

**Southeast ADA Center**  
**History of Disabilities Webinar**  
**Part 2: World War I and Rehabilitation**  
**January 25, 2018 1:00 P.M. EST**

**Barry Whaley:**

Good afternoon and welcome to the History of Disabilities series. This is part two: “World War I and Rehabilitation”. We have Larry Logue with us today. We'll begin the webinar in about 5 minutes at 1:00 eastern. That's 12:00 for all of you in central time and in the meantime we're just doing a series of audio checks just to make sure that everyone has audio and is configured properly. If you're having a difficult time with the audio, we do have a phone bridge that you can listen to the conversation. Thank you for joining us.

While we're waiting for the webinar to begin, this might be a good opportunity for you to adjust the volume on your computer. As Celestia mentioned, you can listen to your webinar through the computer speakers or via the conference number. 701-801-1220. The ID is 852497642 followed by the pound sign. That number can also be used if you experience any audio difficulty today through your computer. If you're using closed captioning for the webinar, please select the CC button at the top of the screen and we recommend putting the webinar and caption window side by side. Before we get started, let's share some information, some frequently asked questions. You may be using your phone, you may be using our web conferencing system, blackboard collaborate. This system makes it possible for us to conduct workshops over the Internet and just about any computer with an Internet connection, web browser. Unfortunately there might be computer issues that are inherent to your system that are beyond our control which is why it's important to check the system prior to the session. Our key staff is available on request to help you in advance, but once the webinar begins, keep in mind our staff can't troubleshoot technical issues.

Today's session is also being recorded and archived for future use. There will be a link to the recording or a link to the recording will be sent out to all the participants and will also be posted on the southeast ADA website. Please share this freely with your colleagues who may have missed the opportunity to participate in today's session. I want to remind you that microphones

or telephones need to be muted for the courtesy of our presenter today. If you do have a question, we ask that you type it in the chat area. And we'll welcome questions and feedback, we'll be actively monitoring the chat window and addressing the questions we receive. If you want to comment on the material or if you want to share resources with colleagues, that's excellent. We also have experts who are ready to answer any questions you may have in the chat.

Finally, I suggest it's time for you to close all other applications you may have running on your computer. Also turn off any automatic systems. Check your computer does automatically to eliminate further interference. If your computer is networked it may shut down if it stays idle for too long. You may need to let the webinar know you're still there.

Good afternoon everybody. 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 are funded by NIDILRR, the National Institute on Disability, Independent Living, and Rehabilitation Research. That's a center within the Administration for Community Living, 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 episode two of our four-part series, the History of Disabilities. Today Dr. Logue's topic is World War I and rehabilitation. Dr. Logue 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 and I'll turn the webinar over to you.

**Larry Logue:**

Thank you and welcome back everyone who was with us last time. Let me begin by responding to a question, a number of questions actually. They are very good questions on 19th century churches and their relationship with disability. I said I'd look into the research on the subject and as it turns out there is hardly any. So that's something I can explore with other people and we'll see where we can go from there.

Now also in response to questions and comments that we had, I want to make some more observations about these presentations. I've got an obvious purpose of describing what happened, that's what everybody wants to know in dealing with history, but I've got another purpose too. I want to provide a window onto a field that was just recently born. Through that window we can see growth, but we can see growing pains too. What's important about that is that's how scholarship gets done, the dealing with growing pains and moving on. In the end these presentations are as much about scholarly research itself as about what the researchers have found. I'd sure like us to appreciate all the, what I call the three C's of historical scholarship. Historians seek causes and possible explanations for why things happen. They examine consequences to complete the logic of cause and effect. And maybe most important of all, they explore context, circumstances that shape those cause and effect. I'm also aware that historians have other C's too, maybe some are less admirable. Historians can be contentious and cantankerous too. But most of the time if we pay attention we'll see historians produce a kind of dialogue between evidence an explanation where we begin with evidence, we propose explanations, then we go back to evidence, then we propose better explanations, and so on. If I'm doing my job that's what we'll see.

Speaking of growing pains, as I did just a second ago, I had growing pains with the title of this

presentation because we'll talk about WWI, we'll talk about rehabilitation, but I also wanted to make sure as I prepared this that we deal with what might be an elephant in the room which is a group of people we call the progressives. In fact, I could suggest, and I even have a working subtitle after WWI and Rehabilitation, I call it the "Progressive Scourge: A Turning Point."

