WITH MINDS FIXED ON THE HORRORS OF WAR: LIBERALISM AND
DISABILITY ACTIVISM, 1940-1960

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy
in the Graduate School of The Ohio State University

By
Audra R. Jennings, M.A.

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The Ohio State University
2008

Dissertation Committee:

Professor Susan M. Hartmann, Advisor
Professor Kevin Boyle
Professor Warren Van Tine
Professor Paul K. Longmore

Approved by
Advisor
Department of History
ABSTRACT

“With Minds Fixed on the Horrors of War” examines the expansion of federal disability policy in the wake of World War II by focusing on the rise and decline of the major activist organization for disabled civilians, the American Federation of the Physically Handicapped (AFPH).

During World War II, with labor shortages threatening production and concerns for the disabled soldier playing heavily on their thoughts, federal officials launched a campaign to expand employment opportunities for people with disabilities. Indeed, many employers developed elaborate plans for employing people with disabilities during the war, and 83 percent of the nation’s factories had disabled workers on their payrolls. At the end of the war, liberal policy makers, organized labor, and disability activists in the AFPH, as well as officials in the federal government, all played important roles in fashioning disability policy. These groups did not always work in concert; their differences did much to limit the reach of the disability policy of the postwar decades. Liberals embraced disability policy as a crucial component in the postwar legislative expansion of the welfare state, but could not agree on the underlying purpose of disability policy and its administration. Social welfare professionals, and the liberals that aligned with them,
wanted disability policy in the hands of medical professionals in the Federal Security Agency, who could provide treatment and care for people with disabilities, while labor liberals argued that people with disabilities deserved the dignity of work and that the proper administrative home for disability policy was in the Department of Labor. For their part, disability activists in the AFPH exposed widespread discrimination and the failings of disability policy, while pushing for increased employment opportunities in the postwar economy.

Based on archival research in government, union, and AFPH documents and extensive reading of contemporary periodicals, my dissertation first and foremost treats an important but heretofore neglected topic in the history of postwar liberalism and the evolution of the welfare state: the rise of disability activism and its role in shaping federal disability policy.
Near the end of his shift at the East Diamond Mine in western Kentucky in the winter of 1938, a roof-fall trapped Robert Henry Jennings in the cold, dark mines. Jennings was only 25 years old, and the weight of the rocks crushed most of the bones below his shoulders. Workers from the next shift rescued him. In the hospital, he was wrapped in a heavy plaster cast, and doctors told him he would never walk again.

When his father, Kelly Jennings, came to the hospital to collect his son, he asked Bob, as he was known among his friends and family, if he wanted a wheelchair. He said no. Shocked at his son’s stubbornness, Kelly asked his son how he intended to get around. Bob asked his father for two canes, a request his father obliged. To leave the hospital, Bob maneuvered himself against a wall with his canes and slid against the walls. He made it outside before he began to be really sorry that he had not taken the offer of that wheelchair, as there were not any walls that would get him to the family automobile.

When Jennings was called to report to his local draft board in 1940, he still needed his canes, but he was walking. To get to his examination, he struggled up some thirty steps only to meet Dr. Fourshee, who had performed his operation after the accident. The physician asked Jennings what he was doing there. Jennings explained that he had received a call from Uncle Sam and was merely reporting for duty. Fourshee told
Jennings that he should hobble back down those stairs and go home because Uncle Sam would not be sending him anywhere.

Being declared unfit for service did little to dampen Jennings’ feelings that he should do something for the war effort. So in the fall of 1941 he went to look for a job at the newly founded Republic Aviation plant in Evansville, Indiana. Plant management scooped up Jennings, a skilled laborer. Before the physical structure of the plant was even finished, Jennings was hired as troubleshooting mechanic for the concern.

As a production soldier, he fought the war at home, building P-47 fighter planes. This dissertation is dedicated to the memory of Robert Henry Jennings, my grandfather.
ACKNOWLEDGMENTS

This dissertation would not have been possible without the help, knowledge, and support of so many people. I will be eternally grateful to Susan M. Hartmann, my advisor, for her insightful critiques of my work, for her continual intellectual encouragement and support, and her willingness to give so much of her time to push me to be a scholar. Many thanks to the members of my dissertation committee—Kevin Boyle, Warren Van Tine, and Paul K. Longmore—for their insight and encouragement.

My work would not be what it is today without the suggestions and insight of many gifted and wonderful scholars. I would like to thank Susan Burch, Birgitte Søland, John C. Burnham, the members of the Modern U.S. Seminar, and my colleagues in several women’s history seminars for their critiques of various chapters, encouragement, and many thoughtful suggestions. I would also like to thank many friends and colleagues for their support and for reading numerous drafts. I am grateful to Jessica Pliley for reading so much of my work, helping me to see the forest when all I could see were trees, and for being a true friend. I would also like to thank Michelle Wolfe, Karen Huber, and Ellen P. Fout for reading numerous drafts, listening to me talk through various ideas, and for their friendship and support. Many thanks to Alison Efford for being a wonderful friend and always listening.
I would like to thank the archivists, staff, and administration of the Truman Library for patiently answering my many questions, for their kindness and consideration, and for their support of my research. My dissertation research was supported by numerous grants. I would like to thank the Harry S. Truman Library Institute, the Franklin and Eleanor Roosevelt Institute, and the Graduate School and Department of History at The Ohio State University. Moreover, I benefited from the ability to focus solely on writing the dissertation because of the generous financial support of the Harry S. Truman Library Institute Dissertation Year Fellowship and the Presidential Fellowship at The Ohio State University.

Many thanks to William Schell Jr., the late T. Wayne Beasley, James Galt-Brown, and Stephanie A. Carpenter, all people who believed that I could do this before I knew it myself. Finally, I would like to thank the many people who believed in me all along. To my family and my husband’s family go many thanks for their support, encouragement, and love. My eternal gratitude goes to my husband Sion Sublett, my mother Renee Bliznick, my father Robert A. Jennings, my step-father Bill Bliznick, my grandmothers Clemmie Noffsinger and Marjorie Jennings, my grandfathers Tunney Noffsinger and the late Robert H. Jennings, and my brother Robert K. Jennings for their belief in me. Many thanks to my friends, especially Gwen Thompson, Melinda Grimsley-Smith, Jason Powell, Donovan Pierce, Mike and Jill Austin, Phyllis Salerno, Vicki Tatum, and Sheryle Davis, for occasionally providing me with a much needed distraction, for always listening, and for just being there.
VITA

November 21, 1979. . . . . . . . . . . . . . . . . . . Born – Owensboro, Kentucky

2003. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . M.A. History, The Ohio State University

2003-2006. . . . . . . . . . . . . . . . . . . . . Graduate Teaching and Research Associate, The Ohio State University

PUBLICATIONS

Research Publication


FIELDS OF STUDY

Major Field: History
Concentration in Modern United States History

Minor Fields: Women’s History, Modern European History
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INTRODUCTION

In December 1944 Agnes Schnaus, national vice president of the American Fed-
eration of the Physically Handicapped (AFPH), testified before Congress, outlining her
organization’s aims and motivations. She acknowledged that World War II had created a
vast array of new opportunities for people with disabilities, but she remained skeptical of
the future. “We fear, however,” she warned, “unless a long-range program is adopted,
now much of the present good work will be abandoned when this war ends, and the
handicapped . . . will lapse into their former state of being regarded with indifference,
suspicion, and distrust of their working capacity, to say nothing of intensification of their
economic and social needs.” To offset this potential postwar disaster for people with dis-
abilities, Schnaus and other AFPH leaders proposed that Congress establish a federal
agency for people with disabilities, staffed as much as possible by disabled citizens them-
selves. Their proposed agency would have sweeping authority over disability policy and
be charged with meeting the medical, educational, training, and employment needs of the
nation’s disabled citizenry. Moreover, the primary goal of the agency would be to work
for the “[a]bolition of all unfair discrimination against the employment of otherwise
qualified but physically handicapped applicants.” Schnaus declared that the “problems”
of people with disabilities were “national in scope” and that the AFPH viewed meeting
and supporting their “needs and aspirations” as a federal responsibility.¹
Implicit in the bold agenda Schnaus placed before Congress was the idea that people with disabilities should have a prominent role in shaping the policy that would in turn shape their lives. Moreover, by calling for an expansive federal program to end employment discrimination and ensure access to education, jobs, and health care, the AFPH rejected the notion that the patchwork of local, state, and federal laws that constituted U.S. disability policy could meet the needs and secure the rights of America’s disabled citizens.\(^2\) Paul Strachan, a man with impressive government and union connections from his days as an organizer for the American Federation of Labor (AFL), founded the AFPH in 1942 to improve the economic and social lot of disabled Americans. By 1944, when Schnaus made her appeal to Congress, the organization already boasted 45 lodges and an extensive at-large membership.\(^3\)

As a new and vibrant social movement, the AFPH pulled thousands of disabled citizens into the national political arena. Beyond its disabled constituents, the organization won the powerful support of labor leaders in the AFL, Congress of Industrial Organizations, United Mine Workers of America, International Association of Machinists (IAM), and other unions. AFPH activists’ demands for equal opportunities and full citizenship for people with disabilities also gained the support of many liberals in Congress and the federal bureaucracy. The organization, and its supporters, pushed to redefine the boundaries of the welfare state—boundaries that placed people with disabilities either on the margins or completely out of bounds. Moreover, disability activists in the AFPH sought to redefine what it meant to be a disabled citizen, rejecting the passive support that their legal and social status as dependents gave them, claiming rights, instead.
In many ways the AFPH was different from any disability activist group that had come before it. Historically, disabled citizens had organized around the shared experience of military service or one type of disability—blindness or deafness, for example. Even when disability activists put aside differences and organized in pan-disability groups, they did so at the local level to address local concerns. AFPH leaders, however, claimed that all Americans with disabilities, civilians and veterans, regardless of the specific type of disability, had much in common. For them, the common thread that tied all people with disabilities together was discrimination, specifically economic discrimination, and only national activism and federal action could solve this problem.

For the AFPH, timing was everything. Strachan often pointed to IAM Vice President Arthur Holder’s World War I insight that the union would secure gains in disability policy only when “the horrors of disablement” of the war were fresh in people’s minds. Much had changed since Arthur Holder had arrived at the conclusion that war would force the nation to confront disability, and those changes would make Holder’s words all the more poignant.

Beyond pensions for disabled veterans, caring for disabled citizens had been traditionally the responsibility of families, local governments, and private organizations. In the fervor of industrialization and Progressive Era reform, states gradually took up disability policy with worker’s compensation laws that mandated financial restitution for injured workers. In the aftermath of the First World War, however, the federal government moved beyond pensions, instituting a program of “rehabilitation” for disabled veterans in 1918 and for disabled civilians in 1920. By establishing a program to provide disabled veterans and civilians with education, training, counseling, and job placement
services, Congress created a new precedent for federal involvement in the lives of people with disabilities.

Even more than the First World War, the nation’s response to the economic devastation of the Great Depression profoundly altered the relationship between the federal government and its citizenry. As the wheels of the economy ground to a halt and unemployment skyrocketed, growing need quickly drained local government and charity coffers. State resources, too, paled in face of this crisis. Americans increasingly looked to the federal government for aid and in 1932 elected Franklin Delano Roosevelt in hopes that as president he might steer the nation toward economic recovery. While recovery proved to be an elusive goal during the 1930s, Roosevelt’s “New Deal” for Americans, through a stunning array of legislative and executive action, fundamentally changed Americans’ expectations of the federal government. With the Federal Emergency Relief Administration, work-relief programs like the Works Progress Administration (WPA), and the Social Security Act of 1935, Roosevelt engaged the federal government in an unprecedented effort to provide Americans with direct relief, jobs, and long-term protection against the uncertainties of unemployment, old-age, and widowhood. In 1941, Roosevelt equated the health of a nation with its ability to provide: “Equality of opportunity for youth and for others. Jobs for those who can work. Security for those who need it.” The New Deal, then, created a new dynamic between citizens and the federal government, and in this new relationship, citizens increasingly expected the federal government to guarantee their right to earn a living and to provide security in the face of uncertainty.

While the New Deal created new expectations of the federal government, the assurance of security and the right to earn a living was a promise that went unfilled for
many. In legislating the promise of work to some and relief to others, New Dealers drew a line between those who should have the guarantee of work and those who could not or should not work and thus receive aid. The drawing of this line, in some respects, had little to do with the individual’s desires or status as a citizen and more to do with prevailing notions about the “appropriate” structure of families, men’s and women’s roles within the family, race, and ability and disability. In this dichotomy of work and relief, which political scientist Barbara J. Nelson argues created a “two-channel welfare state,” able-bodied, white men should be guaranteed work, and women, children, and people with disabilities who had no breadwinner to rely upon should receive aid. Because policymakers viewed people with disabilities as natural dependents, the New Deal excluded them from work-relief programs like the WPA. While some people with disabilities protested their New Deal categorization as dependents during the 1930s, their status as a dependent class remained entrenched in policy. U.S. involvement in World War II, however, would open the door to profound changes in notions of fitness for work.

As quickly as the Great Depression had brought the economy to a standstill, the Second World War pushed the economy into overdrive. At precisely the moment when the nation’s factories took up the task of supplying Allied and American troops with the tools of war, millions of young men left the factory floor and headed to the front lines. Labor shortages rapidly replaced unemployment as the economic concern of the nation, and the need for workers pushed employers and the federal government to rethink who could and should run the nation’s factories. As much as the needs of the wartime economy challenged gendered and racial prescriptions about work, physical fitness as an ab-
A prerequisite for work fell to the wayside, and a vast majority of the nation’s factories put disabled workers on their payrolls.\textsuperscript{11}

The dramatic influx of people with disabilities into the workforce, however, reflected more than just a practical response to growing manpower needs. World War II created an acute public awareness of disability. Everywhere, it seemed, the nation confronted disability. As draft officials sought to fill the ranks of the Armed Forces, they found millions of the nation’s young men to be physically or mentally unfit for service.\textsuperscript{12} Moreover, as much as the nation’s factories increasingly employed disabled workers, industry created disabilities at an astonishing rate. Each year more than two million disabling or deadly industrial accidents occurred on the home front.\textsuperscript{13} More than any other factor, however, the prospect of untold numbers of military casualties catapulted disability into the national consciousness. All told, 670,846 American military personnel sustained non-fatal injuries in combat.\textsuperscript{14}

In the minds of many Americans, the nation confronted an unprecedented crisis of disability. With the specter of the disabled soldier playing heavily on their thoughts and the labor shortage wreaking havoc on production, the Roosevelt administration and liberals in Congress launched a campaign to remake federal disability policy during the war. Liberals focused their wartime efforts on two agencies, the rehabilitation service that Arthur Holder had helped to create during World War I and the United States Employment Service, but their efforts coalesced around a single idea—putting people with disabilities to work. The wartime drive to open employment opportunities for people with disabilities fit easily into New Deal liberal ideology—an ideology that hinged on guaranteeing, not equality but opportunity, work, and economic security.
Liberal efforts to expand federal disability policy during the war did not go uncontested. While conservatives, like liberals, committed themselves to using the full resources of the federal government to aid disabled soldiers, they balked at expanding the federal government’s responsibilities to disabled civilians, especially when those expansions might infringe on the power of states. Providing assistance to disabled civilians, they asserted, was a matter for state and local governments and private organizations.15 Veterans’ organizations, too, cried foul at the Roosevelt administration’s proposal for a single national disability policy that sought to provide equal benefits for veterans and civilians. Unlike conservatives, veterans had no particular objection to federal aid to disabled civilians; however, they feared that a policy that made no distinctions between the rights of veterans and civilians inevitably would prevent veterans from receiving all of the benefits to which their military service entitled them. Ultimately veterans and conservatives forced liberals to create separate disability policies for veterans and civilians, where disabled veterans would benefit from the full resources of the federal government and disabled civilians from a diluted version of the liberals’ original designs.

Through wartime gains in disability policy and the expansive Servicemen’s Readjustment Act of 1944, or the G.I. Bill of Rights, Congress created a third channel in the welfare state that hinged on military service. The G.I. Bill put the weight and financial resources of the federal government behind guaranteeing veterans access to jobs, higher education, medical care, and homes. After 1944, the categories of veteran, worker, and mother or dependent ordered the relationship between the federal government and its citizens.16
In this moment of perceived crisis and reordering of the welfare state, disability activists of the AFPH stepped onto the national scene. Through their platform that called for federal protection against employment discrimination and a federal guarantee of disabled citizens’ rights to jobs, education, health care, and broad economic security, AFPH leaders sought to force policymakers to fulfill the promises inherent in the New Deal. Disability activists of the AFPH sought to win protections against uncertainty similar to those guaranteed to veterans and workers by emphasizing their home front “service” in industry and volunteer efforts during the war, their wartime work record, and their status as potential workers.

Educational and employment discrimination often locked disabled citizens into a cycle of exclusion, disempowerment, and poverty. Disability activists focused on a guarantee to the right to earn a living precisely because of the profound cultural meanings of work and widespread cultural perceptions of work’s opposite—charity. Moreover, exclusion from work had growing repercussions. “Work,” as historian Alice Kessler-Harris demonstrates, represented “the passport to certain social rights,” like old age pensions and unemployment insurance. Additionally, access to health care became increasingly tied to employment as employer funded health insurance programs multiplied in the post-war era. Relief, the policy solution for dependents, carried with it the indignities of the means-test. As New Dealer Harry L. Hopkins wrote, to determine whether relief applicants truly needed government support, “relief investigations have entered the front door of millions of private home.” Relief administrators probed into the lives of applicants, inquiring about their debts, resources, and habits. While New Dealers sought to ameliorate the indignities of traditional relief practices, in which local agencies sought to make
the individual “feel his pauperism,” relief and charity continued to carry a social stigma, and many administrators of relief payments continued to view those in need as suspect.19

Like liberals in the Roosevelt administration and in Congress, disability activists focused much of their efforts on the civilian rehabilitation service. Similar to the New Deal, inherent in the rehabilitation program was the promise of a federal guarantee of disabled citizens’ right to earn a living, but also like the New Deal, in the eyes of many disability activists, the promise of rehabilitation went unfilled. Before liberals expanded the program in 1943, the civilian rehabilitation program served only about 210,000 people in a period of 23 years.20 Even after 1943, the program continued to be woefully inadequate, and officials in the rehabilitation service consistently rejected as “unfeasible” for rehabilitation as many, or more, disabled citizens as they served.21 While being excluded from work-relief programs in the 1930s held the weight of being classified as a dependent and unfit for work, being rejected from rehabilitation, especially after 1943 when liberals added medical and surgical care to the educational arsenal of civilian rehabilitation, meant that an individual could not be made fit for employment even through medical and educational intervention. Being labeled “unfeasible” for rehabilitation signified that not just an employer or a work-relief agency had classified an individual as incapable of anything other than dependency but that the very agency charged with guaranteeing employment opportunities for people with disabilities saw no way to make the individual independent and productive. If the opportunity to earn a living had become a right of citizenship and work a path to access the benefits of full citizenship, then the activists of the AFPH in their campaign to remake civilian rehabilitation demanded to be recognized as full citizens, not just dependents.
As much as the war created a space for disability activists to be heard, it also drew key groups—liberals, both in Congress and the federal bureaucracy, organized labor leaders, physicians, and a growing number of experts who claimed specialized knowledge—into a national dialogue about disability and the role the civilian rehabilitation program should play within federal disability policy. Though the crisis of disability that emerged during World War II only seemed to heighten in the early years after the war, liberals’ relative wartime consensus on disability policy rapidly gave way to conflict in the postwar era. While liberals all agreed that people with disabilities did not have equal opportunity for employment and that the federal government had a responsibility to address that inequality, disagreements erupted over the source of this inequality and what constituted an appropriate solution. Numerous questions emerged in this debate: Was it social discrimination or problems inherent in the disabled individual that created the inequality that people with disabilities faced? Should experience or expert knowledge guide policy? Should policy focus on providing jobs or medicine?

