, 2015). Americans with Disabilities Act (ADA) of 1990 defines an individual with disabilities as a person having a physical or mental impairment which significantly restricts the activities of their everyday life; has documentation of this impairment; and is viewed as having that impairment.

The Americans with Disabilities Act (ADA) of 1990 was amended in 2008 to strengthen and clarify antidiscrimination provisions. Like the original act, the amendment does not include financial support for services or accommodations (Americans with Disabilities Amendments Act, 2008).

The Higher Education Opportunity Act and the Affordable Care Act

The Higher Education Opportunity Act (HEOA) of 2008 was passed to aid students with intellectual disabilities. It provides opportunities for grants and Federal work-study programs. It gives the Secretary of Education the right to discard specific sections of the law that would have previously kept students with disabilities from attending an institution of post-secondary
education. Although these programs are often certificate and non-degree granting programs, they offer opportunities for socialization and real-life experience that students with disabilities often crave (Gibbons et al., 2015).

**The Patient Protection and Affordable Care Act of 2010**

The Patient Protection and Affordable Care Act of 2010 was signed into law by President Barak Obama. A health care reform law, the ACA prohibits discrimination based on disability or health status in acquiring health insurance. Recent reforms have been added include from new benefits to new job creations. The Patient Protection and Affordable Care Act is made up of the Affordable Health Care for America Act, the Patient Protection Act, and the health care-related sections of the Health Care and Education Reconciliation Act and the Student Aid and Fiscal Responsibility Act. It includes amendments to other laws like the Federal Food, Drug, and Cosmetics Act (FD&C) of 1938 and the Public Health Service Act of 1944.

**Summary**

All facets of life for people with disabilities are impacted by legislation, court cases, and the evolving attitudes of society. Society largely treats people with disabilities as a homogenous group, overlooking meaningful demographic and cultural differences as well as the broad range of disabilities, both visible and hidden. Students with disabilities are helped or hindered by the extent to which their institutions of higher education are responsive to their needs.

**References**


Plessy v. Ferguson, 163 U.S. 537 (1896).


doi: org/10.2466/pr0.1982.50.1.211