**Barry Whaley:**

Larry I'm sorry to interrupt you for a second. If you could pause for a moment, we seem to be having some captioning problems. Sorry about that. Let's give it a minute. Celestia, are you looking into this?

**Celestia Ohrzda:**

Yes, I am.

[Silence]

**Barry Whaley:**

Go ahead Larry, sorry for the interruption.

**Larry Logue:**

So I would suggest that I'm going to talk about the group of people we call the progressives. Now, before we talk about them, I can summarize a little bit what we did last time. We talked about the rise and the complications of what most people call the medical model of disability, but what I call the individual model. We explored— we raised doubts about the origins and predominance of that model in the 19<sup>th</sup> century and raised questions. But there isn't much question that the model, individual or medical, did become dominant by the early 20th century. We also have a label for that period in the early 20th century, we often call it the Progressive Era, and it wasn't a coincidence that the beliefs and behavior of the people that we call the progressives are the essential context, there's that C again, for understanding a turning point in the history of disability.

So who were these people we called progressives?

In a way it's easier to start with what they weren't. Progressives were not a single organization. Not a single interest group. They weren't an actual political party. And that last seems to be a little strange to say because there were progressive parties that did crop up around 1920. But those parties only spoke for some of the people we call progressives. Instead what we do mean when we apply the label of progressives to these people, and again it's mostly our label, we're talking about people with different backgrounds, who lived in different places, who had different agendas, but these people nonetheless shared a time we call the Progressive Era, from about the 1890s to about 1920. They also shared a conviction, a conviction that things were seriously wrong with America, and they shared broad outlines of how to make things right.

My first slide shows some of the diversity so let's take a look. Let me describe this slide to you. I picked 15 people who are kind of representative, if there can be such a thing, of progressives. And I didn't label them with their names because the diversity is what I want to point to. We have here the president, we have a judge, a Supreme Court justice, we have a politician, we have a social activist, we have an economist, we have men and women, and we have African-Americans and whites. So these were people for whom the diversity was the most important thing, but their shared convictions and solutions that they shared were also important. So we can talk a lot about the diversity, but there are things they shared too. The convictions about what was wrong with America came down to three different sources of problems, and this kind of provided these progressives- usually one group of progressives would stick with one source of problems. One of the sources of problems was abuse of economic power by the large companies in America. Progressives believed, or some progressives believed, would be a better way to put it, that corporate empires had gotten so big that they discouraged start-ups and they choked off competition in the economy. Other progressives were concerned about mistreatment of the most vulnerable people in America, that is, wage workers, immigrants, and women and children. These were all, to some progressives, victims of social injustice. Still other progressives identified inefficiency and corruption, especially at all levels of government, as the main source of trouble.

So they were divided on the source of the problems. They did identify the broad problem: something was wrong with America. They were divided on the source, but they were united on the solutions. Most progressives believed that the solutions to what was wrong with America

would have three characteristics.

First the solutions needed to be evidence-based. Progressives were deeply impressed by the recently developing social sciences which is economic psychology, anthropology, and others, and the progressives believed that these problems should be diagnosed, anything that was wrong with America should be diagnosed by experts working in one of these fields and others.

Second, progressives believed that solutions should be aimed at creating a smoothly functioning society. Progressives deeply believed that America should be like an organism, kind of like a human body, in which every part contributes to the wellbeing of the whole. Third, progressives believed that solutions would have to be implemented by government action. They believed that industrialists had acquired so much power over Americans' lives that they could be countermanded only by a decisive administrative state.

So this is what the progressives saw and what they wanted, and that's important because they gave their name to this whole era. The reason why they were so noteworthy is because progressives tirelessly lobbied and got policy makers to listen. In the end, they got most of their convictions, much of their convictions to be more accurate, and solutions put into action.

There was an impressive array of actions motivated by progressive lobbying. Their era saw the break-up of several large monopolies, saw the first regulation of food and drugs, saw new workplace safety laws, saw the adoption of mechanisms for democracy, saw the restriction of prostitution, and the prohibition of alcohol. Each of those was a priority for at least some of these people who we call progressives. This is why they're important.

But we need to cut to the chase here, what do they have to do with disability?