By and large, liberals in the federal government and the various groups that sought to influence disability policy came to one of two responses to these questions. On the one hand, physicians and professionals in the rehabilitation bureaucracy increasingly viewed disability as a condition to be treated and corrected to the greatest degree possible by experts—physicians, surgeons, psychiatrists, psychologists, counselors, educators, and social workers. In this corrective approach to disability, policy should focus on bringing the weight of expert knowledge to bear on the individual, molding, even physically altering, the individual to fit social expectations more closely. On the other hand, disability activists and their allies in organized labor argued that while disabled people might need
some help from these professionals, widespread discrimination was at the heart of their limited opportunities. In this social approach to disability, policy should focus on institutions rather than individuals, attacking prejudice and guaranteeing work opportunities for disabled citizens. As much as their responses to the debate over disability policy divided physicians from disability activists and experts from organized labor, this debate also created a conflict between two powerful government agencies—the Federal Security Agency (FSA) and the Department of Labor (DOL)—with officials in the FSA siding with the experts and professionals in the field and DOL officials siding with disability activists and labor leaders. While bureaucratic maneuvering no doubt shaped the conflict between the two agencies, as both stood to gain or lose ground, these agencies also played an important role in shaping the two dialogues around disability policy—the FSA touted the knowledge of experts and the importance of medicine, while the DOL pointed to widespread discrimination and the need for policymakers with real world knowledge of the labor market in the field of disability.

This is not just a story about policy debates. It is also a story about how people with disabilities created a vibrant movement and interacted with federal policy—how it shaped their lives and how it created, or diminished, opportunities for them to work and benefit from all facets of citizenship. While liberals engaged in a debate over the organizing philosophy of disability policy, how the federal government would define and police the rights of people with disabilities was at stake. Change would profoundly affect the lives of people with disabilities who were the subjects of this policy.

This is also the story of activism—activism on the part of people with disabilities who sought access to work and the benefits connected to it and activism on the part of
labor leaders who sought greater access to benefits for their members. Disability activists of the AFPH helped to bring these policy debates to a head during the postwar period by criticizing the ineffectiveness of the administration of disability policy. With the powerful support of organized labor, this pan-disability organization proposed a sweeping legislative agenda, which called for an end to employment discrimination and a more efficient and coordinated federal disability policy. Activists of the AFPH not only claimed the right to have a say in the policies that shaped their lives but also questioned basic notions about disability being a wholly physical and individual problem. In 1946, AFPH activist Margaret Nickerson Martin reminded congressmen of their colleague who had recently said “brains had no sex.” She argued, “Well, neither have they physical attributes which inhibit them because their owner happens to sit in a wheelchair.” She claimed, “In the past humanity has been roughly divided into classes or categories: people, women, idiots, and the handicapped—in that order.” For Martin, society had begun to rethink the position of women and people of color and it was now “the handicap’s [sic] turn.”

Much as Martin and her AFPH compatriots recognized that social norms did not necessarily reflect their desires or aspirations, scholars in the fields of disability studies and history have come to understand disability as a social construction. Rosemarie Garland-Thomson maintains “that disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune. Rather, disability is a culturally fabricated narrative of the body.” Disability is, and has always been, evolving, defined variously by religious leaders, scientists, philanthropists, social workers and disabled people themselves. Therefore, this project uses “disability” as AFPH activists used
the term physically handicapped to describe people with certain physical conditions and/or diseases, like blindness, deafness, tuberculosis, and arthritis.

The story of the AFPH is ultimately a story of defeat, as the organization failed to implement its bold agenda. The AFPH arrived on the political scene, demanding attention to the broad workings of social and economic discrimination at precisely the time when policymakers began to discount society’s role in creating social evils and focus their attention on correcting faults within the individual who needed aid. Moreover, the AFPH’s critique of experts and professionals in the field of rehabilitation also coincided with a surge in the power and effectiveness of medicine. Increasingly, the rehabilitation service had the power to correct, or at least dramatically alter, many disabilities. In the context of shifting policy goals and the growing power of experts, many of the AFPH’s specific policy recommendations failed to win congressional or executive approval.

To trace the story of the AFPH, Chapter One will briefly sketch the history of disability before World War II, focusing largely on disability policy. Turning quickly to the war, the chapter examines how labor shortages and the political capital of disabled veterans created the impetus for the Roosevelt administration and Congress to overhaul federal disability policy and for employers to hire disabled workers in growing numbers. This chapter also explores congressional conservatives’ and veterans’ objections to liberals’ designs for federal disability policy.

Chapter Two analyzes how the implementation of those World War II policy gains for disabled citizens created a broad expansion in the field of rehabilitation medicine. As these professionals sought to increase their professional clout they incorporated a philosophy of disability that emphasized correcting the individual, argued for a connec-
tion between physical disability and psychiatric disorders, and attempted to gain greater federal control of disability policy through claims of specialized expert knowledge. Responding to what they perceived as the patronizing attitude of rehabilitation officials, people with disabilities began to articulate a common narrative of discrimination. This chapter examines how disability was experienced in the mid-twentieth century, arguing that shared experience of exclusion led to the development of a set of common frustrations with rehabilitation personnel and policy.

Chapter Three narrates the founding of the AFPH. Here, I analyze disabled people’s perceptions of federal policy and examine the AFPH’s attempts to build upon the momentum of the war emergency and create a coalition of people with many different disabilities. This chapter examines how the experience of discrimination became politicized when given voice and shared and how the AFPH provided a space for the development of a powerful critique of federal policy, employment, and rehabilitation officials.

Chapter Four focuses on how observances of National Employ the Physically Handicapped Week, an AFPH initiative, eventually led to the establishment of a presidential committee on disability. This committee, based in the DOL, which had come to be the federal government’s center of the opportunity approach to disability, pushed for more employment opportunities for people with disabilities. Through the committee, Paul Strachan and the AFPH sought to win by executive action DOL control of the rehabilitation program. Again focusing on specific policy, Chapter Five explores conflicts over rehabilitation policy in Congress. Legislation proposed by the AFPH would have moved the program to the DOL and, in its earliest drafts, established a system of mandatory quotas for hiring people with disabilities. While liberals in Congress sought a compromise
between activists and experts, the AFPH worked to block their efforts.30 With liberal efforts stalled, the AFPH awaited political change, but under the administration of President Dwight Eisenhower, the AFPH’s avenues for forcing change became increasingly limited.

Just as the AFPH activists had initially gained allies and support because of the connections and persistence of its founder and president Paul Strachan, the group’s demise was also linked to him. Chapter Six explores how Strachan’s gruff personal demeanor, his insistence on establishing a hugely expensive residential medical, vocational, and educational institute for people with disabilities in Florida, some disastrous organizational moves, and the growing power of conservatives and consensus politics in the federal government and American society combined with the waning memory of the horrors of war to effectively end the group’s ability to maintain itself and to influence politics. Under the Eisenhower administration, conservatives dramatically altered the rehabilitation program with the Vocational Rehabilitation Act of 1954. The act not only cemented experts’ hold on rehabilitation policy but also significantly reduced the role of the federal government in controlling and guiding state policy and the implementation of rehabilitation. Ultimately, Arthur Holder’s World War I insight held true. The great impetus for expanding disability policy came when people’s minds were fixed on the horrors of war, and as memory of the war faded so too did the momentum to address the needs of people with disabilities.

More than a simple defeat, however, this is also a story of agency on the part of people with disabilities and of substantial expansion, albeit contested, of federal disability policy. During the war and the decade that followed, disability activists and their liberal
allies won dramatic changes to and expansions of U.S. disability policy. To facilitate expansion of the labor force and provide placement experience for the disabled soldier, the government, in 1943, expanded the nature and availability of rehabilitation. In 1944, the House of Representatives’ Committee on Labor established a subcommittee to investigate the needs of and the aid given to people with disabilities. In two years, the subcommittee collected thousands of pages of testimony about the conditions people with disabilities faced and the federal, state, and local programs designed to help them. Further, in 1945, Congress set aside the first week in October as National Employ the Physically Handicapped Week, launching a national campaign to encourage employers to hire people with disabilities. The Week in 1947 led to the creation of the DOL-based President’s Committee on National Employ the Physically Handicapped Week, a coordinating agency for the federal government’s efforts to increase employment among people with disabilities. Congress again expanded vocational rehabilitation services in 1954, and the long fight for Social Security Disability Insurance came to a successful close in 1956. Even in defeat, the AFPH succeeded in keeping disability on the table well after the close of the war.
NOTES


2. Historian Edward D. Berkowitz argues that the United States historically has had no clearly articulated disability policy. Instead, he claims, the government “maintains a set of disparate programs, many emanating from policies designed for other groups, that work at cross-purposes.” (Quote taken from page 1). See Edward D. Berkowitz, *Disabled Policy: America’s Programs for the Handicapped* (Cambridge: Cambridge University Press, 1987).


   Additionally, scholars Paul K. Longmore and David Goldberger have shown that New Yorkers with a wide-range of disabilities organized to protest their exclusion from Works Progress Administration (WPA) jobs during the Great Depression. While the WPA was a federal program, this movement did not spread to other cities. See Paul K. Longmore and David Goldberger, “The League of the Physically Handicapped and the Great Depression: A Case Study in the New Disability History,” *Journal of American History* 87 (December 2000): 888-922.


10 See Longmore and Goldberger, “The League of the Physically Handicapped and the Great Depression.”


12 Kennedy, *Freedom from Fear*, 710.


Scholar Edward D. Berkowitz argues that U.S. disability policy initiatives fall into one of two categories—“ameliorative” and “corrective” responses to disability. According to this framework, first articulated by a group of economists in the early 1980s, income-maintenance programs, like workman’s compensation and Social Security Disability Insurance, form the backbone of the ameliorative approach, while the corrective approach “seek[s] to improve the productivity of the handicapped or to change the economic environment in which they function.” Rehabilitation represented contested ground in the postwar era, however, and Berkowitz’s definition of the corrective approach includes arguments on both sides of what was a major policy divide in the postwar world. My use of the term corrective, then, is more particular than his in that I use the term to describe an understanding of disability that focused on altering the individual. Alternatively, the social approach cast a wider net focusing on the need to attack employment discrimination. Berkowitz, Disabled Policy, 153-154.


In his examinations of rehabilitation policy, Berkowitz downplays the role of labor as a whole in shaping the policy. He does, however, emphasize the importance of United Mine Workers of America in pushing the program to be more responsive to disabled miners. See, Berkowitz, Disabled Policy, especially chapter 5; Edward D. Berkowitz, Rehabilitation; and Edward Berkowitz, “Growth of the U.S. Social Welfare System in the Post-World II Era.”


As scholar Jennifer Mittelstadt has demonstrated, liberals, conservatives, and welfare professionals reconceptualized notions of dependency in the postwar era as they sought to overhaul the federal Aid to Dependent Children (ADC) program. Where Progressive era reformers tended to view the dependency of wives and mothers as natural and acceptable, public welfare officials and reformers pathologized the dependency of some mothers in the 1950s. This new conceptualization of dependency grew partly out of conservative attacks on ADC and partly out of the growth of the program and changes in its clientele. The program had essentially shifted from serving a small number of white, widowed mothers to serving an increasingly large number of single and divorced mothers and women of color. Public welfare officials began to view dependency on the state less as a result of broad social and economic forces and more as a result of the individual failings of welfare clients. See Jennifer Mittelstadt, “‘Dependency as a Problem to Be Solved’: Rehabilitation and the American Liberal Consensus on Welfare in the 1950s,” Social Politics 8 (Summer 2001), 228-257; and Jennifer Mittelstadt, From Welfare to Workfare: The Unintended Consequences of Liberal Reform, 1945-1965 (Chapel Hill: University of North Carolina Press, 2005).

While significantly revised portions of Chapters Four and Five draw from an article I published in Labor: Studies in Working-Class History of the Americas. See, Audra Jennings, “‘The Greatest Numbers
CHAPTER 1
FROM DERELICT TO PRODUCTIVE CITIZEN: PEOPLE WITH DISABILITIES IN WAR AND WORK, 1940-1945

In 1944, a twenty-two year old man with “progressive muscular atrophy” of the legs confessed to journalist T. Otto Nall that the war had changed his life. “Until I found work sorting airplane rivets,” he lamented, “I felt that I wasn’t doing my part in the war effort.” But, his new job had given him the opportunity to serve his country, and he proudly proclaimed, “I’m a war worker in a wheelchair.” Nall believed that the real value of the wartime trend of employing people with disabilities came from the new confidence that jobs had given individuals like the young man who sorted rivets from his home. “Because society thinks enough of the crippled person’s work to pay him,” Nall concluded, “he feels that he is back in circulation again. He is no longer a liability, but an asset.” Focusing on the war work of wheelchair users, Nall’s article highlighted only a tiny portion of what would become a dramatic trend in the wartime economy of the United States. People with disabilities, who responded to the country’s call for service, poured into the nation’s workplaces. Indeed, an overwhelming majority of the nation’s factories would employ people with disabilities during the Second World War.

Before World War II, the U.S. economy languished. Where the reformist and relief legislation of the New Deal had done little to ease the economic woes of the nation, the war decisively turned the economic tides. Unemployment lines rapidly disappeared as
the U.S. launched a campaign to supply the industrial and agricultural needs of its British and Soviet allies. The transition from supplier to combatant created new burdens for the expanding economy as the war campaign not only heightened production needs but also drew millions of young men out of the workforce and into the military. The Great Depression became little more than a lingering memory as the nation confronted a new economic crisis—labor shortages. During this manpower crisis, in addition to women and minorities, employers and the federal government turned to people with disabilities as an untapped labor source.

The nation’s industrial fight to arm itself and its allies exacted a heavy toll. Accident rates began to soar in 1940, increasing 20 percent over 1939. All told, more than two million deadly or disabling industrial accidents occurred each year on the home front between 1942 and 1945. According to historian Andrew E. Kersten, wartime factories were dangerous places, and the U.S. lost “at least an entire battalion to injury and death on the shop floor” every year. Despite the magnitude of the losses on the home front, it was the plight of the disabled veteran that captured the nation’s attention, pulled on Americans’ heartstrings, and propelled disability onto the national stage. As Harold Russell, disabled veteran and star of The Best Years of Our Lives, put it, “The war gave a fillip to interest in the problems of the handicapped. Workers were needed regardless of whether they were physically perfect . . . . Then returning war veterans added the dash of sentiment that was needed to keep up the interest in the handicapped.”

More than just sentiment, planning for the demobilization of war veterans created fears about social and economic chaos. In the final years of the war and in the early post-war years, a wide-range of social commentators emerged to give voice to these tensions,
educating civilians about the needs of the men who had sacrificed so much. Many of these commentators sounded an “alarmist” note, emphasizing multiple threats demobilized veterans posed to the economy, the family, and social order in general. They also focused on the great debt that civilians owed to their protectors—a debt that civilians could only begin to repay by easing veterans’ transition to home, family, and peacetime employment. If Americans obsessed about the sacrifices that all veterans had made and worried that they might face severe difficulties in transitioning to peacetime life, the injuries of disabled veterans magnified both the sense of debt and fears about adjustment.8

As the federal government, industry leaders, personnel directors, foremen, and managers recruited disabled workers to run the nation’s factories, industrial accidents spiraled upward, and battlefield casualties mounted, the problem of disability took on a new national significance. Where the barriers that prevented people with disabilities from working and earning a living had once been a problem for charities and local and state governments, the realization that the nation would need their labor to win the war and that untold numbers of disabled veterans would encounter these same barriers forced the nation to confront the problem of disability. In the light of the toll of the war—both on the battlefield and factory floor—it seemed to many, both inside and outside the federal government, that the nation was headed for a crisis of disability. To both meet the production needs of the war and prepare for this coming postwar crisis, federal officials, legislators, and employers launched a wide array of new disability policies and revisited old policies, amending and expanding old programs in the light of new needs and motivations. Almost as a grand experiment, industry made space for disabled civilians during the war, collecting data and making plans for the return of the disabled soldier. No doubt,
many industry leaders were reluctant to turn to people with disabilities, but labor shortages opened jobs to many who had never before dreamed of the opportunity to work.

This chapter, divided into three sections, examines the ways that federal officials, Congress, and industrialists sought both to use the labor of people with disabilities to meet growing labor shortages and to brace the nation for the return of countless disabled servicemen. The first section offers a brief history of disability policy before World War II, tracing the ways that Progressive Era ideas about charity, social justice, and science influenced federal policy and shaped the public’s perception of people with disabilities. Turning to World War II, section two analyzes federal disability policy during the war and policymakers’ efforts to facilitate the employment of people with disabilities through the expansion of existing policies and the establishment new programs. Section three explores employer policies and attitudes during the war. While many employers hired people with disabilities only because of the labor crisis of the war, a surprising number, with injured veterans in mind, developed elaborate programs for employing people with disabilities. Whether the impetus was labor shortages, concern for disabled veterans, or both, the Second World War created new employment opportunities for people with disabilities and laid the foundation for a massive expansion of the federal disability bureaucracy.

“ALL ONE-LEGGED MEN AS WATCHMEN, ALL BLIND PERSONS AS BROOM-MAKERS”: BEFORE THE SECOND WORLD WAR

Reflecting on the decades prior to World War II, Theodore Brimm of the United States Employment Service (USES) wrote, “There was a time when even placement officials looked at all one-legged men as watchmen, all blind persons as broom-makers, and all tuberculous [sic] persons as able to do ‘light, outdoor work’ only.” Brimm’s reminder
that in the recent past even professional job counselors placed people with disabilities in stereotypical, token jobs, regardless of their abilities or interests, only begins to suggest the multiple levels of employment and social discrimination that people with disabilities encountered in the decades that preceded World War II. During those decades, people with disabilities increasingly caught the attention of policymakers and reformers, but this new awareness of disability did not always benefit disabled people.

The late-nineteenth and early-twentieth century brought dramatic economic, social, and political change as Americans confronted industrialization, urbanization, a new wave of immigrants, and the rapid growth of technology. A myriad of middle-class social reformers, politicians, and business leaders responded to these tensions of modernization by advocating for “Progressive” reform. These Progressive reformers sought to use the power of the local, state, and federal governments and the wisdom of experts and professionals to curtail the excesses of capitalism. Progressives’ quest for social and economic justice led to laws that protected consumers, regulated the employment conditions of women and children, and prohibited unfair economic competition.10

The Progressive movement, however, proved to be a double-edged sword for people with disabilities. Reformers pushed to make education available to children with disabilities and worked to create employment opportunities for adults with disabilities. As historian Brad Byrom suggests, the term “cripple” indicated more than physical and mobility impairments. It suggested “economic dependency,” and for these reformers, this dependence on charity made people with disabilities “immoral characters who siphoned off the lifeblood of the economy.”11 At the same time, progressives’ faith in science gave
weight to the eugenics movement, which, in its more extreme manifestations, questioned the right of people with disabilities to reproduce.

The Progressive Era, according to Byrom, marked a new departure in social and medical thinking about disability. Reformers of the age called for the “rehabilitation” of people with disabilities, but rehabilitation did not represent a monolithic movement. Within the philosophy of rehabilitation, reformers worked from both older religious and new medical and scientific conceptions of disability. Because these reformers held no single understanding of disability, they advocated both medical and social solutions to the problem of disability. Paralleling policy debates that emerged in the late-1940s and 1950s, “Social rehabilitationists,” as Byrom calls them, argued that society needed to change to accommodate people with disabilities, while “medical rehabilitationists” emphasized the disabled individual and the need to correct the individual through surgery or other interventions.12

Rehabilitation quickly came to be understood in terms of work, and even programs for disabled children emphasized vocational training. While reformers in the movement disagreed about how to best to solve the problem, all rehabilitationists agreed that unemployment was the most significant problem disabled people faced. Work served as the defining characteristic of male citizenship, and willingness to work divided the deserving from the undeserving poor. “To rehabilitationists,” Byrom argues, “dependent cripples symbolized the antithesis of American citizenship, challenging America’s identity as the land of opportunity.”13

With its focus on work the Progressive Era rehabilitation movement pushed ideas about charity and the differences between the deserving and undeserving poor that
emerged in the Gilded Age one step further. In the 1870s, a group of reformers sought to change the nature of charity in the U.S. Through their program of “scientific charity,” they advocated a series of measures to separate the deserving from the undeserving, cut down on financial assistance to the poor in general, and end relief payments entirely to anyone who fell in the category of undeserving. In the place of financial aid, they promoted poorhouses, and they employed labor tests—asking a man to chop wood, for example—to distinguish those worthy of aid from the unworthy. Able-bodied men who refused to chop wood fell into the later category. While disabled men might be deserving of charity and assistance, the Gilded Age also witnessed growing restrictions on begging. So ingrained in the minds of many Americans was the connection between disability and begging that numerous cities across the country adopted anti-begging ordinances that specifically banned individuals who were “diseased, maimed, mutilated, or deformed in any way, so as to be unsightly or disgusting” from being seen in public.14 Where the ability to work had set the deserving and undeserving apart in the Gilded Age, reformers in the Progressive Era increasingly believed that even disabled men should work.

As much as reformers began to rethink the meanings of disability in the Progressive Era, they also pushed the federal and state governments to pass laws, compensating and aiding the disabled victims of industry and warfare. While the federal government had always provided some sort of compensation to disabled veterans through “invalid” pensions, the rise of industrialization and the crippling toll of industrial accidents changed the scope of the problem and necessitated new state-sponsored approaches to disability. At the behest of reformers, who sought to ease the plight of workers and curb the great excesses of industrial capitalism, states began to adopt workers’ compensation
laws. By 1920 forty-five states had adopted workers’ compensation. These laws varied from state to state, but generally required employers to provide monetary restitution for victims of industrial accidents. Some state laws provided for artificial limbs or other devices that would allow the injured person to return to work, but none of these early compensation laws offered job-training for the newly disabled worker. Employers purchased accident insurance to pay for compensation claims. Workers’ compensation laws, however, quickly provided employers with a major justification for excluding people with disabilities from work. Employers feared that disabled workers would suffer from accidents more frequently and that these accidents would be more serious, possibly leading to total disability. Further, employers feared that they would be forced to pay for old injuries if new ones occurred on the job. Consequently, employers often viewed people with disabilities as costly insurance and compensation risks.\(^{15}\)

Just as Progressive reformers sought to make the system of awarding compensation to victims of industrial accidents more efficient and fair than the old common law system of litigation, these reformers also addressed veterans’ disability pensions during World War I. With the War Risk Insurance Act of 1917, the federal government attempted to provide financial security for disabled veterans who faced systematic discrimination in the labor market and veterans with more severe disabilities who were unable to work. According to scholar K. Walter Hickel, policymakers turned to physicians to offer “precise” measurements of the degree to which a given disability diminished an individual’s ability to work. In its reliance on physicians to measure a person’s percentage of disability, the War Risk Insurance Act established physicians as “the gatekeepers to benefits.”\(^{16}\)
World War I also provided an opportunity for the rehabilitation movement to establish a national rehabilitation program. While the War Risk Insurance Act worked to solidify the connection between physicians and people with disabilities, Congress closed physicians out of the national rehabilitation program. The large number of soldiers disabled during the war pushed the policymakers into action, and Congress passed the Vocational Rehabilitation Act of 1918, or the Smith-Sears Act, to help train disabled soldiers for new jobs. While surgeons and physicians in the military sought to extend their authority out of the hospital and into the process of fitting disabled soldiers for work, Congress, instead, vested the Office of Education with the responsibility of training disabled soldiers for employment, effectively separating medical and vocational rehabilitation in federal policy. In 1921, Congress moved the veteran rehabilitation program to the new U.S. Veterans Bureau, the forerunner to the Veterans Administration (VA). Utilizing the resources at hand and cooperating with trade schools and other organizations, the Veterans Bureau rehabilitated 129,000 veterans, finding gainful employment for 125,000.\textsuperscript{17}

Still troubled by “the alarming growth of the problem” of disability in industry and plagued by the realization that “compensation benefits were in themselves inadequate, since they did not provide a margin whereby the disabled worker could fit himself for employment when his physical disability prevented return to work,” reformers continued to push for a rehabilitation program for civilians.\textsuperscript{18} Already by 1920, six states offered rehabilitation for people disabled in industry, and another six states had passed similar legislation but had yet to develop operational programs. The federal government expanded its rehabilitation program to civilians with the Industrial Rehabilitation Act of 1920, commonly referred to as the Smith-Fess Act. The new law provided counseling on
educational opportunities and medical services for “persons disabled in industry or otherwise” to promote “their return to civil employment.” While the federal government fully funded veterans’ rehabilitation, the Smith-Fess Act placed more of the burden of rehabilitating civilians on the states. Further, the law placed the administration of the civilian program in the federal Office of Education, forcing states with existing programs, like Massachusetts, to move the administration of their vocational rehabilitation programs from various industrial, safety, and workmen’s compensation commissions to the states’ boards of vocational education.¹⁹ With employment as the goal, rehabilitation professionals through the Smith-Fess Act accepted only people with disabilities who had a substantial likelihood of finding jobs; therefore, the most severely disabled, women, and minorities were typically excluded, with the average rehabilitation recipient being a thirty-one year old, white man. Before 1942, the civilian rehabilitation program never served more than 15,000 people annually (see Figure 1.1).²⁰

Many of the same Progressive Era beliefs that fueled new policies for people with disabilities also helped to popularize eugenics. Proponents of the eugenics movement—a movement fueled by scientific advances in understanding heredity intertwined with Social Darwinist thought—sought to protect the health and vitality of the nation through social policies aimed at promoting the births of “desirable” people and restricting the births of “undesirables.” These undesirables sometimes included criminals, paupers, people with disabilities, and racialized others. Eugenicists took both positive and negative approaches to improving the national stock. “Positive” eugenics included programs aimed at improving maternal health, encouraging “desirable” marriages, and stamping out sexually-transmitted diseases like syphilis. “Negative” eugenics included restrictions
on marriage and immigration, institutionalization, involuntary sterilization, and occasionally on the extreme end, euthanasia of “undesirables” infants. Whether in its “positive” or “negative” forms, the eugenics movement cast people with disabilities as social sinners akin to paupers, criminals, and sexual deviants. Because people with disabilities could pass their dependency to future generations, eugenicists viewed them as embodying twin dangers to the economic and physical health of the nation.

The rise of the Progressive and eugenics movements after 1900 made marriage and divorce increasingly a matter of state concern, requiring regulation and restriction. States not only restricted marriage between races but also occasionally banned people with certain types of disabilities or sexually transmitted diseases from marrying. By 1912, some thirty-four states prohibited “lunatics” from marrying, and sterilization of men and women judged undesirable also gained widespread support. Marriage restrictions and sterilization, as historian Morton Keller maintains, “reflected both a desire for social control stoked by class and ethnocultural tensions, and confidence in the capacity of social science-driven policy to create a purer, more rational society.”

In 1907, Indiana passed a sterilization law that allowed two surgeons and the chief physician of mental institutions to sterilize patients without their consent. By 1922, fourteen other states had passed similar laws. The judiciary increasingly accepted the practice, and in 1927, the Supreme Court upheld Virginia’s sterilization law in *Buck v. Bell*. By 1930, twenty-four states had sterilization laws. In California alone, some 16,056 persons were sterilized by 1935. While the nation’s sterilization laws chiefly targeted people with mental and intellectual disabilities, state institutions also sterilized countless people with physical disabilities, particularly epileptics, who had been unfortunate enough to be placed in such an institu-
tion. Progressive Era restrictions on marriage and fertility, in many cases, legalized social discrimination against people with disabilities.

Beyond marriage restrictions and involuntary sterilization, discussion about euthanasia also emerged during the 1910s. As historian Martin S. Pernick demonstrates, in the wake of Dr. Harry J. Haiselden’s public admission that he allowed the severely disabled Bollinger Baby to die without treatment, a public debate about euthanasia ensued. During this debate, numerous physicians admitted that they too had allowed or speeded the deaths of other disabled infants. Haiselden also wrote *The Black Stork*, a film which drew on the Bollinger case and promoted both eugenics (“better-not-born”) and the euthanasia (“better-off-dead”) of severely disabled infants. While the euthanasia of disabled infants represents an extreme manifestation of eugenics, it certainly suggests that through the eugenics movement Americans raised questions and made judgments about the quality of life people with disabilities could have and how their lives would impact the nation.

While the Progressive faith in science gave credence to the eugenics movement, Progressive reformers continued to push for programs to protect citizens from the excesses of capitalism. During the New Deal, the Progressive idea of social insurance finally came to fruition. The Social Security Act of 1935 launched a system of old age pensions and unemployment insurance, established Aid to Dependent Children, and provided grants to the states to support relief payments to needy blind citizens and to improve the effectiveness and availability of medical services for disabled children. Additionally, the Social Security Act provided increased funds for the civilian rehabilitation program. In 1939 in a broad reorganization of the executive branch, President Franklin Delano Roo-
sevelt charged the new Federal Security Agency (FSA) with the administration of the civil- 

Despite his own disability, President Roosevelt refused to act on discrimination against people with disabilities in New Deal programs. The Works Progress Administration (WPA), established in 1935, and other work relief programs often excluded people with disabilities. Through its program of jobs for some and relief payments for others, Roosevelt’s New Deal distinguished between those who should and those who should not work. In New Deal policy, people with disabilities fell into the latter category along with women and children, who were largely viewed as natural dependents. This distinction had significant ramifications for people with disabilities who wanted to work. In an economy devastated by depression, jobs were difficult to come by for unemployed able-bodied men, but employment discrimination made it even more difficult for people with disabilities. Excluded from federal work relief programs and facing significant discrimination, people with disabilities often had to turn to direct relief programs that implemented a demeaning means-test. Countless disabled citizens appealed to the president, protesting their exclusion from the WPA and similar work relief programs. For example, with slogans like “We Don’t Want Tin Cups. We Want Jobs” and “We are Lame but We Can Work,” disabled New Yorkers formed the League of the Physically Handicapped to challenge discrimination in both the WPA and the federal civil service. These activists argued that widespread discrimination by employers gave the government a special responsibility to ensure fairness for people with disabilities in federal work relief programs and employment. The League was successful in winning some fifteen hundred work relief jobs for New Yorkers, but it gained no national concession. In fact, the WPA main-
tained its policy of excluding people with disabilities. Despite the challenge of League members, it would take a war and a labor shortage to force the federal government to begin to rethink its relationship to the nation’s disabled citizens.

REHABILITATING CIVILIANS FOR THE LABOR CRISIS AND VETERANS FOR THE POSTWAR ERA: WARTIME FEDERAL DISABILITY POLICY

By October 1942, President Roosevelt understood the necessity of employing people with disabilities. On Columbus Day that year, he gave a speech calling on people with disabilities to report to factories and employers to hire them. The labor of all types of people, including people with disabilities, he said, would be vital in winning the war. During the Second World War, the federal government established a variety of policies to promote the employment of people with disabilities. Officials in the United States Employment Service (USES) developed specialized services for people with disabilities, and Congress voted to expand rehabilitation policy and to launch a massive investigation of the social, economic, and educational problems people with disabilities faced and the local, state, and federal aid they received. Policymakers began these initiatives in hopes of maintaining war production, easing the plight of soldiers who became disabled in service to their country, and fostering full employment in the postwar era.

As early as May 1940, the Federal Security Administrator expressed concern to the President over the labor situation. “The expansion of war industries,” he warned, “is already creating local shortages of skilled labor.” Wayne Coy, who was at the time the acting Administrator of the Federal Security Agency (FSA), argued that the government must begin recruiting and placing skilled workers through the USES. “In addition to re-
“There must be an enlarged program for training new workers and for restoring older workers whose skill or health may have been impaired.”

The realization that a shocking number of men at draft age were unfit for service in the Armed Forces aroused fears about impending manpower shortages on the home front and in the battlefield. Already by October of 1941, Lewis B. Hershey, Director of the Selective Service System, told the President that nearly 50 percent of the some two million registrants examined by the Selective Service had been disqualified “because of physical, mental, or educational reasons.” Of the 900,000 physical rejectees, Hershey believed that only 200,000 could be made fit for service. All told, of the eighteen million American men examined by the Selective Service, four million were rejected for physical or educational reasons, and another two million were rejected for mental reasons. Of course this number reflects a variety of causes, from illiteracy to bad teeth to homosexuality, and very high standards for judging fitness. But it also included disability. Officials were not only shocked at the realization of the prevalence of disability. They were also cognizant of the fact that many new disabilities would be created as a result of war.

Shortly before the War Production Board absorbed the functions of the Office of Production Management (OPM), the OPM committed itself to promoting the employment of people with disabilities in war work, justifying its policy in the name of releasing physically fit men for military service and providing more laborers for war industries. Of course the issue of disabled veterans was not lost on OPM officials. “As a by-product,” they wrote, this policy “may also supply experience that will facilitate the adjustment to industrial and civilian life of soldiers and sailors injured in the war.” According to OPM
officials, “This is a patriotic service that deserves the full cooperation of labor, industry and government.”

The OPM directed a large portion of its disability policy at the USES, charging the agency with the greatest responsibility in convincing employers to hire people with disabilities. To achieve its policy goals, the OPM called on the USES to establish specialized services for disabled workers, to work more closely with rehabilitation officials at the national, state, and local levels, and to foster relationships with private agencies that serviced people with disabilities and draw on their expertise in the field of disability. Further, the OPM instructed USES officials to study the employment of people with disabilities in war industries and to develop “occupational analyses showing what trades and occupations in war industries may safely be performed by various types of handicapped or disabled persons.”

The OPM also established disability policies for the National Labor Policy Committee, the rehabilitation service, the United State Public Health Service, and private agencies serving people with disabilities. Officials in the National Labor Policy Committee were called upon to convince industry and labor of the necessity and virtue of employing disabled individuals in war work. The OPM advised rehabilitation officials to “intensify” their efforts to bring more people with disabilities into the war labor market. It asked the Public Health Service to investigate and issue reports about public or private agencies that were or could be made ready to provide surgical or medical services to make people with minor disabilities ready for war work. Finally, OPM officials called on private agencies to focus their energies on the immediate goal of readying disabled people to contribute to the war economy.
While the OPM eventually faded into the administrative woodwork, it was not the only government agency hoping to promote the employment of people with disabilities. On December 12, 1941, the President called on the FSA to create a proposal to improve the rehabilitation service. By the end of February 1942, the Federal Security Administrator, Paul McNutt, had prepared a detailed program for people with disabilities. In a series of meetings, memorandums, conferences, and letters, the administrator, the president, and the director of the Bureau of the Budget struggled to establish an improved program.\(^3^6\) The inefficiency of the rehabilitation service, the slow pace of the rehabilitation process, and the fact that officials did not know to any great degree of accuracy the magnitude of the problem compounded this struggle. The service as it existed in 1941 and 1942 rehabilitated only 15,000 to 20,000 persons a year and placed only one in three in a job. Further, the USES could only estimate that some 20 percent of its four million applicants had some sort of disability that contributed to their unemployment. Little information was available as to the extent and nature of those disabilities, and even less was known about people with disabilities who had never registered for employment.\(^3^7\)

Many of the FSA’s suggestions echoed the OPM’s policy, deviating only in the fact that McNutt proposed a much broader policy. McNutt agreed with OPM officials that industry had to be convinced of the usefulness of disabled workers and the necessity of their employment. He, too, believed that the USES would a logical place to start implementing a broader disability policy. Whereas the OPM policy had only hinted at providing therapy and prostheses, McNutt argued that those services “must be extended and prostheses supplied.” He maintained that the rehabilitation process should be shortened, new rehabilitation officers and placement officials had to be trained, and trade schools
should be encouraged to accept more disabled applicants. The immediacy of the problem, McNutt insisted, necessitated that the federal government pay for the lion’s share of the program.\textsuperscript{38}

After months of debate and analysis, the Bureau of the Budget and the FSA decided how the rehabilitation service should be reorganized. The agencies called for the establishment of an office of rehabilitation to be housed in the FSA. This office would be charged with rehabilitating civilians with disabilities for the manpower crisis as well as civilians and veterans injured because of the war. Before the war, the rehabilitation service had offered only job training, education, and counseling about the availability of additional services through other agencies. Now the FSA called for an expansion of the definition of rehabilitation “to include, where necessary, medical services and physical repair, prosthetic appliances and mechanical aids.” This plan placed tremendous administrative power in the hands of the FSA administrator to work with other government and private agencies. Wayne Coy of the Bureau of the Budget declared that the present federal and state sharing of rehabilitation would be inappropriate, “because the rehabilitation of veterans and of civilians whose disability is produced by the conduct of war is clearly a Federal responsibility.” The Bureau of the Budget and the FSA, however, recognized that the existing federal-state educational rehabilitation program should be maintained in areas where it was working and supplemented in areas where the program was underdeveloped or non-existent.\textsuperscript{39}

While the administration had firm plans for legislation to improve the rehabilitation program, this plan met stiff resistance in Congress, running afoul of both veterans’ organizations and conservatives. Even before the administration settled on its plan, how-
however, Congress had already begun to consider various measures to address the growing concerns surrounding disability on the home front. Members of both the House and Senate introduced numerous bills, ranging from initiatives to expand Social Security to increased appropriations for the rehabilitation service, but before 1943, none of these measures moved forward. In August 1942, in this climate of increased attention to disability, but relative inaction, Representative Graham Barden (D-NC) and Senator Robert La Follette (R-WI) introduced bills in the House and Senate to codify the administration’s plans for the rehabilitation program. The bills immediately began to generate considerable criticism from both veterans’ organizations and conservatives inside and outside of Congress. While conservatives certainly had objections, in 1942 it was veterans’ criticisms that emerged as the most significant hurdle, and their concerns rapidly led the majority of Congress— liberals and conservatives—to reject the administration’s plans for rehabilitation. In 1942, the issue for veterans was that the bills placed the veteran rehabilitation program under the administration of the FSA, or as Senator Joel Clark (D-MO) put it, “absolutely and boldly raped the Veterans’ Administration of any jurisdiction over veterans’ rehabilitation.” When La Follette realized that he would be unable to push the bill through the Senate during that session, given the widespread criticism and the rapidly approaching end of the session, he approached General Frank Hines, administrator of the VA, to solicit his help in determining what veterans’ objections were and how to address them.