Actually, many progressives were concerned about disability as a reality of American life, especially progressives who prioritized social justice. Some were more understanding than others of people with disabilities, but the responses to disabilities, nonetheless, tended to fit in with what we might call the progressive paradigm. The best way to understand these responses is to investigate examples in light of that progressive paradigm, especially in light of the progressives longing for an organic society. All of the examples we'll look at were shaped by progressives' idealization of an organic society, that is, an America that functions smoothly and efficiently. For those who held this view, disability was essentially a dysfunction, a dysfunction that prevented men and women from contributing to the smooth functioning of society. So

progressives devised various ways to supposedly correct this dysfunction. The examples I promised were based on two broad strategies to address disability. One strategy was prevention and prevention grew too heavily on progressives' commitment to evidence and government action.

As far as the progressives were concerned, the evidence for prevention was clear. One commentator, a businessman and author, put it particularly bluntly: people with disabilities, especially those who were judged to be feeble-minded or insane, were supposedly passing on these conditions to their children. Look at what Seth Humphrey said. So this second slide, basically they use a quote from Seth Humphrey from 1913, the author and businessman who wrote a lot about race but who also wrote about disability saying, "It is universally conceded that of all characteristics, feeblemindedness is the most certain of its heredity, yielding a self-perpetuating, self-increasing army of miserables." Humphrey wasn't the only one. Oliver Wendell Holmes Junior, who was probably the best known of the progressive judges, was equally blunt in his assessment, in a Supreme Court case. Holmes accepted the hereditary distinction and wrote that "a few generations of imbeciles are enough." So that means the progressives were convinced that there was enough evidence to declare a crisis of hereditary disability. And activists lobbied for three kinds of government action to prevent this hereditary disability. One kind of action would be to prevent people with disabilities from marrying. And progressives used their usual powers of persuasion, which were substantial, to lobby state legislatures and by the 1920s, persuaded more than half the states to restrict the marriage-marriage possibilities- of people with disabilities. Many states prohibited those with developmental disabilities, mental illness, and epilepsy from marrying. A few activists wanted to include deafness but were unsuccessful. Another action to prevent people who had disability was to prevent them from reproducing, especially people in institutions. So activists got busy and lobbied for sterilization law and they found the same success in getting them too. More than half the states adopted sterilization laws allowing sterilization of mostly women, but also men, mostly in institutions if they had disabilities. By the best counts, thousands of sterilizations were performed on people who had developmental disabilities, mental illness, and epilepsy for decades to come.

The third kind of preventive action to cut down on hereditary disability was to prevent people

with disabilities from entering the country in the first place. The progressives didn't initiate this one; it began in 1882 with federal laws on immigration. That first federal law, among other preventions, denied entry to immigrants who were identified as lunatics or idiots. But immigration policy eventually became part of the progressives' drive for an organic society and two types of changes in laws, sought by progressives, facilitated their purpose. One change saw the federal government steadily widening the range of disabilities that were subject to denial. Congress authorized the immigration bureau to judge anyone mentally or physically defective and the bureau interpreted this broadly. Defective came to range from mental illness to deafness to having a poor physique. The other change in law that sharpened progressives' explanation of why people in disabilities were unwelcome, a law passed in 1911 contained a well-known LPC clause which said that people could be denied entry, people would be denied entry, if they were likely to become a public charge. That is, unable to contribute to the efficient functioning of society. My next slide shows both of these priorities against a background of Ellis Island, the most famous or infamous port of entry for immigrants in the 19<sup>th</sup>/early 20<sup>th</sup> century. Here's a quote from the Ellis Island commissioner from 1913: he said, "the immigration bureau has no more important work to perform than that of picking out all mentally defective immigrants, for these are not only likely to join the criminal classes and become public charges," that's LPC, "but by leaving feeble-minded descendants they start vicious strains which lead to misery and loss in future generations." That is a succinct statement of what progressives wanted to have happen.

We can't be certain what the effect of this prevention was. Government records show a fluctuating number of immigrants turned away each year for defects, usually less than 2% of total immigrants each year but that's the tip of the iceberg. Uncounted- uncountable others were probably turned away at ports of embarkation or discouraged from emigrating from their original countries at all. So that's prevention.

The progressives' other strategy for preventing disability besides prevention was assimilation. If they couldn't prevent disability from happening, the progressives were committed to correcting it so that individuals could join a functioning society. So we'll look at two examples of this assimilation strategy in action. The first example is education of the deaf. Now let me give you a little back story here. For the first two-thirds of the 19<sup>th</sup> century, most deaf children who were

in school attended residential schools where they were taught mostly by men with college degrees in the liberal arts, men who use sign language as the primary method of instruction. But then in the late 19<sup>th</sup> and well into the 20<sup>th</sup> century, educators and advocates turned against sign language. The best known critic of sign language was Alexander Graham Bell, an advocate but also a sever critic of sign language. And this slide, against a background of Bell, is a typical quote from him. “Who can picture the isolation of deaf children's lives? It is the solitude of an intellectual being in the midst of a crowd of happy beings with whom he cannot communicate.” So communication to him, with hearing society, was paramount. But it wasn't just Bell. Bell had plenty of company among progressive reformers. The main theme of these reformers resonates with the points I made earlier. Reformers wanted deaf people to take their place in an efficient society. One activist argued that education should help the deaf child to become a more useful member of society. Sounds like he's quoting me, but he's not. Another insisted that schools should give deaf individuals the advantages that will make them like normal people in their ability to communicate with their fellows. So education should help to solve according to them the problem that they'll refer to.

So these reformers had a clear objective. They wanted to normalize deaf people so they'd fit in to an efficient society and they believed they had evidence-based means to make it happen. The chosen means was oralism, that is, lip reading and speaking aloud. The evidence for oralism came from presentations at conferences and articles in professional journals in which experts cited studies that reported to show oralism provided the skills necessary for successful occupations. So with the problem identified and the solution specified, the reformers sprang into action. They persuaded schools for the deaf to change their curriculum to feature classes in vocational training. They turned to a new generation of teachers, many of them women, and most of them trained at normal schools for teachers, not liberal arts colleges. And activists steadily replaced sign language with oralism. Oralism is basically nonexistent at the end of the Civil War. By 1900 however, 40% of deaf students were in schools using oralism and the proportion rose to 80% of students by 1920. So oralists were successful by this one measure. But most deaf people vigorously opposed oralism and a number fought against the takeover of deaf people's language. One deaf person accused oralists of “denying the deaf of their pre-mental growth.” Another deaf person characterized oralists as “a few educators of the deaf whose boast is that they do not understand signs and do not want to.” With these kinds of

convictions, deaf people continued to use sign language informally until oralism was finally abandoned in the 1970s.

Now we come to another example of progressives' assimilationist approach to disability. This one applied mostly to those with mobility impairments such as children affected by diseases, such as polio, or adults injured in industrial accidents, and eventually veterans who were wounded in World War I. The goal of assimilationism was similar to the one- this kind of assimilation was similar to the one progressives aimed for with the deaf. That is, to restore individuals to normal contributions to society, but the means differed. With the Deaf it was oralism, with mobility limitations the means was rehabilitation. What progressives meant by this was to provide people with the knowledge and the skills so that they could take their place in an efficient society. Attempts at rehabilitation began in the late 19th century. They were primarily initiated and funded by private philanthropists and what they did was to establish hospitals and schools for the deaf, deaf children, and to set up sheltered workshops for deaf adults. The best known of these workshops, of course, was Goodwill Industries. The results of this initial private rehabilitation were mixed. For hospital schools we don't have much evaluation except, in 20th century, hospitalization, especially treatment and surgery, came to overshadow the hospital schools' commitment to education. For the sheltered workshops we know more and the results are mixed. The workshops' main priority was giving work and retraining for unemployed people who didn't have disabilities. People with disabilities, on the other hand, tended to be given low-skilled jobs which probably contributed to a kind of vicious cycle. That is, people with disabilities who came from workshops were usually unskilled because of what they had been assigned to so employers assumed people with disabilities couldn't handle anything but unskilled jobs and so it was self-reinforcing.

But a big change happened toward the end of the progressive era when tens of thousands of U.S. veterans returned from World War I with disabilities ranging from amputations to the effects of poison gas to shell shock. Progressives now came face to face with what I called in an earlier presentation, the military model of disability. What I mean by that is that unlike the individual or medical model, policy makers presumed disabilities of veterans were not so much defects as evidence of self-sacrifice. Disability thus meant something different for veterans than what it meant for civilians. They weren't so much defects of the individual as part of the public

responsibility that went with making war.