At the beginning of the new session in 1943, Representative Barden and Senator La Follette sought to address the criticisms of veterans by introducing new bills that left the VA administrator in control of veterans’ rehabilitation. The bill, however, encouraged
the administrator to use the civilian program whenever possible and appropriate to accomplish the task of rehabilitating disabled veterans. Both Barden and La Follette justified the need for an expanded rehabilitation—one that addressed the needs of both civilians and veterans—on the basis of six major arguments. First, disabled veterans had already begun to return home, and the VA had no program in place to serve them. Second, the federal government had an important responsibility to aid civilian volunteers who became disabled in the war. Third, as much as it was the federal government’s responsibility to care for disabled soldiers, it would be the federal government’s duty to rehabilitate any civilians who might be injured by enemy attack at home. Fourth, without the labor of disabled civilians who needed rehabilitation to be made fit for work, the nation might not be able to meet the industrial demands of the military. Fifth, the war campaign had sent industrial accidents skyrocketing, and these civilians also deserved aid from the nation who had called on them to serve in an industrial capacity. Finally, passing a single rehabilitation bill would reduce waste and duplication and would save money.43

Altering the bill did little to calm veterans’ objections. The Disabled American Veterans (DAV), the American Legion, and the Veterans of Foreign Wars (VFW) all came out against the bill. Omar B. Ketchum, nation legislative representative of the VFW, explained that his organization had no objection to civilians receiving rehabilitation, but that they were “unalterably opposed to the inclusion of such persons in a bill which covers the rehabilitation of war veterans.” American Legion members sent a flurry of letters in opposition to any effort to “combine” civilians and veterans in a single bill. Senator Clark, himself a veteran of the First World War, complained that the bill tangled “the special rights of the veterans” with the question of the federal government’s obliga-
tion to civilians. In the end, La Follette and Barden removed the provisions for dealing with veterans’ rehabilitation from their bills, and the House and the Senate passed a completely separate veteran rehabilitation bill in March, which the president quickly signed law.\(^{44}\)

While the issue of the veteran rehabilitation program seemed settled, when the House and the Senate returned to the issue of civilian rehabilitation, the question of veterans’ rights continued to hobble the civilian bill. Veterans had almost entirely been removed from the measure, but Barden sought to ensure their special access to the civilian program in case they did not qualify for the VA’s assistance, which was the case for veterans with disabilities not certified by the VA as service-connected. Veterans now launched a campaign to be removed from the civilian bill entirely. After much debate, Barden relented to their opposition and allowed an amendment to remove veterans from his bill. With the veteran-civilian issue settled, the civilian bill suffered an onslaught of conservative attacks that centered on the power the FSA administrator would have in relation to the states and the funding of the bill. In the end, a watered-down version of the bill passed both Houses in June, and President Roosevelt signed the bill into law on July 6.\(^{45}\)

The Vocational Rehabilitation Act Amendments of 1943, commonly referred to as the Barden-LaFollette Act, established an office of rehabilitation in the FSA. In 1943, the FSA launched a dramatic restructuring of the bureaucracy of civilian rehabilitation to implement the expanded vision of rehabilitation. In September, the FSA established the Office of Vocational Rehabilitation (OVR) to coordinate the civilian rehabilitation program. Beyond creating standards of service, providing technical assistance to the states,
and approving funds for state rehabilitation programs, the main objectives of the office were to guide people with disabilities into war production and to establish a foundation for their continued employment during peacetime. To facilitate these two goals, the Barden-LaFollette Act broadened the scope of services available under the law, opening the door to a wider conception of what the rehabilitation process could mean. Beyond job training, the rehabilitation service could now begin to address the broader educational, vocational, medical, and psychological needs of people with disabilities.  

Under the Barden-LaFollette Act, the rehabilitation service provided disabled civilians with a number of services at no charge, including counseling, job training, and job placement. The rehabilitation service also provided free medical examinations to determine a person’s eligibility for the program. If an eligible disabled person could not afford medical treatment or hospitalization or needed prosthetic devices to improve his or her employability, the rehabilitation service ostensibly provided these services. Additionally, the rehabilitation service could provide financial support, supplies, tools, and other equipment for needy people with disabilities to attend vocational schools or universities. Thus, civilian rehabilitation became a form of means- and medical-tested aid. The Barden-LaFollette Act also established special services for blind people, civilian employees of the U.S. government, and civilians disabled in the conflict. Finally, the legislation altered the financing of rehabilitation. Under the new system, the federal government paid for all state administrative costs, while the federal government and the states shared the costs for treatment and training people with disabilities. The federal government, however, absorbed all costs for treating civilians with war-related disabilities, including volunteers injured abroad and people disabled in civilian defense.
With the Barden-LaFollette Act in place and the wartime focus on filling labor shortages, the efficiency and pace of the rehabilitation service began to rise. In the climate of labor shortages, placements of disabled workers through the USES also climbed dramatically. Figures 1.1 and 1.2 show the wartime increases in both the number of people served and expenditures on rehabilitation. Rehabilitation also produced remarkable economic returns during the war. Of the 43,997 people with disabilities rehabilitated and placed in industry between July 1943 and June 1944, roughly 30 percent had never worked before, and almost 90 percent were out of work when they applied for rehabilitation services. According to the *Monthly Labor Review*'s tabulation, the average monthly
income of the group exceeded $6 million. A single month’s income of these rehabilitants surpassed all federal and state expenditures on rehabilitation for the year.48

**Figure 1.2. Federal, State, Local, and Private Expenditures on Rehabilitation.**

While the Barden-LaFollette Act laid the groundwork for a dramatic restructuring of civilian rehabilitation, the veteran rehabilitation program also witnessed substantial changes. Vice Admiral Ross T. McIntire, Surgeon General and Chief of the Bureau of Medicine and Surgery of the Navy, argued that during World War II the military “approach[ed] the rehabilitation program in a much more sensible light than we did in World War I.” For McIntire, the imperative of the VA’s expanded rehabilitation program was
that any “man who comes back from this war, who has been unfortunate enough to be injured, . . . must be made to understand that the pension he receives . . . is not something to allow him just to sit back or to eke out an existence, but that . . . he should be a useful citizen and make his way, earning his living.”

With the goal of restoring disabled veterans to civilian employment and useful citizenship, the VA established a vocational counseling program to accompany the administration’s vocational rehabilitation, education, and training programs. In 1943, the Federal Civil Service created the position of vocational counselor. Guidance centers were established at educational institutions across the nation, beginning at New York’s City College in June of 1944. The VA placed counselors in its hospitals where they began the examination process before veterans had been discharged from the hospital to speed reentry into the workforce. The military devised an operational model in the April 1945 *Manual of Advisement and Guidance*. Counselors reviewed the client’s work, school, and training history and utilized interviews and psychological tests to gather data, which they synthesized into recommendations for an occupation. Further, the VA drew on the established services of colleges, universities, and training programs run by employers. Employers offered vocational training in at least two of the larger military hospitals. While they were still in the hospital, disabled veterans participating in these programs received job training, so they would be ready for their new jobs as soon as they left the hospital.

To encourage disabled veterans to take advantage of the occupational training available to them, the VA provided for the financial security of disabled veterans in training. Veterans not only received pensions during their training, but they also received increased pensions for two months while they looked for jobs. The VA additionally author-
ized employers to pay disabled veterans during training programs. Disabled trainees could receive loans of up to one hundred dollar from the VA for incidental expenses not covered by the military. Finally, any injury or aggravation of an injury sustained during VA occupational training counted as a battle injury for pension purposes.52

While more comprehensive than civilian rehabilitation, the VA program was not without flaws. By August 1946, the USES had a backlog of over 200,000 applications from disabled veterans. The *Monthly Labor Review* estimated that it would take more than 20 months to place those veterans.53 In 1957, C. Harold McCully, writing for the *Personnel and Guidance Journal*, argued that the slow placement rate of veterans during the war and in the immediate postwar period grew out of an under-experienced, under-trained staff with an overwhelming influx of cases. The VA had extremely flexible educational and training requirements for its counselors because of the urgency of the need for more counselors. The immediate needs of disabled veterans, McCully argued, afforded little time to development a strong program from the start. Within two and one-half years, the caseload for these new counselors exceeded 50,000 veterans per month.54

By 1944, the problem of finding employment for disabled veterans began to out-weigh the drive to place disabled citizens in war work. That year, the *Monthly Labor Review* reported that the manpower shortages of the war had made the placement of people with disabilities necessary, but officials believed that many of these disabled workers would leave their jobs at the close of the war. The labor market, however, would face new challenges as some veterans would return “disabled and unable to fill the jobs they left.” With disabled veterans in mind, the Bureau of Labor Statistics (BLS), in cooperation with the VA, the War Manpower Commission, the OVR, and the FSA, launched a
comparative study of disabled and able-bodied workers to ascertain “how successful the
disabled men and women have been, whether they have been able to maintain the produc-
tion pace, and what the problems have been in their employment.”

The BLS poll of 300 businesses, employing a total of 63,382 people with disabili-
ties, found that disabled industrial workers were, on average, as efficient as their non-
disabled counterparts, with 87 percent of disabled workers being on par with their able-
bodied peers, 8 percent being more productive, and only 5 percent being less efficient
than non-disabled workers. The Bureau’s survey revealed that 49 percent of disabled war
workers had a better attendance record than their non-impaired peers, and 44 percent
were at par with the non-impaired employees, with a mere 7 percent of the people with
disabilities being absent more frequently. The disabled worker experienced fewer acci-
dents than his able-bodied peers: 51 percent of workers with disabilities experienced
fewer mishaps, and 38 percent were found to be as accident prone as their counterparts;
only 11 percent experienced more accidents than their able-bodied peers. According to
the BLS, disabled war workers were more dependable employees and less likely to seek
different employment, with 58 percent of people with disabilities having a lower rate of
turnover, 31 percent having a record equivalent to their able-bodied peers, and a mere 11
percent being more likely to seek work elsewhere. The management of a company that
employed numerous people with disabilities during the war told the BLS that the com-
pany employed people with disabilities because of labor shortages and because they were
“preparing for the return of boys in the service who may come back with some degree of
physical impairment.”
During the war years, Congress did much to alter federal disability policy. Congress not only expanded the rehabilitation programs for veterans and civilians in 1943 but also launched a massive investigation of the problem of disability in the United States. In 1944, the House Subcommittee on Labor established the Subcommittee to Investigate Aid to the Physically Handicapped. Over the course of two years, the subcommittee amassed a substantial record of the problems people with disabilities encountered and the types of federal, state, and local aid they received. Chaired by Augustine B. Kelley (D-PA), the subcommittee interviewed employers, government officials, physicians, social workers, disability activists, and labor leaders. In their questioning, subcommittee members emphasized the war emergency and planning for the immediate postwar era. To that end, they collected information on war employment, employment possibilities, education, vocational training, health care, and safety for people with disabilities. The subcommittee collected thousands of pages of testimony, laying a solid informational foundation for postwar policy. Employer and industry testimony figured heavily into subcommittee hearings, revealing new attitudes about disability among employers.

“FOR THE BOYS WHO COME BACK FROM COMBAT” AND “THE CAPABLE HANDICAPPED”: INDUSTRY AND THE DISABLED CITIZEN AND SOLDIER

With the beginning of hostilities, officials at the Bulova Foundation grew concerned about their employees who left to join the armed services. Officials promised their employees that they would have jobs with Bulova when they returned. Certain that some of their own employees and many others would return disabled, Bulova officials established the Bulova School of Watchmaking to train disabled veterans in watch making and repair. “We felt that it was our duty,” Arde Bulova, Trustee of the Bulova Foundation,
argued, “to do whatever our facilities permitted to show our appreciation for the sacrifices so willingly made by our coworkers and their fellow servicemen.”

Officials at the Bulova Foundation coordinated with the VA, the War Manpower Commission, and the War Production Board to build a program that would benefit the most disabled veterans. Military surveys revealed that many servicemen would suffer from injuries that would leave the hands and sight unimpaired; therefore, Bulova officials believed that “no matter how serious the injuries might be,” they “could develop, by training and encouragement, skilled artisans in our craft who could service timepieces and related devices expertly and completely.” Planners worried about the fact that they had promised to return jobs to veterans who worked for them prior to joining the military, and they did not want to dismiss all of the people they had trained during the war. Bulova officials assumed, however, that most veterans would want to return to their home communities. The essence of the Bulova plan, then, was to train disabled veterans in New York City and find them jobs in their home communities through their product distribution agencies. Officials at Bulova planned to use their school to train other people with disabilities after the need to train disabled veterans subsided.

Arde Bulova believed that the project presented numerous benefits to local communities and the national community as a whole. The weight of caring for people with disabilities fell on families and communities, he asserted, while “training them for profitable careers makes them an asset to themselves and their communities.” For Bulova, any program that both released families and communities from the responsibility of caring for people with disabilities and, at the same time, gave people with disabilities the tools to
play a role in the betterment of their families and the nation was “a contribution to the economic advancement of all” and to the maintenance of “public stability.”

The Bulova enterprise demonstrates that as federal policy underwent dramatic change during World War II, so too did employer policies toward people with disabilities. Before the labor shortages of the Second World War, many large businesses and industries retained established employees who became disabled on the job or at home. Some even made an effort to hire people with disabilities. In most cases, these efforts were sporadic and paled in comparison to the number of people disabled each year in industry, on the highways, and because of disease. Many longstanding firms developed experience in employing people with disabilities during the First World War, but this experience rarely extended into a sustained effort to provide continued employment opportunities for disabled workers. The manpower crisis of the Second World War combined with powerful patriotic sentiment for returning disabled veterans to create a new climate of employment opportunity for people with disabilities. While the manpower crisis forced many employers to hire people with disabilities, a sense of debt to the young men who had sacrificed life and limb for the country prompted many employers to launch massive programs to provide people with disabilities a chance at economic and civic independence.

Bulova was not alone in establishing elaborate programs to bring people with disabilities into the workforce. Dr. H. A. Vonachen, medical director of the Caterpillar Tractor Company in Peoria, Illinois, reported, “The problem of the handicapped first became apparent in Peoria immediately following Pearl Harbor, at which time we realized that later on we would have a great number of boys coming back from service with handi-
caps.” Officials at Caterpillar analyzed all of the jobs within the company to ascertain what positions could be filled by people with disabilities. By 1945, people with disabilities made up 10 percent of Caterpillar’s workforce, and Vonachen emphasized that Caterpillar’s statistics counted individuals with serious disabilities, “not those particular individuals with a finger off or some other minor defect.” With their success and the realization that “no one industry in any single community could solve the handicapped problem” in mind, officials at Caterpillar launched the Peoria plan.62

Contacting other businesses and industries through the Peoria Manufacturers’ Association and the Association of Commerce; military, religious, and community organizations; and the American Federation of Labor and the Congress of Industrial Organizations, officials at Caterpillar built broad-based community support for a program to increase the employment of people with disabilities in the area. Some 84 organizations in Peoria joined the program and pooled resources to hire a job counselor to survey employment opportunities for people with disabilities in Peoria itself as well as Peoria and Tazwell Counties. As disabled veterans began to return home to Peoria, the community expanded the program, bringing community and government resources together. Officials in the War Manpower Commission, USES, the Selective Service Administration, and the VA participated in the program, offering disabled participants additional counseling services. Vonachen emphasized that the program was one of community education and action. Participants in the Peoria plan attended luncheons and meetings and even produced a film that was viewed by more than 800,000 people to “sell” the project to the community and the broader industrial world.63
Similarly, Charles Heinz of H.J. Heinz Company reported that while his company “always had a policy of fairness to the physically handicapped,” World War II had forced the company to consider the policy more carefully. “Of course we have, like practically every other industry,” Heinz reported, “given the subject of placing the handicapped a lot more thought because of the possibility of getting some of our returned veterans back in a disabled condition.”

By contrast, other employers came to employ people with disabilities only when faced with labor shortages. An L. A. Young Spring & Wire Company official testified that the company never had to look for employees before the war, but with the war, many of their employees joined the armed forces or went elsewhere. Labor shortages and turnover forced the company to rethink the physical requirements for each job. Of the company’s 2,500 employees, between 150 and 200 were people with disabilities. Like many firms, L. A. Young Spring & Wire found ways to turn disabilities into advantages for the company. “Not long ago,” a company official remarked, “we had an example, where the foreman complained of one of his sweepers talking too much and bothering the rest of the help. Fortunately, we had a deaf mute come in and we put him to work on that job. The job is done, and the man is satisfied, and it is something he can do. This is typical of what is going on out there.”

Similarly, in August 1943, the Westinghouse Electric Corporation issued a directive for company officials to find employment opportunities for people with disabilities within the corporation. W. Wesley Cooley, Westinghouse supervisor of industrial training and veteran reemployment, reported that, while the corporation had always employed some people with disabilities, labor shortages forced the company to undertake more
concerted efforts to employ people with disabilities. Westinghouse produced two monthly publications for its employees in the military, one of which featured disabled servicemen who returned to civilian life and employment at Westinghouse. Cooley called this “an assurance to the veterans that when they come to the corporation, we are interested in their welfare, and that we have hired physically handicapped servicemen.”

Likewise, Frank Livingston, Personnel Director of Liggett Drug Company testified that the company hired people with disabilities first for “the maximum utilization of all available manpower” and then with the thought that some of their employees might return disabled.