As we learned last time, the federal government after the Civil War responded to these disabilities by income support based on the severity of the disability with only minor attention to rehabilitation and that only for amputees. That approach, that Civil War approach to disability, was appalling to progressive reformers. They were offended by politicians using benefits to pander to veterans for votes and they were even more offended by Civil War pensions' inefficiencies and waste. What they meant by that was the definition of disability in the Civil War system. There, disability had meant the inability to perform manual labor, disqualified veterans for a monthly payment no matter what their occupational was, or even whether they had one at all. To the progressives, this encouraged idleness and dependence on government handouts, just the opposite of the progressive ideal of a productive and efficient society. So with a large number of veterans expected as the war started, activists persuaded congress to pass the War Risk Insurance Act of 1917 just as American involvement was beginning. Now, this act did include monthly allowances, and essentially a pension for veterans who had verified disabilities, but it made a huge change. It tied this allowance to vocational training. If the government decided that training was appropriate, veterans had to participate to keep their allowance. With this law in place, more than 300,000 veterans applied for disability benefits. About half were approved and about two-thirds of those completed training. Various government agencies administered this training using placement with private employers, enrollment in college courses, and job training in hospital workshops and other sites.

And the Veterans Rehabilitation Law had another effect. It was followed up in 1920 with a civilian version, usually known as the Vocational Rehabilitation Act of 1920. This one was closely modeled on the veteran's law, except for the allowance. In general, veteran's rehabilitation was more successful than the civilian system mostly because of employers' attitudes. That is, business owners had much more positive view of veterans than they did of civilians with disabilities. But there's still lots of problems, even with the veteran system. Problems included long delays in approval, causing many veterans to give up. Also, included discrimination in approvals, discrimination against veterans with less visible disabilities, especially shell shock. Discrimination against African-Americans in both approvals and training assignments.

So now we're at a place where we can sum up, progressive reformers' approach was partly driven by ideology and partly by evidence. The ideology part was the view that society was an organism, should be an organism, and that individuals had to contribute to that functioning, and if they didn't, they would have to change. The evidence part, evidence which of course we have to put in quotes, it's much more questionable to us, but evidence that progressives accepted, included the alleged damage that defective people were doing to the Anglo-Saxon race, we saw that in some of the comments earlier, the alleged isolation of deaf people by sign language, and problems with the civil war pension system that progressives were determined to avoid. The progressives, as I mentioned earlier, worked tirelessly in their lobbying efforts and at their federal level and the states they got most of their agenda implemented. We've seen mixed results. Now one thing that we need to keep in mind is that we've talked a lot about laws and leaders. But we have to also consider ordinary people with disabilities. That's probably where the scholarship is sketchiest, but I can make an estimate, and that estimate is that during the progressive era, life for most people with disabilities got worse. What I mean is that some people with disabilities were turned away from entering the country at all. Others were prevented from marrying or subjected to sterilization surgery. Others were deprived of their culture and communication in the drive to eliminate- suppress is a better verb- sign language. And if they were African-American, people with disabilities were subject to all of these, plus discrimination based on race.

But having said that, it's also fair to say that the progressives' efforts produced a major turning point in attitudes about disability. What this means is, that by the end of the progressive era, the individual or medical model was now firmly in control. Though some progressives questioned the prevailing assumptions about disability, advocates of the individuals or medical models swept that opposition aside. Now the dominant view was that disability was an individual defect to be fixed if at all possible so individuals could contribute to an efficient society. Activists even swept away, at least temporarily, the military model. Now the model largely disappeared. Like everyone else, veterans needed to be rehabilitated. On the other hand, opposition to this model didn't go away, but the progressive view prevailed for decades. And that dominance, and that opposition, are the subjects of the third presentation.

So I'll leave it there for now and since we had so many good questions last time, I'm going

to invite and encourage and plead for questions and we'll see what we can do to clarify and amplify some of the points I made. So, that's the formal presentation part and I'm ready for questions.

**Celestia Ohrazda:**

If you have any questions, please type them in the chat area and we'll address the questions as they come in. Thank you.

**Larry Logue:**

Here's our first question. "In today's politics, what would the progressives be called?" Excellent question. This one comes up every time I teach about the progressive so it's a good and perceptive question and my answer is that they would be somewhere between liberal and conservative. The progressive label used now tends to be a replacement for the discredited term of liberal, but these progressives certainly had aspects of what we call, what we consider as liberalism now these days. They wanted government action, they were concerned about the rights and mistreatments of vulnerable people. On the other hand, they strongly believed in an organic society, a society where everybody has responsibilities. People who focus on responsibilities rather than rights these days are labeled conservative. So the progressives had characteristics of both and they wouldn't be recognizable nowadays.