The manpower crisis and a sense of debt to disabled veterans often intertwined to create employment opportunities for people with disabilities, veterans and civilians alike. While some employers launched disability employment programs for disabled veterans that happened to benefit people with disabilities during the war, others turned to people with disabilities only when labor shortages made it necessary to do so. But, this successful wartime employment of disabled workers often led employers to establish programs for disabled veterans.

Paul Gilbert, Personnel Director of Grumman Aircraft Corporation, reported that his company had long made it a practice of fitting a “reasonable number” of people with disabilities in jobs. The war dramatically expanded Grumman’s labor needs from roughly 800 workers in 1940 to 25,000 in 1944, and in 1944, Gilbert told Congress that Grumman employed more than 100 people with disabilities. He testified that Grumman had already made plans with one of the Navy’s hospital to train disabled sailors for jobs in the aircraft industry.
F. A. Fredenburgh, Director of Industrial Relations at Loft Candy Corporation, told Congress that during the war his company began hiring around 40 or 50 people with disabilities out of about 3,500 total employees. Fredenburgh reported, “They are doing a very satisfactory job. Their regularity and dependability as compared with the absenteeism which is so typical in nonessential industry has commended them to us.” Loft Candy worked with the VA to establish a training program for disabled veterans. Fredenburgh believed that the end of the war would allow significant growth in the candy business, enabling his company to “absorb” a significant number of disabled veterans, as many as 10 percent of their future workforce.69

Still other employers had some experience employing people with disabilities from the First World War. Goodyear and Firestone in Akron, Ohio began hiring a few deaf workers shortly before the First World War, but labor shortages in 1916 forced the companies to recruit deaf workers aggressively. From 1916 to 1920, the companies drew around one thousand deaf men and women to Akron for work in the rubber industry, but the end of the wartime boom gave way to massive cut backs of deaf and hearing workers in 1920. The interwar years brought no real improvements, but the Second World War revived Akron’s deaf community. During World War II, some 800 deaf men and women worked at Goodyear and Firestone.70

In the wake of the First World War, Henry Ford, “impressed with the results of the employment of World War I veterans,” launched a program to hire more people with disabilities. Ford had surveys made of the communities where his plants were located and instructed his managers to hire the same proportion of people with disabilities as in the community at large. Ford’s disabled workers included blind people, epileptics, and ampu-
tees, but he also included anyone whose health varied slightly from a very strict “nor-
mal”. Included among his “medical cases” were people with dermatitis, bronchitis, acne,
and nasal conditions. While Ford Motor Company certainly offered opportunities to
many people with disabilities between the wars, his efforts were exceptional. Few em-
ployers of people with disabilities in the interwar years had highly developed programs.
Most suggested that they had been fair to their own employees who had been injured on
the job and to people with disabilities who had approached them for work.

For example, International Business Machines Corporation (IBM) reported that
the firm began hiring people with disabilities more than twenty-five years before World
War II, but its representative Michael Supa admitted, “The war has hastened the absorp-
tion of the capable handicapped individual into industry.” In 1942, the company em-
ployed only a small number of disabled workers, but by 1944, people with disabilities
constituted about 3 percent of their workforce. The House Subcommittee investigating
aid to people with disabilities commended IBM’s program, but IBM chief Thomas J.
Watson said that the praise “embarrassed” him. On the drive to the committee meeting,
he and other company officials spent the time “finding fault with each other because we
had not done more.”

Even Henry Ford, whose disability policies had been so progressive in the years
following World War I, found more to do during the Second World War. Representatives
of the Ford Motor Company reported that the company employed 11,300 people with
disabilities as of October 1944. Additionally, Ford established Camp Legion, a 500-acre
facility in Dearborn, Michigan, to train disabled World War II veterans for employment.
At Camp Legion, Ford provided disabled soldiers with room and board, training, and a
stipend of three dollars a day. Veterans could stay at the facility, “growing strong, preparing themselves for more skilled jobs,” until they were “mentally, physically, and skillfully ready to take a job.”

CONCLUSION

Interrupting testimony in October 1944, Representative Thomas E. Scanlon (D-PA) interjected, “It is really too bad in my opinion that we must have a war to prove to the employers of this country that the handicapped people can work and can do good work if given a chance.” As a member of the Subcommittee to Investigate Aid to the Physically Handicapped, Scanlon had heard volumes of testimony about the wartime boom in employment of people with disabilities. Moreover, people once thought unfit for any type of competitive employment found work during the war. During the same week in December of 1941 that the Japanese bombed Pearl Harbor, 160 men and women with disabilities reported to work each day at the various sheltered workshops directed by the Brooklyn Bureau of Social Service. Rejected by industry and unable to find work outside the sheltered shops, these 26 blind people and 134 people with orthopedic disabilities worked under the guidance and watchful gaze of counselors and social workers. Just three and a half years later, on V-E Day in May 1945, two-thirds of the people who had worked in Brooklyn’s sheltered workshops worked in regular industry. The year before, counselors at the Brooklyn shops found a list of people with disabilities “for whom [they] had had no hope before Pearl Harbor.” In the summer of 1944, 20 of those 36 people “were known to be holding regular jobs with good wages in offices and factories.”
The numbers tell a dramatic story. Placements of people with disabilities through the USES rose from a mere 27,700 in 1940 to a remarkable 297,000 in 1945. Placements of people with disabilities climbed steadily throughout the early years of the war, nearly doubling between 1940 and 1941 and between 1941 and 1942. The War Manpower Commission reported that almost 300,000 people with disabilities received placements from USES in 1944, which nearly doubled the 1943 record. Placements remained near that 1944 rate through the remainder of 1945. In total, USES placed over three quarters of a million disabled men and women during the war. These figures by no means tell the entire story, as they exclude those who found jobs through personal connections, their own initiative, or employer recruitment outside of Employment Service channels. During the war, 83 percent of the nation’s factories had disabled workers on their payrolls.

The brutality of World War II opened an opportunity for people with disabilities. Employers and federal officials understood that the war would create many disabled soldiers to whom the country and its citizens would owe a great debt. To facilitate expansion of the labor force and provide services for disabled soldiers, the government expanded the nature and availability of rehabilitation. Severe labor shortages and government advocacy culminated during World War II to produce massive shifts in the employment of people with disabilities. This climate of industrial need and government advocacy afforded many disabled Americans the vital opportunity to enter the labor force, but many people with disabilities had experienced a wartime boom and a postwar bust once before and looked to the future with uncertainty. Frederick George Fancher, a longtime deaf employee of Goodyear, asserted, “The deaf buy their War bonds like everybody else. When peace comes I hope we still have our jobs and can spend the proceeds of our bonds
for peacetime needs." The gains and losses of the war and fear of an uncertain future would spark disability activism and continued interest in refining federal disability policy.
NOTES


6 Kersten, Labor’s Home Front, 176.


12 Ibid., 133-134.
Ibid., 135.


17 In 1924, Congress passed the War Veterans Act to place limitations on the continuation of the Veterans Bureau rehabilitation program. Under the new law, veterans from World War I could no longer apply for rehabilitation from the Veterans Bureau after 1923.


19 Congress amended the Smith-Fess Act in 1924, 1930, and 1932. These amendments required the Federal Board for Vocational Education to make reports on the vocational rehabilitation of people with disabilities and authorized the board to initiate studies of rehabilitation. Additionally, the amendments called on the state administrators of the rehabilitation service to cooperate with state administrators of workers’ compensation. Finally, the amendments increased appropriations for the program, but placed restrictions on how these funds could be used and established a system of federal-state matching of appropriations. Congress extended the Smith-Fess Act to the Territory of Hawaii in 1924 and Puerto Rico in 1931 and expanded the funding of the program in the Social Security Act of 1935. U.S. Office of Education, *Administration of Vocational Rehabilitation* (Washington, D.C.: G.P.O., 1938), 1-2, 53-58; Office of Education, *Vocational Rehabilitation of the Physically Handicapped*, 1-17; and Scotch, “American Disability Policy in the Twentieth Century,” 381.


22 Keller, Regulating a New Society, 33.


24 See Pernick, The Black Stork, quote on 15.


26 In 1939, President Roosevelt established the Federal Security Agency and transferred the Office of Education and all of its programs to the new agency with the Reorganization Plan of 1939. This bureaucratic shift placed the final authority over the rehabilitation program in the hands of the Federal Security Administrator. Congress, House, Message from the President, 76th Cong., 1st sess., Congressional Record 84, pt. 4 (April 13, 1939): 4234-4235; O’Brien, Crippled Justice, 64-66; and Berkowitz, Rehabilitation, 84-87.

27 See for example Memo from the Works Progress Administration, 20 August 1938 and Memo to Tom J. Terral, 29 August 1938, Franklin D. Roosevelt Papers, OF 836, Physically Handicapped Persons, box 2, Franklin D. Roosevelt Presidential Library, Hyde Park, NY [hereafter, Roosevelt Papers]. These memos reveal that complaints lodged by disabled activists were often passed from agency to agency until they ended up in the hands of the very agency or administrator being criticized. See also, Paul K. Longmore and David Goldberger, “The League of the Physically Handicapped and the Great Depression: A Case Study in the New Disability History,” Journal of American History 87 (December 2000): 888-922. For a discussion of means-testing see, Kennedy, Freedom from Fear, 170-177.


29 Wayne Coy to the President, 24 May 1940, Franklin D. Roosevelt Papers, OF 504, Advisory Committee on Vocational Education, 1941-1945, box 2, Roosevelt Papers.
30 Memo for the President, Lewis B. Hershey, October 10, 1941, Franklin D. Roosevelt Papers, OF 1413, Selective Service Legislation, box 1, Roosevelt Papers.

31 Kennedy, Freedom from Fear, 710.

32 Ibid., chapter 18.


34 Ibid.

35 Ibid.

36 See Memo, 8 April 1942; Memo for the President from Harold Smith, 22 April 1942, Memo for the Director of the Budget, 12 March 1942, Paul McNutt to the President, 27 February 1942, and Memo for the President from the Director of the Bureau of the Budget, 17 July 1942, Franklin D. Roosevelt Papers, OF 504, Advisory Committee on Vocational Education, 1941-1945, box 2, Roosevelt Papers. Paul McNutt to the President, 30 March 1942, Franklin D. Roosevelt Papers, OF 836, Physically Handicapped Persons, box 2, Roosevelt Papers; Memo about Director of the Bureau of the Budget’s Position, 17 July 1942, Franklin D. Roosevelt Papers, OF 3700, Federal Security Agency, box 1, Roosevelt Papers.

37 Paul McNutt to the President, 27 February 1942, Franklin D. Roosevelt Papers, OF 504, Advisory Committee on Vocational Education, 1941-1945, box 2, Roosevelt Papers.

38 Ibid.

39 Memo for the President from Wayne Coy, 17 July 1942, Franklin D. Roosevelt Papers, OF 504, Advisory Committee on Vocational Education, 1941-1945, box 2, Roosevelt Papers.

40 For example, in January 1941, Senator William Barbour (R-NJ) introduced a bill to prevent employment discrimination against people with disabilities (S. 479), Representative Harold Knutson (R-MN) introduced a bill to extend Social Security to provide aid to needy people with disabilities (H.R. 2818). Senators Barbour and William Smathers (D-NJ) sponsored a bill to use vocational rehabilitation appropriations for both vocational and “physical” rehabilitation (S. 818) in February. The following month, Representative George O’Brien (D-MI) introduced a bill to create new rehabilitation services for “handicapped employables” (H.R. 4793). In June, Senator Robert Reynolds (D-NC) sponsored a bill to provide rehabilitation services through the civilian program to some people disabled in military service (S. 1711). Representative John Hunter (D-OH), in July, introduced a resolution to launch an investigation of the ways that the U.S. government might use the labor of older and disabled people in defense work. In May of the following year, Representative Graham Barden (D-NC) and Senator Robert La Follette (R-WI) sponsored joint resolutions to appropriate an additional million dollars for the rehabilitation program (H.J. Res. 312 and S.J. Res. 149). At the behest of leaders of the Disabled American Veterans’ Organization (DAV), Senator Homer Bone (D-WA) and Representative Clinton Anderson (D-NM) introduced joint resolutions to direct and authorize the Chairman of the War Manpower Commission (WMC) to speed the “utilization” of people with disabilities in wartime employment in July of 1942.


42 Congress, Senate, Debate over S. 180, 78th Cong., 1st sess., Congressional Record 89, pt. 2 (5 March 1943): 1588, 1609.


44 Ibid. The veteran rehabilitation bill became the Vocational Rehabilitation Act of 1943.

45 Ibid.


47 “Restoring the Civilian Disabled to Jobs,” 1231-1235.

48 Ibid., 1231.


51 U.S. Congress, House, Committee on Labor, Subcommittee to Investigate Aid to the Physically Handicapped, *Hearings, Part 1, Aid to the Blind*, 157; Memo on the Basic Provisions of the Vocational Rehabilitation Program of the Veterans Administration, Approved 24 March 1943, Franklin D. Roosevelt Papers, OF 4675k, World War II – Miscellaneous, box 27, Roosevelt Papers.

52 Memo on the Basic Provisions of the Vocational Rehabilitation Program of the Veterans Administration, Approved 24 March 1943, Franklin D. Roosevelt Papers, OF 4675k, World War II – Miscellaneous, box 27, Roosevelt Papers


59 Ibid., 362-367.

60 Ibid.

61 Ibid.


63 Ibid., 1948-1952.


68 Ibid., 544-545.

69 Ibid., 545-547.


75 Marcia Dane, “The Handicapped are Employable,” *Survey Midmonthly* 81(September 1945): 226.


77 “Meeting of Committee on Employ the Handicapped Week, 1950,” *Monthly Labor Review* 71 (October 1951), 490-491.

78 Erskine, “Hire the Handicapped,” 22.

CHAPTER 2

“TIMES HAD CHANGED”: DISABILITY AND REHABILITATION IN THE POST-WAR YEARS

Esther Jean Visser first sought aid from the Iowa Vocational Rehabilitation Division when she graduated from high school. At the time, rehabilitation case workers deemed her disability “so severe” that it would not be “feasible to attempt a rehabilitation program.” Visser had contracted poliomyelitis during her first year of grade school. After a little over four years of illness and medical treatment, doctors determined that they had done as much as they could her, and she returned to school. Initially she used crutches and leg braces to improve her mobility, but by the time she was twelve, she found it necessary to use a wheelchair. Classmates helped her to her classes, carrying her when necessary. Visser, despite a four year absence from her studies, excelled in school, catching up to her peers and graduating with her original classmates. Though rehabilitation case-workers believed it would be impossible to help her find a vocation, her family wanted more for her, and they committed themselves to helping her continue her education. In 1943, she graduated from Central College in Pella, Iowa.

After graduating from college, Visser again turned to the Iowa Vocational Rehabilitation Division for assistance. Her second encounter with the rehabilitation service differed greatly from her first. This time case workers decided to help her find employment. After all, they reasoned, “Times had changed.” Engaged in a global war, Ameri-
cans in 1943 confronted a vastly different economic situation than only a few years before. As two Iowa rehabilitation case workers noted, “Many were now employable who had previously been regarded as unemployable.” Visser hoped to find employment in a hospital where she could both eat her meals and find onsite housing. She particularly wanted to work at a veterans’ hospital, where she could help other people with disabilities and contribute something to the men who had fought in the war, like her brother and many of her friends.  

Visser took the Civil Service examination one day and then traveled to Clinton, Iowa, for an interview the next. She and her mother caught a ride to the interview at the Schick General Hospital with a rehabilitation official. They drove through pouring rain with Esther Jean’s wheelchair strapped to the front bumper of the car. The rain and exposure damaged her wheelchair, making it impossible for her to demonstrate her mobility during her interview. Regardless of the mishap with her wheelchair, case workers could not find housing for Visser in Clinton, which made working at the hospital there impossible. Case worker after case worker joined the job hunt. They contacted employers and personnel managers in numerous industries with little success. Finally, they returned to Visser’s original idea of working in a hospital, and she landed a job in the clinical records department of the Des Moines Veterans Hospital. While she could take her meals at the hospital, case workers could not find onsite housing for her. Locating a suitable and accessible place for Visser to live might have been difficult before, but the housing shortages of the war made it nearly impossible. Once case workers finally found living quarters for her, they still faced the problem of transportation. In the end, they decided to help her purchase a second wheelchair—one for home and one for work—and secured an
agreement with a local cab company to transport her to and from work at a discounted fare. She adapted quickly to her new situation, even securing a promotion after only three months.⁴

In many ways Esther Jean Visser’s story was exceptional. She benefited from a dedicated family that through “great sacrifice” made sure that she had the opportunity to receive a college education. Moreover, she gained the attention of not one, but many rehabilitation case workers and supervisors, who went to extraordinary lengths to locate not only a job but also suitable housing and access to prepared meals and affordable transportation. In other ways, Visser’s life was emblematic of the changes that were taking place within the rehabilitation service and the American economy, and the barriers and obstacles that she faced were all too common for many people with disabilities.⁵

Labor shortages and a growing concern for veterans with disabilities had forced American employers to reevaluate what made a person “fit” for work. During the war, the federal government completely overhauled the civilian rehabilitation program, providing increased federal funds to support a broader concept of rehabilitation. Rehabilitation case workers and counselors could now offer people with disabilities more than vocational training and referrals to other agencies for additional assistance. The Barden-LaFollette Act of 1943 expanded the federal rehabilitation program to include medical examinations, hospitalization and medical care, subsidized prosthetic devices and mobility aids, and financial support for people with disabilities to attend vocational schools or universities. The federal government and state agencies, however, did not put these changes into place overnight, and only in the postwar era did officials in the federal-state rehabilitation service develop an overarching plan for the implementation of this new policy and out-
look on rehabilitation. While rehabilitation case workers had yet to realize fully all of the provisions of the Barden-LaFollette Act, the number of successful rehabilitation cases ending in employment skyrocketed during the war because of the growing need for workers in the wartime economy. It is not surprising then that Visser, who had been viewed as a lost cause—“unfeasible” for any type of employment—shortly before the war, became the focus of much attention from rehabilitation workers during the war, eventually securing a job.  

The way that rehabilitation officials talked about Visser was very telling of the changes underway in the rehabilitation service. Case workers emphasized her personality. To them, she was a “personable, intelligent girl,” who had fought “a valiant battle” against poliomyelitis “to regain her health.” Reflecting contemporary medical understandings of polio and other illnesses that cast the ability to walk more as a matter of will power than physical ability, they were critical of her return to a wheelchair, stating that she “gave up attempts to walk.” This fixation on the individual’s personality represented a growing trend as the rehabilitation service became increasingly intertwined with medicine, especially psychiatry, and psychology.  

Finally, the obstacles Visser and her case workers faced provide a glimpse at the lived experience of disability in the 1940s. Not only did her wheelchair fail her at a critical moment, but also it failed to provide her with true mobility. The housing and transportation crises of the tumultuous war years exacerbated the limits of her wheelchair and accessibility at the time. Roughly twenty years before any state would mandate that public buildings had to be accessible to people with disabilities and long before curb cuts that enabled wheelchair users to maneuver from the street to the sidewalk without assistance
were commonplace in cities, people with disabilities who could afford prosthetic devices and mobility aids encountered physical barriers that both negated the benefits of their assistive devices and limited their full participation in society and the economy.\textsuperscript{8} Beyond the barriers that many buildings, sidewalks, and streets presented, these devices and aids were not always effective, and more importantly, they were beyond the financial means of many. Visser negotiated many of these obstacles and barriers through the aid of her family and the assistance of the vocational rehabilitation service. The vocational rehabilitation service provided the only broad-based form of aid for adults with disabilities, but families also played an integral role in shoring up the gaps in social services. Families provided not only the first defense against poverty and need but also the safety net when the rehabilitation service failed people with disabilities. The absence of family resources could spell disaster for a person with a disability.\textsuperscript{9}

This chapter, divided into three sections, traces the contours and development of the rehabilitation program before 1943, analyzes the ways that the rehabilitation service reconceived disability and rehabilitation in the postwar era, and examines the lived experience of disability in the 1940s. As the rehabilitation service began to implement the Barden-LaFollette Act and codify new policies and procedures to realize the purpose of the act, rehabilitation became less an educational and training program and more a program to provide medical treatment for people with disabilities. With new medical resources to call on, leaders in the rehabilitation service began to view disability increasingly in medical and psychological terms and to focus more explicitly on the disability and correcting the individual and less on the ways that education and training could prepare the disabled individual for an occupation. This shift even found its way into the lan-
guage of rehabilitation as rehabilitation case workers gradually became rehabilitation counselors.

More than just a function of the new opportunities inherent in the Barden-LaFollette Act, the postwar changes in the rehabilitation service reflected profound transformations in the field of medicine broadly and more specifically in rehabilitation medicine. Physicians in the field of rehabilitation medicine had long sought legitimacy and professional status, and the needs of the war catapulted the marginal field of medicine into the limelight. Through their work with wounded soldiers and increasingly with the rehabilitation service, rehabilitation physicians achieved professional legitimacy and claimed dominance over a growing market—both people with disabilities in general and clients of the rehabilitation service in particular.¹⁰ Both the professionalization of rehabilitation medicine and the medicalization of the rehabilitation service had profound effects on people with disabilities. Physicians and rehabilitation counselors claimed authority in the rehabilitation service because of their expertise in the field of disability, creating a hierarchy that weighted education and expertise over experience.

The growing dominance of the medical paradigm led many in the rehabilitation service and in the field of rehabilitation medicine to ignore the realities of employment and educational discrimination and instead to focus on “fixing” the individual. While earlier rehabilitation manuals had warned case workers not to forget the end goal of employment, this new medical focus led to the assumption that employment assistance would not be as necessary for medically “corrected” individuals. Attacking employment discrimination had never been a primary goal of the federal-state rehabilitation program, but discrimination—social and economic—profoundly shaped the lives of people with
disabilities, limiting their access to education, employment, and economic security. Despite the gains in employment opportunities during the war, discrimination against people with disabilities continued. While the Veterans Administration (VA) and veterans themselves put significant pressure on the medical establishment to improve treatments and build better devices for people with disabilities, these changes took time to filter down to civilians, and many people with disabilities could not afford any form of assistive technology, much less the newest and best. Instead, people with disabilities, and their families and friends, often found other ways to cope with the physical barriers that prevented their full participation in society.

THE REHABILITATION SERVICE BEFORE 1943

In 1946, Dr. Albert W. Bryan, a medical administrative consultant to the Wisconsin Rehabilitation Division, argued that the Barden-LaFollette Act of 1943 had opened the door to “broader possibilities” for the rehabilitation service and people with disabilities. For him, before 1943, the state rehabilitation program had been about “training around” a person’s disability by teaching the individual a new skill. It had been, according to Bryan, a limited approach that served “to improve his vocational capacities rather than his vocational status.” After 1943, however, the rehabilitation service could now provide people with disabilities with medical care to remove or modify the disability as well as offer them training. World War II had done much more than provide the impetus for this expansion of the scope and “possibilities” of rehabilitation. In facilitating medical advancements in the care of wounded soldiers, the war made the postwar marriage of the federal-state rehabilitation service and the medical profession an increasingly
alluring proposition. Moreover, while the Barden-LaFollette Act of 1943 provided the
impetus for a dramatic restructuring of both the administration and process of rehabilita-
tion, earlier bureaucratic changes and increased medical knowledge, effectiveness, and
professionalization all laid the groundwork for the postwar shift in rehabilitation.

Developments of the First World War had a profound impact on medicine’s re-
newed interest in rehabilitation and physicians’ claims of authority over disability during
World War II. As scholars Glenn Gritzer and Arnold Arluke argue, World War I had
marked the beginning of medicine’s interest in disability. Before the outbreak of the First
World War, physicians sought to solidify their professional interests, setting standards for
the practice of medicine and establishing “a fee-for-service market.” In this market, peo-
ple with disabilities who faced considerable economic discrimination and hardships were
of little interest to physicians of the American Medical Association (AMA). World War I,
however, rapidly generated new interest in disability.12

During the First World War, orthopedic surgeons, who had the most experience
caring for people with disabilities, found themselves in a new position of power, allowing
them to launch training courses for orthopedic surgery and supervise military programs,
ranging from artificial limb-making to soldier foot-care. Moreover, they began to train
assistants to provide massage and exercise regimens for convalescing patients, forming
the foundation of the field of physical therapy. Rehabilitation physicians, then called
physiotherapists, challenged the authority of orthopedic surgeons in convalescent care,
however, and found a role for themselves as the chief medical supervisors of this new
corps of physical therapists. Both orthopedic surgeons within the military and officials in
the Office of Education advocated plans that would have extended their authority—
surgeons outside of the hospital and into the field of vocational rehabilitation and education officials into the hospital and in the field of convalescent care. Congress, however, rejected both plans, implementing instead a clear separation between medical and vocational rehabilitation, with the Medical Department of the Army controlling the medical side and the Office of Education controlling the vocational element. This separation of the medical and vocational aspects of rehabilitation applied to provisions both for the rehabilitation of veterans with disabilities in the Smith-Sears Act of 1918 and for the rehabilitation of civilians in the Smith-Fess Act of 1920 and would continue to shape policy until World War II.\

Under the Smith-Fess Act of 1920, the rehabilitation service operated with severe limitations. The act charged the Office of Education with developing and administering the rehabilitation program. It explicitly placed limitations on how funds could be used and defined the end goal of rehabilitation as making disabled individuals “fit to engage in a remunerative occupation.” It, however, provided relatively little guidance about how this goal should and could be achieved.

Outlining the policies and procedures that would make meeting this goal possible, setting standards, conducting research about the process of rehabilitation, and monitoring state plans, progress, and use of federal funds fell to the Office of Education. In turn, the Office of Education required states to develop and maintain their own administrative structures, promote the program, handle the actual business of rehabilitating people with disabilities, and work with other federal, state, and private agencies to accomplish their goals. While the Office of Education admitted that people with disabilities found it difficult to find employment because some employers refused to hire them, the agency de-
cided that the main job of the rehabilitation program would be to “eliminate or amelio-
rate” the underlying causes that made people with disabilities “unemployable.” Funda-
mentally, the Office of Education determined that people with disabilities faced three ma-
jor obstacles to their employment: “(1) Loss, impairment, or lack of skill; (2) loss or im-
pairment of function of a member or organ of the body; and (3) loss of morale.”

The Office of Education advocated a “case-service” approach to the rehabili-
tation. Standards set by the Office of Education required that case workers or field agents
have a minimum of a college degree and two years of experience in vocational rehabili-
tation, education, personnel management, or other relevant work, a requirement that could
be waived with one to two years of graduate education. Most importantly, the agency
recommended that case workers be “aggressive, energetic, and physically capable,” pos-
sessing “resourcefulness, adaptability, and tact in dealing with others.” The case-service
approach dictated that after “carefully” studying an individual’s “education, experience,
aptitudes, temperament, and interests,” case workers should help the individual secure
any treatments that might create “improvement in the individual’s physical fitness,” and
then select a vocational goal for the individual and the most appropriate training to meet
the goal. According to the Office of Education, “Disabled persons are not considered re-
habilitated until they are satisfactorily placed in remunerative employment.” While the
agency advocated that case workers utilize the placement assistance of other agencies, it
warned that job placement and follow-up with rehabilitants was a duty that should not be
ignored. Only through follow-up with the rehabilitant could case workers evaluate
whether or not the process had been successful, ending with secure employment at “self-
supporting” wages.
Between the actual provisions of the law and the policies of the Office of Education, the rehabilitation service faced significant financial limitations. Funds could not be expended on medical, surgical, or hospital care or on stipends to support rehabilitants during their training. Additionally, federal funds could not be used as capital for people with disabilities to launch businesses. The policies of the Office of Education allowed federal funds to be used for administrative costs; tuition payments for educational, vocational, and correspondence schools for rehabilitants; medical examinations, when necessary to determine the eligibility and “feasibility” of an individual for the program and to fit prosthetic devices; and, in cases where funds could not be obtained through any other sources, prosthetic devices. The Office of Education recommended that state rehabilitation programs carefully consider whether to purchase artificial limbs for rehabilitants, weighing the decision between the “urgency of need,” the “substantiality of results,” and the availability of other funds for the device. Finally, the agency explicitly banned the use of federal funds for the purchase of wheelchairs or for the repair or replacement of artificial limbs originally purchased by the rehabilitation service.17

The Office of Education placed limitations not only on the use of federal funds but also on who could qualify for federal aid. To be eligible for assistance, an individual had to be “unable because of a permanent physical handicap to earn a livelihood.” The Office of Education, however, was clear that eligibility did “not necessarily imply feasibility for the service.” The agency maintained that “such factors as advanced age, degree of physical disability, attitude of mind, or social status, sometimes make it advisable, uneconomic, or impossible to” rehabilitate an individual. “Feasible” applicants had disabilities that would still allow them to be trained and placed in full-time jobs. They were
“mentally competent” and not in need of “constant supervision.” Their attitude should suggest that they would “get along with others,” indicating “promise of cooperation” both through the rehabilitation process and in later employment situations. Feasible applicants had to have means for supporting themselves and their dependents during the rehabilitation process. Finally, an individual’s feasibility hinged on the availability of needed services.¹⁸

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Figure 2.1. Size of State and Territory Rehabilitation Bureaucracies in 1942 (Excludes Clerical Staff). Source: Mary E. MacDonald, Federal Grants for Vocational Rehabilitation (Chicago: University of Chicago Press, 1944), 182.

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In 1939, President Franklin D. Roosevelt launched a plan to reorganize numerous federal agencies, a move that had a significant impact on the federal administration of the rehabilitation service. In this reorganization, Roosevelt established the Federal Security Agency (FSA) and gave the new agency broad administrative powers in the fields of health, welfare, and education. This forerunner of the Department of Health, Education, and Welfare housed and shaped the policies of numerous agencies, including the Social Security Board, the Public Health Service, the United States Employment Service, and the Office of Education. This bureaucratic shift meant that the Office of Education no longer had the final say in the direction of the rehabilitation program, and officials administering and developing the policies that shaped the program were now part of a much larger bureaucracy with stronger connections to health and welfare policymakers.

Moreover, the Barden-LaFollette Act of 1943 and physicians’ stronger claims to medical authority over the process of rehabilitation would further weaken the strict division in the civilian program between medical rehabilitation and vocational rehabilitation. While orthopedic medicine had been given a considerable professional boost because of its role in the military during World War I, the field of rehabilitation medicine had not yet achieved full professional recognition. In fact, the AMA’s War Preparedness Committee had not mentioned physical therapy in its questionnaire designed to ascertain the medical profession’s readiness for war. During the war and the immediate postwar years, however, rehabilitation physicians in the military attempted to position themselves as the chief authority in the care of convalescing and disabled patients, physical reconditioning and rehabilitation, and over the technicians in the supporting fields of physical and occupational therapy. By 1947, rehabilitation physicians, or physiatrists, received recognition
from the AMA as a distinct specialty. While much of the innovation and growing interest in rehabilitation in the medical field came from outside the field—from physicians like internist Dr. Howard Rusk, who pioneered in rehabilitation medicine—the field of rehabilitation medicine adopted these innovations, and rehabilitation physicians expanded their influence within the military during the war and in the VA in the postwar era. The key to rehabilitation medicine’s expanding role within medicine and to its acceptance as a specialization was the field’s successful claim that it managed, coordinated, and supervised a growing number of workers in physical and occupational therapy. Much of rehabilitation medicine’s professionalization relied on the subordination of these allied workers in the field to their professional authority. Similarly, the broader field of medicine, with a renewed interest in rehabilitation, sought to assert authority over the civilian rehabilitation service.²⁰

Officials and workers in the civilian rehabilitation service also had professional interests to build and guard. Despite having organized a professional society to represent their interests, the National Rehabilitation Association (NRA), workers within civilian rehabilitation struggled to keep the program on sure financial footing.²¹ In 1946, one commentator in the NRA’s Journal of Rehabilitation argued that in the years before 1941 the civilian rehabilitation program “was beset by limitations” and “groping for a sound operational basis.”²² Before 1943, the civilian rehabilitation service had rehabilitated only about 210,000 people in a period of 23 years.²³ In 1936, the states employed only 205 case workers and supervisors in the field of vocational rehabilitation.²⁴ While the program had grown between 1936 and 1942, state agencies still had considerably limited financial and personnel resources. In 1942, most state agencies had fewer than ten workers,
and ten states employed only one person in the vocational rehabilitation program. In 1942, the largest state rehabilitation bureaucracy employed just 37 people (see Figure 2.1). While the civilian rehabilitation program remained small, the NRA had grown and positioned itself to play an increasingly important role in representing the interests of civilian rehabilitation workers on the federal legislative front in the 1940s. In 1941, the organization hired an executive director and set up a national office, allowing the NRA to advocate for expansions of the rehabilitation program.

NO LONGER “TRAINING AROUND” DISABILITY: THE REHABILITATION SERVICE AND MEDICINE IN THE POSTWAR ERA

The Barden-LaFollette Act radically altered the civilian rehabilitation program, both creating a space for rehabilitation medicine within the program and rapidly expanding the professional responsibilities of civilian rehabilitation workers, the constituent base of the NRA. In 1943, the FSA launched a dramatic restructuring of the bureaucracy of civilian rehabilitation to implement the expanded vision of rehabilitation inherent in the Barden-LaFollette Act. In September, the FSA created the Office of Vocational Rehabilitation (OVR) to coordinate the civilian rehabilitation program, charging the new office with two goals: placing people with disabilities in war production “as rapidly as possible” and creating a program “to provide a comprehensive service” to people with disabilities in peacetime. The OVR, in turn, established several new layers of bureaucracy to manage the expansion of the rehabilitation program: two divisions and eight regional offices. The OVR further subdivided each of the two divisions into sections, dividing the responsibilities of managing personnel, fiscal, medical, counseling, training, and research standards. Additionally, the OVR established two advisory committees: the National Rehabilitation
Advisory Council and the Professional Advisory Committee. Through these advisory councils—with representatives drawn from the fields of social welfare, education, and medicine as well as business, industry, and labor—the OVR sought “to bring outside professional advice in the matters of general policy,” and more specifically, to gain medical insight for the development and administration of the physical restoration program.  

State bureaucracies also grew dramatically, both in the number of people employed and in the diversity of positions held. In 1943, the states and territories employed 438 rehabilitation counselors. In 1945, the number had grown to 674. By 1950, the states employed 1,652 professional rehabilitation workers. In 1938, the Office of Education listed qualifications for three state-level positions in the rehabilitation bureaucracy: state director, district director, and case worker or field agent. Already by 1944, some states began to add new positions to their rehabilitation bureaucracies: medical administrative consultants, supervisors of physical restoration, and medical social work consultants. Moreover, states also appointed professional advisory committees to help shape new policies. By 1945, the OVR reported that job descriptions had been created for 14 “professional” positions in the general state rehabilitation bureaucracies, and an additional 13 job descriptions had been created for states that maintained separate rehabilitation bureaucracies for blind people.

New regulations about who qualified for services and what rehabilitation services should entail accompanied the rapid expansion of the rehabilitation bureaucracy. By 1944, the OVR recognized that the Barden-LaFollette Act would bring new life to “the rehabilitation axiom, ‘never train around a disability that can be remedied.’” In that year alone the OVR sponsored 16 regional conferences, and both state agencies and regional
representatives of the OVR launched numerous training sessions, workshops, and programs. Because legislators had been forced to make concessions on the power of the federal government in relation to the state programs, state policies varied widely in the first years of the Barden-LaFollette Act. Additionally, the pressure to rapidly expand the size of state bureaucracies, provide workers for the growing manpower needs of the nation, and implement a new vision of rehabilitation at the same time slowed the codification of long-range policies. Ultimately, while state policies varied, the implementation of the Barden-LaFollette Act necessarily meant that the separation between vocational and medical rehabilitation was disintegrating in the rehabilitation bureaucracy as medicine now played an important role in both the rehabilitation bureaucracy and process.

Though the passage of the Barden-LaFollette Act of 1943 and the OVR’s restructuring of the rehabilitation service had certainly opened a space for medicine, members of the rehabilitation bureaucracy struggled to define the contours of medicine’s and physicians’ role in rehabilitation. In 1946, Dr. Albert W. Bryan sought to clarify OVR medical policies for *Journal of Rehabilitation* readers. He argued that the physical examination was the center of the new rehabilitation policy. With the physical examination being “the primary requirement to the determination of any course of action,” Bryan maintained that “the doctor, who heretofore might be thought of as mainly relegated to the wings, is now definitely upon the rehabilitation stage.” Eligibility for services centered on three criteria: First, individuals had to “be of an employable age.” Second, individuals had to have an “occupational handicap” brought on by disability. Third, the provision of rehabilitation services had to have the potential to make the individual “employable or more advantageously employable.” While the physical examination played an integral role in the de-
termination of one’s eligibility for rehabilitation, physicians’ role in rehabilitation did not stop there.\textsuperscript{35}

The state professional advisory committees, made up of physicians and specialists, advised state bureaucracies on a diverse set of issues, ranging from general policy-making to the specific workings of rehabilitation, including the “setting of standards” for everything from rates to services to prosthetic appliances. Beyond their role on the professional advisory committees, physicians who served as medical administrative consultants, like Bryan, provided advice on individual cases and the day-to-day execution of policies. They monitored standards and relationships with outside institutions and physicians, and medical administrative consultants also provided training to rehabilitation case workers. Finally, medical administrative consultants played an important role in the central state bureaucracies, evaluating cases and rehabilitation plans, along with the supervisors of physical restoration, who might also be physicians or senior counselors, and the medical social work consultants. In Bryan’s estimation, this bureaucracy played the important role of placing medical concerns at the center of the process, evaluating whether “the disablement seems too trivial to warrant the training on the one hand, or is too severe to make it feasible on the other,” and incorporating the important social concerns of “family problems, emotional attitudes, and economic resources of the individual client.”\textsuperscript{36}

The Barden-LaFollette Act significantly expanded the types of services available to people with disabilities. To determine eligibility for service, the medical examination included urine and blood tests, and, when appropriate, x-rays and other specialist laboratory procedures. Clients with “relatively stable” or at least “slowly progressive” disabilities could qualify for a wide range of physical restoration services, including general
medical care, specialist medical or surgical procedures, nursing care, hospitalization, dentistry, medications, necessary medical supplies, and prosthetic devices. These services, according to OVR policy, were available only to individuals whose disabilities could “be substantially reduced or eliminated within a reasonable period of time.”