Now. "You had mentioned the Vocational Rehabilitation of 1920 Act for civilians, it was different for veteran. Can you explain more of how it was different?" The main difference was the absence of a monthly allowance. Otherwise it was very closely modeled on the veteran's law. The veteran's law was taken as the template and it required much the same. If the person had a verified disability, then they could qualify for retraining and rehabilitation. So that's probably the main difference was the absence of a monthly allowance, otherwise the two were quite similar.

Here's the next question. "How would you or would you compare the immigration restrictions you discussed as public charge with current immigration restrictions in place or that are in proposal stages by the Trump-Pence, GOP dominated federal government?" I would say that the earlier immigration restrictions were based heavily on country of origin, which is

similar here. The current travel bans do target certain countries. That was a similarity. And a difference was, there were concerns that there were terrorists and organized criminals among the immigrants coming to America in the early 20th century, but they were not so much a target as they are now. We basically replaced this fixation with disability with a fixation on political danger that immigrants might pose. And general criminal behavior that was not so much a focus then, though there is overlap. You can't deny that.

Here is another question. "What has happened since the early 20th century with immigration policy and disability? Are there vestiges of the individual model in how the U.S. vets and denies immigrants throughout the 20th century and into today?" I'll have to admit that I don't know much about- I haven't studied much and I haven't read a whole lot about current immigration policy and disability. I don't think that it's quite so, what should I say, blatant, as it was then. I'm not sure there's any restriction on disabilities. Somebody can correct me on this, but I don't think- if there is a restriction on disability, it's far down the list. Nowadays it's, as I said in the previous question, it's political threats that policy makers are specially concerned with. But I'll see what I can do. I do try to update- next time I'll try to answer that question next time.

All right. "You said that progressives were," is the next question, "suspicious of veterans who returned home from war disabled but could no longer contribute to society. What group of individuals were responsible for the positive response to homebound veterans based on their sacrifice and service?" Ah. A good question. The individual responsible- mostly I would say this was, this positive view of veterans, an outgrowth of the extraordinary burst of patriotism that swept through the United States during the participation of war. After all, the U.S. was only in the war for about a year and a half and actual only participation for about a year. And there were amazing outbursts of patriotism where they changed the name of pretzels to... I'm not sure what brand of pretzels were changed- bars stopped serving pretzels. And dachshunds were now liberty pups and in case the patriotism wasn't enforced enough there were espionage and sedition acts to enforce that patriotism. And it could be with the burst of nativism and other kinds of attitudes that came in after the war, it could be that the responsibility was there that employers saw veterans, having been conditioned by all this patriotic fervor, as positive contributors.

"Could you talk a little more," this is the next question, "about where the late 19th century

efficiency and organic model of society came from?" The organic view, I'll take the second part first, wasn't the invention of progressives, they adopted it because there were men- like advocates such as John C. Calhoun who thought that society was like an organism. And there were social Darwinists who thought that society worked like an organism. So the progressives borrowed that idea, but they certainly embraced it. The efficiency model came from, what I would emphasize, the rise of science and expertise. A number of fields organized into professional organizations, economists, psychologists, even historians organized into professional associations. And the progressives were the kind of people who joined these organizations, who went to graduate schools that were now being established. And so they were caught up with, and maybe in the forefront, of this fascination with science and that fascination with science then morphed into an advocacy of efficiency. The best known of these advocates was Frederick W. Taylor who came up with a system of efficiency measurements. So it was basically science and expertise in general, and then how efficiency was an offshoot of that. It was all empirical verification. Problems needed to be empirically verified. Even things like the prohibitionists were heavily dependent on evidence of crime and social breakdown that drinking caused. So I would say it just came from just a general- the progressives general embracing of science and expertise, which was dominant in that era and which was something that was familiar to them. These are the kinds of people, the kinds of people leading this revolution, the scientists and the graduate school deans and all the rest, were quite compatible with the progressives.

Okay. Keep those questions coming.

**Celestia Ohrzda:**

If you have any questions, please type them in the chat area. If you've already put a question in the chat area, and it hasn't been addressed, please repost it.