In addition to physical restoration, the Barden-LaFollette act opened the door to treatments and care that focused on the mind. In 1946, Dr. Milton Rosenbaum, psychiatrist and member of the Ohio Professional Advisory Committee, outlined the types of psychiatric conditions that might make individuals eligible for rehabilitation services and the types of treatment that the rehabilitation service could provide. To be considered eligible for psychiatric services, an individual had to be over the age of 16 and “more or less competent to handle his own affairs.” While, according to Rosenbaum, people with “pure” psychiatric disorders like various neuroses, depression, and schizophrenia, now qualified for services, people with physical disabilities might also qualify for services if “emotional factors or mental attitudes” hindered their “recovery or rehabilitation.” For the people who qualified for psychiatric services, the rehabilitation program could offer hospitalization for up to 90 days and outpatient treatment.

By making people with physical disabilities eligible for psychiatric services, the rehabilitation service reified the common association of physical disability with mental difference. This association informed not just psychiatry and psychology but also shaped the practices of medicine, nursing, and rehabilitation. For example, a 1941 textbook on the psychology of people with disabilities claimed that while the forms of adjustment adopted by disabled people were the same as those utilized by able-bodied people, not all mechanisms for adjustment were “of a socially desirable nature,” and those undesirable
behaviors were “more likely to be used by the handicapped than by the normal.” Moreover, Nurse Alice B. Morrissey counseled American Journal of Nursing readers that if they were to work with disabled patients, nurses must accept the “new concept that the patient with a disability is truly a whole person, albeit one who has numerous problems” because “the problems of his mind” cannot be “separated from the ills of his body.”

While this new focus on both the mind and body certainly might have benefited individuals who struggled to adapt to a disability, the underlying assumption that most people with disabilities would be “maladjusted” had the effect of placing all people with disabilities who sought rehabilitation services under a new layer of expert scrutiny.

In the context of the new and expanding role that physicians, psychiatrists, and psychologists played within the rehabilitation bureaucracy, rehabilitation counselors could now provide people with disabilities with a host of new services, including physical restoration as well as medical and psychiatric treatment. The provision of many of those services, however, was limited by an individual’s financial need. For example, the rehabilitation service provided medical examinations, counseling, and job training and placement to anyone, but other services, like medical treatments and educational and financial assistance, were only available to needy people with disabilities. Despite these limitations, providing medical treatments quickly became an important part of rehabilitation (see Figure 2.2). Throughout the immediate postwar years, the rehabilitation service provided more and more medical services to rehabilitants, and medicine became an increasingly significant part of the rehabilitation program. In 1944, the rehabilitation service provided physical restoration services to only 2 percent (931 individuals) and prosthetic devices to 5 percent (2,213 individuals) of the clients rehabilitated that year. By 1953,
the percentage of rehabilitants receiving medical care and prosthetic devices had grown dramatically. The rehabilitation service provided surgical and medical treatments to 27.5 percent (16,853 individuals), hospital care for 20 percent (12,501 individuals), and prosthetic appliances to 24.9 percent (15,274 individuals) of the disabled clients rehabilitated that year. Additionally, rehabilitants either paid for themselves, or the rehabilitation service secured at no cost, numerous other treatments and devices.\textsuperscript{43}

Beyond creating a system to provide certain impoverished people with disabilities with medical, psychiatric, psychological, and hospital care, access to medical and surgical treatment, and a variety of prosthetic devices, the medicalization of the rehabilitation service had profound effects on the program. As the rehabilitation service expanded to incorporate physicians and social workers, the program adopted a greater emphasis on medicine, science, and professionalism. Physicians asserted authority over not only decisions about individuals’ eligibility for the program but also about occupational choices and training plans. Their increasing involvement in rehabilitation marked people with disabilities as patients in need of care and medical correction. As physicians, counselors, and social workers struggled to define their position within the rehabilitation service and against the other professions, people with disabilities increasingly became the subjects of multiple layers of expertise. More than just subjects of this expertise, people with disabilities also became the means through which these experts asserted their professional authority.
For example, in his 1946 guide to the role of medicine in the rehabilitation service, Bryan challenged both the competency and authority of counselors and medical social workers. He noted that significant problems had developed when counselors gathered and recorded certain types of information. In his estimation, a local physician would be the proper person to gather and record the information because, “as a physician—he may be expected to elicit more cogent information than the counselor could reasonably be expected to obtain.” If counselors failed to obtain proper information or moved ahead without proper medical supervision out of a “faulty desire to conserve time,” Bryan warned, training programs might have to “be interrupted for medical reasons.” He acknowledged
that the medical social worker could bring important knowledge about the community and the family to bear on individual cases and “help through her personality in keeping the whole machine running smoothly and pleasantly.” Yet, as with counselors, Bryan had concerns about medical social workers. “The chief danger to her situation,” he wrote, “is that in her enthusiasm she may assume responsibilities in judging the clinical diagnosis or progress of a given case, or authorize treatments, which function might properly be left to the Medical Administrative Consultant or to the doctors and specialists employed for that purpose.” Bryan clearly drew distinctions between physicians, counselors, and social workers in terms of gendered expertise—male counselors overstepping their bounds to save time and female social workers transcending their authority out of eagerness to help—and professional authority to make important decisions about the lives and well-being of people with disabilities.44

Though rehabilitation increasingly began to focus on the individual, social workers, in the role of medical social work consultants, brought some attention to forces beyond the control of the individual, in many ways providing an implicit challenge to the authority of both physicians and counselors. For example, in 1946, Katharine F. Post, a medical social work consultant in Michigan, questioned if the rehabilitation service had been too quick to deny services to many people with disabilities, deeming some “not sufficiently cooperative” without analyzing the broader social context within which the individual operated. An individual’s “resentment of imposed restrictions, or hurt over the disfigurement of a handicap,” she wrote, “are often expressed in resentment against those who try to help.” Post feared that a counselor, “who does not understand this reaction,” would “respond with matching irritation,” leading to a quick judgment of uncooperative-
ness. Post also worried that many people with disabilities rejected the help of the rehabilitation service because of the insensitivity of physicians. Poor communication on the physician’s part, she warned, might result in the patient developing a “lack of confidence, the feeling of being pushed around, and fear of the procedures themselves.” These feelings, she concluded, “too often block any future use of needed medical care.”

Beyond the interactions between counselor and client, physician and patient, Post urged counselors to be aware of the ways that family relationships, past experiences in securing assistance, employer and community attitudes, and the location and hours of the rehabilitation office not only shaded a person’s response to rehabilitation but also shaped the effectiveness and accessibility of rehabilitation. Without looking beyond the individual, Post concluded, the rehabilitation service would not fulfill its potential. Even in her calls for a broader focus, however, Post still emphasized the individual, urging counselors and physicians to think about how family, society, and past experiences shaped the client.

Rehabilitation case workers responded to the influx of new professionals in the field by asserting their own professional status, increasingly defining themselves as counselors and not case workers. This name change—case worker to counselor—likely reflected both a growing preoccupation with status and expertise and a desire to differentiate between the role of the counselor and the social worker—social workers had long been engaged in case work. In a series of editorials in the *Journal of Rehabilitation*, NRA leadership focused much attention on the professional status of rehabilitation counselors, supervisors, and directors. R.C. Thompson, then president of the NRA, wrote a glowing history of the men who had founded the organization. Defining a professional as “one
who is held in the highest esteem in his special vocation” and esteem as “character that commands respect,” Thompson implied that because of their vision, faith, selflessness, and dedication the men who had shaped the profession were truly “professional.”

Harry D. Hicker, head of the California Bureau of Rehabilitation, declared that rehabilitation counselors and supervisors needed to have a special “vision” and understanding of “the world of occupations, the realms of the mind, the wonders of personality, the whys of behavior, the marvelous physical structure of man.”

While physicians claimed increased authority in rehabilitation because of their specific, professional knowledge of the body, the mind, and disease, rehabilitation counselors delineated their expertise as working knowledge in a broad array of fields. A report of a 1951 guidance workshop concluded that “the role of counseling has emerged as the most important professional area in the field of rehabilitation. It is the rehabilitation counselor, working with psychologists, physicians, employers, and many others, who is responsible for the successful adjustment of the handicapped to remunerative employment.” The workshop proceedings emphasized that counselors needed to be competent in and have organized knowledge of “vocational guidance; psychological aspects of human behavior; medical information; psychological measurement; techniques used in counseling; occupation information; community organizations and services; and laws and regulations.”

As rehabilitation work became increasingly professionalized and medicalized, the disabled individual became the object of growing “expert” scrutiny. While the psychological and social focus of counselors and social workers on the surface led to acknowledgement of the importance of family, community, and the social environment in shaping
the experience of disability, professionals in the rehabilitation service engaged with these broader social forces mostly in the terms of their impact on the individual. On the whole, the Barden-LaFollette Act led to the establishment of a multilayered bureaucracy that centered on correcting the individual through medicine, psychiatry, psychology, education, and training. While more and more attention was paid to medical interventions and psychological processes, the end goal of employment seemed to get lost in the process. Moreover, the rehabilitation service’s intense focus on the individual and corrective practices left little room for the significance of the social and economic discrimination that people with disabilities faced. This discrimination, along with changes in the rehabilitation service, profoundly shaped the lives of people with disabilities.

THE CONTOURS OF DISABILITY

In the years leading up to the Second World War and in the immediate postwar years, people with disabilities experienced widespread social, employment, and educational discrimination. Architectural and physical barriers prevented people with mobility impairments from fully participating in society and civic life. Disabled people who lacked familial or community support existed on the margins of society and faced the threat of being placed in institutions. All of these factors led to chronic fears of economic insecurity. In this context, the rehabilitation service held profound meaning for people with disabilities. Even after the 1956 establishment of Social Security Disability Insurance, rehabilitation alone was the only federal program to attempt to address the multiple needs of working-age people with disabilities.
Perhaps the greatest indicator of the employment discrimination that people with disabilities faced was the fact that an agency established to facilitate the employment of people with disabilities required, for at least the better part of two decades, that its employees be “physically capable.” More pointedly, rehabilitation counselors made judgments about the possibilities and fitness of the individual to work. Rejection meant that the counselor deemed the individual unfit for work and that reasonable educational, medical, and vocational help still would not make the person employable. Even after rehabilitation had been dramatically expanded in 1943, the rehabilitation program served only a small portion of the people who applied or were referred for services (see Figure 2.3), indicating that the very agency that was charged with preparing and placing people with disabilities in employment found employment potential in only a small number of the disabled individuals it encountered.

Being rejected from rehabilitation carried several meanings for people with disabilities. Rejection meant that the sole federal agency that served their interests had deemed them unemployable, cutting them off from the resources that might have improved their employability and access to social resources and civic life. Often people with disabilities needed expensive appliances, like prosthetic limbs, and medical treatment before they could be employed, but without a source of income or the assistance of rehabilitation, these appliances or procedures might well have been beyond the individual’s financial means. Because work intertwined closely with fitness for citizenship and economic and health security, rejection from rehabilitation equaled rejection from the opportunity to secure the full rights and benefits of citizenship. Workers accessed the benefits of the welfare state, like old age pensions and unemployment insurance, and received
health insurance through their status as employees.\(^{51}\) Rejection from rehabilitation, therefore, could mean unemployment, no access to health care or a pension, and dependence on family or charity, or even institutionalization.

![Rehabilitation Cases, 1944-1952](image)


Though the experience of rejection was widespread and had profoundly negative meanings, being rehabilitated could also be a disappointing, even humiliating experience. People with disabilities often complained that they had received poor treatment and service from rehabilitation counselors, who, they believed, understood little about the labor market, job training, or job placement. On the one hand, Roger Arnett pointed to exam-
ples of rehabilitation counselors training people with disabilities for jobs that employers
would not hire people with disabilities to do. For example, he reported that in Indiana an
epileptic boy received training to work on a lathe, but no machine shop in the state would
hire someone with epilepsy to work with such dangerous machinery.52 On the other hand,
Mary Ruth Bass complained, “An experienced machinist,” according to counselors,
“should learn to repair watches, an auditor and store clerk should be a mechanic, et cet-
era.”53

Bass maintained that people with disabilities turned to the rehabilitation service to
receive assistance in getting a job. Instead, she claimed, they faced a humiliating and
drawn out process, during which people with disabilities were “made a mockery of,
stared at the whole time.” According to Bass, one could expect to “wait a month or more”
after applying for service, only to be brought back for more questioning “by an incompete-
tent employee—who hates the handicapped people.” Moreover, she argued, the process
was invasive and degrading. “You are sent to a medical doctor,” she claimed, “to see how
crazy you are and what venereal disease your handicap derived from.” Later, she re-
ported, “You are sent to one of the colleges to be psychoanalyzed to see if they can say
you really are crazy, so that they can send you to one of the institutions . . . to be put out
of the way.”54

Margaret Nickerson Martin also complained about the “superior and patronizing
attitude” of many people who worked with people with disabilities. “There is a tendency,
a regrettable tendency to be sure,” she argued, “of certain groups working with handi-
capped people to feel that their exposure to the upper brackets of learning, their attain-
ment of certain educational set standards, entitles them to a private halo, which they wear
very straight upon their heads.” The invasiveness of the process as well as the poor service and patronizing treatment people with disabilities encountered in the rehabilitation service was exacerbated by the fact that the services that the program offered were so sorely needed.

Difficulty in finding employment was a common experience for people with disabilities. For example, Charles J. Hobbins of Pennsylvania struggled to find employment. An accident at the age of 12 resulted in the amputation of his left arm at the elbow and left his right arm “pretty badly crippled.” Hobbins had “been promised a much better job” if he could get a prosthetic arm so that he could “carry a brief case and be able to hold the pad” to write. Although he had applied for assistance in purchasing a prosthetic limb and been promised some aid, more than a month had passed without word from the rehabilitation service. Hobbins frowned on the rate of success of all agencies and organizations working for people with disabilities. “For every one that they have secured employment for,” he argued, “there are 49 or 50 others that they haven’t.” Likewise, Lawrence Schneider, Jr., said that he was “always mindful of the two long years that it took me to land a good job.” He described the experience as one of “endless delays and frustrations.”

While much employment discrimination against people with disabilities was informal, some of this discrimination had been codified. For example, New York and Pennsylvania, among other states, barred teachers with visible disabilities from employment. Even in states that did not specifically ban people with disabilities from teaching, finding a position could be difficult. For example, one young woman who was “slightly deaf in one ear” and blind in one eye encountered extreme difficulty in finding a teaching posi-
tion after earning a degree at “a good state teachers college.” She worried that her dis-
abilities, though not visible, kept her from finding a job. The young woman sought aid
from former professors and the employment office at her college, but she received no as-
sistance. In fact, the employment office went so far as to “discourage her from attempting
to teach.” While the young woman eventually found employment at a school for children
with hearing and speech difficulties, her inability to secure a teaching job in a public
school highlights the degree to which employers and society excluded people with dis-
abilities from both employment and the public realm. 59

As much as many schools kept people with disabilities from teaching, disabled
children also encountered considerable barriers to obtaining an education. Before Con-
gress enacted the Education for All Handicapped Children Act of 1975, public schools
could deny children access to education based on their disabilities. Most states main-
tained separate, residential facilities for blind and deaf children, where they were edu-
cated away from their homes and families. 60 Moreover, the availability of instruction
through special classes or schools was woefully inadequate. In 1937, the Office of Educa-
tion estimated that of the approximately 2 million disabled children in the country only
one in every ten benefited from a special education program. 61 Access to public or special
schools for children with physical disabilities largely depended on the city and state the
child lived in, the individual child’s disability, family resources and advocacy, and the
decisions of school administrators. For example, John Rogers of Columbus, Ohio admit-
ted that because of the efforts of his mother he had been very lucky, “graduating from
both junior high and senior high school.” “Many shut-ins and handicapped,” he wrote,
“do not have the educational training that I had.” 62 Likewise, Melvin E. Schoonover, edi-
tor of the *Shut-In’s Companion*, argued, “The shut-in fraternity as a whole probably constitutes the largest single unit of illiterate and semi-literate persons within our national community.” He claimed that “very few” homebound people with disabilities were “able to complete even grammar school.” Schoonover concluded, “it seems foolhardy to refuse to the shut-in what is compulsorily given to others.”63

Children with physical disabilities, when rejected from public schools, might receive an education in a hospital-school facility.64 For example, eleven year old Edna sat in a psychologist’s office, crying because she wanted the opportunity to go to school. Edna had been refused admission to her local public school because of her uncoordinated “muscular movements, particularly extraneous facial motions, . . . a peculiar gait and a speech defect,” and in 1944, her father had taken her to the hospital to try to get advice about where she might be educated. Though the psychologist determined that she “was not feebleminded,” Edna would still need to attend a special school that would accommodate her disability. Eventually, with the assistance of an organization for children with disabilities, Edna was admitted to the St. John’s Crippled Children’s School and Hospital on a trial basis. While Edna eventually received an education because of the advocacy and work of her father, she received this education in the institutional setting of a hospital, away from her father and family.65

While white children with disabilities encountered serious barriers to their education, the conditions African American children with disabilities faced were appalling. Writing for the *Journal of Negro Education* in 1937, educator James A. Scott claimed that blind and deaf African American children had the greatest access to education, but that even the education that these children received was “distinctly inferior.” Many
southern states maintained completely separate schools for blind and deaf African American children, while others provided instruction for African American pupils in segregated classes within the states’ blind and deaf schools. Scott argued, “Practically no effort is made to enforce compulsory attendance laws for either Negro blind or deaf pupils.” Moreover, he maintained that in the South public education programs for white children with physical disabilities were “practically non-existent,” and conditions were much worse for African American children. Finally, Scott contended that racial discrimination against African American children with disabilities also extended to some programs in the North. On the whole, racial discrimination dramatically reduced the already slim educational opportunities open to children with disabilities, and in many cases, the institutions open to African Americans suffered from chronic under-funding, with the quality of instruction falling far below what was available to white children.66

People with disabilities also faced discrimination in higher education. For example, Cynthia May Lurie of Arlington, Virginia tried for more than a year to attend college, applying for admission to several schools. Lurie complained, “Not one of these colleges would accept me because of spastic paralysis.” At least one of the schools was direct about rejecting Lurie because of her disability. The dean, Lurie reported, thought that the school would be too crowded for her and “feared that I would not fit into the college due to the fact that all of my classmates would be physically fit and I would be the only one handicapped.”67

Beyond employment and educational discrimination, people with disabilities encountered other serious obstacles to their full participation in public life. Prosthetic limbs and mobility aids could be very expensive, and civilians with disabilities had little protec-
tion against fraud and virtually no assurance of the quality of these aids. Wounded soldier, however, had a very different experience. The medical departments of the Army, Navy, and the VA all worked to improve the quality of the artificial limbs they provided to soldiers after amputations. The Army, for example, established special amputation centers in seven Army hospitals across the country. These centers not only provided treatment to soldiers who had lost limbs but also housed facilities for making limbs and training technicians in prosthetic device-making. The Surgeon General of the Army worked with the National Research Council (NRC) to launch a study of artificial limbs which resulted in the establishment of a permanent NRC committee on the development of better prostheses in 1945.68

Despite the efforts of the military and the VA, many veterans were displeased with the limbs they received. Lieutenant Sol Rael, who had received medical care and his artificial limb at Walter Reed General Hospital in Washington, D.C., which housed one of the Army’s special amputation centers, expressed serious dissatisfaction with his prosthetic limb. Rael complained, “I was greatly disappointed and disillusioned in seeing what a hackneyed article it really was. The Army gives us the most modern medical treatment and the best of care, and they give us the best prosthesis, but it is crude and outmoded and definitely a throw-back to horse-and-buggy days.”69

If disabled soldiers and veterans experienced dissatisfaction and trouble with their prosthetic limbs, this experience was only amplified in the civilian sector. When the House Subcommittee on Aid to the Physically Handicapped asked Dr. Charles M. Griffith, medical director of the VA, how a civilian might fare in purchasing an artificial limb, he replied, “If he does not have a private doctor or an orthopedist to help him, God
have mercy on him.” Many civilians were in that exact situation. Upon hearing that the House was investigating artificial limbs, F. A. Tingley wrote to the subcommittee, complaining, “I am 58 years old and have been around the block at least, and I have never in all my life seen any industry or business where there was so much abuse as there is in the artificial limb business.” He had worn “a below-the-knee” prosthetic leg for almost 30 years and in that time purchased 11 prostheses. He explained that he had been forced to travel to a “strange city” to purchase his limb. Once he arrived after a long train ride, he had difficulty finding the limb factory. He waited for days for service, having trouble finding a place to eat and sleep. Finally, a company official told him his leg would be shipped to him. When the leg arrived, well over a month later, he found that he could not “possibly wear it for 5 minutes.” In the end, Tingley had no recourse to get his money back or a better-fitting limb.