**Larry Logue:**

Okay. I have another one. Two questions. "Did the influenza pandemic have any impact on disability policy and were people with disabilities reflected in greater numbers among the victims?" Ah. An excellent epidemiological question that I don't really know. The first part of the question I can probably answer by saying no. I haven't seen anything on the impact of this

epidemic, which was an amazing epidemic, maybe 20 million people died in this, but I haven't seen any evidence of it. The authors of these policies were really determined to implement their ideology. And in terms of people with disabilities reflected in greater numbers, that's a really interesting epidemiology question and I'm not up on the epidemiology of this, but there could be. I'm going to make note of things to look up for next time and that will be one of them. It's an excellent question.

**Celestia Ohrazda:**

Do we have any more questions? If not, we'll have Barry, you can wrap it up and the evaluation up.

**Barry Whaley:**

We have a couple of questions.

**Larry Logue:**

Let me see, let me take them in order. "If disabled children received little help from the government, how did parents raise disabled children?" Ah. That's one of the things that prompts me to suggest that life became worse under the progressives for children as well as adults. I'm focused on adults but children as well. And what we have is anecdotes on parents and children with disabilities. And I'm not sure that there's any pattern that we can identify. As you might imagine, the experience of parents and children varied tremendously by the type of disability, by the severity. So their job didn't become easier, put it that way, because if they were deaf children, they would go to a school that made their lives tougher because they suppressed sign language. If they had other disabilities, they could be rehabilitated as adults, but that would be a long time. And also these hospital schools, that's where some of the children with disabilities were sent. And there were these attempts to correct disabilities with surgery, most of which were unsuccessful, but that that became especially an ideal. And in the early days, in the late 19th century, these schools did make- these hospitals did make a concerted effort to educate children. That fell off later on. So I guess the main help came from these hospital schools, which, if you were lucky enough to live near one and be approved, you could send your child to. But they didn't, they didn't have a tremendous amount of resources available.

Here's the next one. "In the previous webinar we learned that individual responsibility played a formative role. How did World War I change or redirect that concern, if in fact, it did?" Well, the individual responsibility part didn't change, it was the governmental response, the public response that changed. Now, the assumption that individual disabilities were the individual's problem were still- still had to be fixed, but there was no government assistance through the various rehabilitation acts to bring that about. So I guess what we call- and it's such a good question because I might even amend my conclusion about the individual medical model by saying it was the individual medical model with government help because rehabilitation was a policy with the same basic assumptions.

Okay. "What was the state of prosthetics during World War I? How far advanced were they versus post-Civil War?" The first question, still really bad. There were lots and lots of complaints about prosthetics, and there were quite a few amputees and they complained quite a lot. How far advanced since the civil war? Some. The post-civil war veterans, mostly, wouldn't even accept prosthetics. They took cash instead. Even after World War II, as far as World War II, that's when there was a crisis about prosthetics where veterans were extraordinarily angry. I don't see evidence, at least during the research, there's no evidence of organized anger about prosthetics after World War I. There certainly was after World War II. Veterans were extraordinarily upset that there had not been much progress and the government wasn't participating in improving them. So I would say that the prosthetics after World War I were probably closer to the Civil War with minor improvements than they were to anything in our day. Excellent questions. I really like these kinds of questions, I like questions that make me think and it shows you're thinking. So what's better than that?

Any other questions? Keep them coming. E-mail your questions. I'll certainly do my best to respond to them.

**Barry Whaley:**

Well if there aren't any more questions for Larry right now, then let's go ahead and close this out. Larry, again, what a fantastic lecture. Very interesting. I appreciate you being with us. As a reminder to the folks left in the room, the commission on rehabilitation counselor certification has approved our webinar series for 6CRCC clock hours. These clock hours are

approved from today until January 10, 2019. In order to earn that credit you must attend all four of the live or archived sessions of history of disabilities and request a verification of completion from the Southeast ADA Center. Additionally, your feedback is important to us. I saw the link in the chat for our evaluation. Please take a minute to complete that for us. Again, I want to thank you for being with us today. We look forward to your attendance at the two remaining webinar series. Our next installment- I don't even know. Hold on one second.

**Larry Logue:**

I've changed- I have my own version of the new title. There you go. "Mid-20th Century Ferment." That's a good one. It's basically talking about the period between the wars.

**Barry Whaley:**

Excellent. And so if you will join us for that episode on February 8th at 1:00 or in the archived version. So thank you, Larry. Thank you for our audience participating today and we'll see you on February 8th.