Tingley was not alone in reporting difficulties with prosthetic limbs. O. M. Berrington lost his left leg in 1940, and he had already purchased two prosthetic limbs by 1945, one that was uncomfortable and another that was unusable. T. B. Landers also complained that he had extreme difficulties with all but his first limb. He developed “blood boils and cists [sic], making an operation necessary.” Beyond discomfort and prostheses that did not fit, the cost associated with artificial limbs could be prohibitive. Both Tingley and Berrington reported that it was not just the limb itself that made prosthetic devices so expensive but also the wool socks that covered the stump, replacement parts, and repairs. In 1945, prices for prosthetic limbs from J. E. Hanger, a national prosthetic device-making company, ranged from $325 for an above-the-knee “‘Dural’ light metal leg,” with a metal socket, to $100 for a partial willow hand. Any needed extra
features, like braces, raised the cost.\textsuperscript{75} When measured against the fact that local assistance payment to disabled people averaged between $300 and $500 annually in 1944, the cost of obtaining and maintaining a prosthetic limb could be far too much for an unemployed disabled person without additionally family resources.\textsuperscript{76}

People with disabilities also faced difficulties in obtaining and using mobility aids like wheelchairs. Physicians and other medical authorities frowned on the use of wheelchairs by poliomyelitis survivors, arguing that even patients with partial paralysis should be taught to walk. These professionals viewed the use of a wheelchair as a “defeat”—a philosophy that many patients adopted. Other patients, however, found that their wheelchairs gave them mobility and freedom.\textsuperscript{77}

Wheelchairs, however, had their limits because of the physical barriers built into everyday living. Medical professionals, and people with disabilities themselves, sometimes spoke of being “confined to a wheelchair.”\textsuperscript{78} In this context, it was not actually the wheelchair that confined its user but the built environment. Like Esther Jean Visser, who had to be carried by classmates because her school was not accessible, many people with disabilities encountered barriers to their participation in public life daily. For example, Emerson Wickert, who was born with club feet and “marked scoliosis” normally got around with a back brace and crutches, but as a child in the 1920s, he needed further assistance to make it to school each day. Typically, his father carried him or classmates dragged him in a sled or pushed him in a wheelbarrow.\textsuperscript{79}

Other people with disabilities who needed mobility aids could not afford them, or else did not have access to them. John Carncross could not walk, but he did not own a wheelchair, instead his brother pulled him to school in a wagon, and he used a stove
caster to move himself about the house. Likewise, Margaret Nickerson Martin corresponded with another disabled woman in Montana, who made “exquisite handwork” to pay for her hospital expenses. The woman, according to Martin, could not leave the hospital because she did not own a wheelchair. “Year after year,” Martin reported, “she looks at the same four walls and wonders why.” Martin argued that even though the woman was “intelligent, gifted in the type of work she can do,” she was forced by her economic situation to “remain not only bedridden but hopeless of ever being anything else.”

Access to education and mobility depended heavily on personal and family resources. The availability of family resources and willingness to expend them on a disabled child could mean the difference between living in an institution and receiving an education, between confinement and mobility. Children with physical disabilities, without family support, might have been institutionalized in state homes for the “feeble-minded” or aged. Adults with disabilities who were unable to secure employment and without family support also feared being institutionalized. For example, John Rogers counted himself as lucky for more than just his high school education. Without his mother, he realized, he could have been “confined in a wheelchair” or “placed in an institution or county home for the aged.” Likewise, in 1950, Luellen G. Ross of Iowa, who was born without hands or feet, feared that an institution awaited her. She had applied for rehabilitation, but had been rejected. She pleaded, “Unless something is done, all that the future holds for me is, the county farm.” Melvin E. Schoonover complained that most homebound disabled people were in a precarious financial situation, “financially dependent upon relatives, or friends, or charitable agencies.” Ruth E. Loyster
contended that “the cerebral palsied as a group fear, perhaps more than any other group, being sent to institutions for the indigent and feeble-minded because for many cerebral palsied adults there is no other alternative." People with disabilities faced intertwined social, education, and employment discriminations—each complicating and exaggerating the other and contributing to their economic marginalization. Ultimately, without family support or the assistance of rehabilitation or charities, the economic marginalization of people with disabilities ended in their institutionalization.

CONCLUSION

World War II sparked profound changes in the effectiveness and practice of medicine, the civilian rehabilitation bureaucracy, and in the employment opportunities available to people with disabilities, but discrimination and limited access continued to shape the lives of people with disabilities. The rehabilitation bureaucracy, with its mission to place people with disabilities into employment, stood in the prime position to address the widespread social and economic discrimination that people with disabilities face, but instead, its members increasingly focused their attention on correcting the individual with medical, psychiatric, psychological, and counseling expertise. Both their growing concentration on the individual and their expanding ability to correct or lessen some disabilities created a myopic view of disability, effectively limiting their concerns about broader social discrimination. This increased attention on correcting the individual squared with other policy trends of the postwar era, where individuals increasingly came to be blamed for problems that had once been viewed as the result of broad social forces.
Though the rehabilitation bureaucracy served more and more people, people with disabilities were more likely to be denied service than they were to be rehabilitated. In its rejection of growing numbers of people, the rehabilitation service mirrored broader social thinking that many people with disabilities were not fit for work. More importantly, however, officials in the rehabilitation program served as gatekeepers to many desperately needed services. If one was declared unfeasible for rehabilitation and had few family resources to fall back on, the end result could have been severely limited opportunities or even institutionalization. Because the civilian rehabilitation service proved to be the one place where the federal government sought to engage the lives of people with disabilities, it increasingly became the focus of a growing critique among people with disabilities. Their encounters with rehabilitation and discrimination created a common ground where activism began to grow.
NOTES


2 Ibid, 20.


5 Ibid.

6 Ibid.

7 Ibid.

8 In 1963, South Carolina was the first state to mandate that public buildings be accessible to people with disabilities. The first federal accessibility law, the Architectural Barriers Act of 1968, was limited in scope because it applied only to new federal buildings. Curb cuts have a longer history than state or federal protection of accessibility. Warm Springs, Georgia installed curb cuts in the 1920s because of the polio rehabilitation clinic there. Disabled veterans pushed the University of Illinois at Urbana-Champaign to institute curb cuts in the 1940s, but by and large, they were not widely implemented by cities until after the late-1960s. Fred Pelka, *The ABC-Clio Companion to the Disability Rights Movement* (Santa Barbara, CA: ABC-Clio, 1997), 25-27, 82-83.


17 Ibid, 1-3, 15-16.


21 Workers in the civil rehabilitation program organized the National Civilian Rehabilitation Conference in 1923, which became the National Rehabilitation Association in 1927. Obermann, *A History of Vocational Rehabilitation in America*, 241, 353-372.


29 David Amato, “The Time Factor in Rehabilitation,” *Journal of Rehabilitation* 12 (October 1946), 17.


34 Bryan, “The Medical Administrative Consultant in the State Program of Vocational Rehabilitation,” 32.


40 Alice B. Morrissey, “Psychosocial and Spiritual Factors in Rehabilitation,” *Journal of American Nursing* 50 (December 1950), 763.

41 “Restoring the Civilian Disabled to Jobs,” 1231-1235.


46 Ibid.


49 Office of Vocational Rehabilitation, *Objectives of Counseling the Disabled for Job Readiness*, 1-5, 21.


53 Ibid., 270.

54 Ibid., 269-270.


57 Senate, *Vocational Rehabilitation of the Physically Handicapped*, 443.


62 Senate, *Vocational Rehabilitation of the Physically Handicapped*, 439.


65 Sister Francis, “She Wanted to Go to School: This Story of a Child with Cerebral Palsy has a Happy Ending,” *American Journal of Nursing* 48 (July 1948), 471-472.


69 Ibid, 1654.

70 Ibid, 1612.

71 Ibid, 1791.

72 Ibid, 1792.
74 Ibid., 1791-1792.

75 Ibid, 1685.


78 For example, see John Rogers’ letter, Senate, *Vocational Rehabilitation of the Physically Handicapped*, 439.


81 Senate, *Vocational Rehabilitation of the Physically Handicapped*, 439.

82 Ibid., 440.


84 Senate, *Vocational Rehabilitation of the Physically Handicapped*, 439. For more information on county institutions for the poor, which had historically housed the indigent, the elderly, and people with disabilities, but between 1850 and 1930 increasingly served the needs of the elderly, see Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1986).
In the 1920s, nineteen years before he appeared before the congressional sub-committee investigating aid to people with disabilities, rehabilitation counselors declared Harold J. McMahon as “not feasible for rehabilitation” because his disability—osteomyelitis, a bone disease—was too severe. Despite the expectations of his counselors, McMahon went on to launch a successful toy manufacturing company, which was dedicated to employing other people with disabilities. In his October 1944 testimony, McMahon argued, “Entirely too many physically handicapped individuals are being considered not feasible for rehabilitation.” He told the subcommittee about one of his secretaries, who had “a progressive paralysis.” When the rehabilitation counselor who had interviewed her the previous year stopped by her home, McMahon reported, he “refused to believe from her mother that she was employed.” Like his secretary, more than one-half of his employees had been refused rehabilitation. In addition to employing thirty-three people with disabilities, his company had placed another fifteen disabled workers with other firms in the previous year. As a national vice president of the American Federation of the Physically Handicapped (AFPH), McMahon complained that during the course of the committee’s investigation not enough attention had been paid to the problem that “the officers and members of the American Federation of the Physically Handicapped know to
be the most important.” That problem, he told congressmen, was “the inadequacy and inefficiency of the rehabilitation program.”

The need for labor during World War II, McMahon argued, had improved the rehabilitation service’s record, but he claimed, “Congress did not intend rehabilitation for those whom it is easy to place in jobs.” The program, McMahon maintained, should serve “those with major handicaps, many of whom the rehabilitation service consider ‘not feasible,’ who with special training and education can be fitted into a remunerative occupation.” While McMahon criticized the wartime program of rehabilitation, Alan B. Crammatte, also a national vice president of the AFPH, expressed fears about what would happen to people with disabilities, especially deaf Americans, in the postwar years. He lamented that employer discrimination had “been an ever-present problem and barrier to deaf men and women seeking to establish themselves as contributing citizens of this Nation.” While Crammatte admitted that World War II had done much to ease these difficulties, he worried that “the lessons learned as to the employability of the deaf will probably be forgotten.” Crammatte concluded, “It is a sad commentary upon human nature that we are forced to say, ‘The deaf come into their rights only when the world is in the midst of terrible human holocaust.’”

Inspiring changes in the employment of people with disabilities, federal disability policy, and public and political interest in disability, the Second World War also changed the expectations of people with disabilities. While the wartime economy had opened work opportunities for many disabled citizens, people with disabilities, like McMahon and Crammatte, continued to view disability policy as falling far short of meeting the needs of many people with disabilities. Also, they feared that the advances made during
the war, inadequate to start with, would erode in the post-war era. The AFPH organized in 1942 to give voice to disabled citizens who sought continued gains in employment opportunity and to represent those who had experienced discrimination and those who had been denied rehabilitation services.

The AFPH attempted to mold its members’ shared personal experiences of discrimination and disappointment with federal programs into a powerful political critique. Most AFPH activists capitalized on the anger and disappointment they experienced after facing egregious discrimination, and in an early manifestation of the personal being political, they channeled their frustrations and those of their constituents into a passionate critique of the authority of rehabilitation, charity, and medical professionals; the ableist assumptions that defined being “fit” for employment; and the federal government’s failure to guarantee the citizenship rights of people with disabilities—the opportunity to earn a living and the assurance of economic security. These activists also created a social space in the AFPH—not only a place where members found entertainment, friends, and even love but also a space where they were free from the prejudices of the able-bodied world and where their life experiences and encounters with discrimination were both normalized and politicized. At the national level, AFPH members pushed for federal intervention in the hiring process, demanding what amounted to an affirmative action program for people with disabilities, as well as federal responsibility for the health and education of the country’s disabled citizens. People with disabilities justified their claims of federal responsibilities to them as both a right of citizenship and as an entitlement earned through their wartime service to the nation on the home front. In touting their “war-
service.” AFPH activists sought to hold the federal government to the promises inherent in wartime propaganda that linked the home front to the battlefield.

Disability, however, is inherently diverse, and the particular form of disability, race, class, and gender profoundly shape the experience of disability. In this context, the AFPH struggled to create a platform that would acknowledge multiple needs and desires. The organization competed with older organizations that represented a single type of disability, like the National Association of the Deaf (NAD). Many members of these organizations feared that the specific interests of deaf or blind people would be lost in an organization that represented all types of disabilities; furthermore, they questioned the notion that people with different types of disabilities shared any kind of commonality. Thus, pan-disability activism was always fraught with internal tensions that threatened to splinter the AFPH.

Divided into three sections, this chapter narrates the founding of the AFPH and analyzes the group’s agenda. The first section examines the ways that personal experiences of discrimination shaped the AFPH by focusing on the experiences of the organization’s founder Paul Strachan. No one in the AFPH used his or her personal dissatisfaction to such effective personal ends as Strachan. His own personal history was inextricably intertwined with the organization to which he dedicated so much of his life. The second section examines how AFPH members established a social space within the organization, which, in turn, helped members transform their personal dissatisfaction into a coherent political critique. Finally, the third section analyzes how differences among people with disabilities threatened the cohesiveness of the group.
“CAST UPON THE HUMAN SCRAP PILE”: FACING DISCRIMINATION

As discussed in the previous chapter, people with disabilities experienced multiple levels of discrimination that shaped their access to education, employment, and social services. The barriers that prevented disabled people from participating fully in the many facets of public life not only pushed people with disabilities to the margins of American social life but also limited their ability to participate in the economic life of the nation. These experiences informed the lives of AFPH activists and shaped the organization’s agenda. In being rejected from rehabilitation or denied employment or educational opportunities, activists in the AFPH found a commonality that extended beyond the actual experience of their individual disabilities.

Like many of his disabled peers, Paul Strachan, founder and longtime president of the AFPH, felt the sting of discrimination. One journalist hypothesized that a life of “hard knocks” motivated Strachan’s fight for people with disabilities. “You must tote up the hard knocks,” he wrote, “a train wreck, deafness, broken spine; World War I influenza and one foot in the grave; Mississippi flood, polluted water, amoebic dysentery, and the other foot in the grave; anemia, cardiac troubles, sinus complications, double hernia, Bright’s disease . . . among other things.” Strachan concurred, telling reporters that his activism “was born of personal experience, as one 85 per cent physically disabled, and who, because of that disability was cast upon the human scrap pile, despite a fierce and intense desire to live, to work, and to achieve.” Beyond his personal experience, Strachan argued that his activism “was born of recollections of World War I, when disabled veterans were pushed around and ignored as soon as the parades stopped and the bands no longer played.” And, this activism “was born of vivid and poignant recollections of thou-
sands of other handicappeds [sic] I had seen who were the discards of society.” Strachan felt the weight of “this unreasoning, unjust prejudice against millions of Handicapped people.” Questioning this prejudice, he asked, “Why cannot Industry, and the public, generally, realize that we, too, aspire to the comforts, the feeling of security that comes from fair recognition of our rights, as citizens, and our needs, as Handicapped?”

Born in Perry, Michigan in February 1892, Paul Strachan inherited much of his oppositional spirit and learned many lessons of political activism from his father, a “crusading country editor in Michigan, Indiana and Georgia.” Strachan’s father took on local political machines, and in one instance, a mob raided his office and destroyed his press. Despite the threat of violence, his father borrowed equipment in the next town and published an attack against the mob. The younger Strachan left school at the age of 14 to pursue a traveling demonstrator job as an expert typist. Soon after he took to the road, Strachan began a long career as a jack-of-all-trades: “He prospected for gold with two sourdoughs in Alaska; was a steamship agent in the Orient; worked at various jobs in the Mediterranean, Australia, England and South America; and produced several movies in the United States.” He worked as a stevedore, loading and unloading ships, sailor, producer, tour manager, press agent, and theater operator, and then as a film salesman and correspondent for theatrical papers.

Strachan eventually settled in Washington, D.C., where he pioneered in the field of vocational rehabilitation. Sometime in his early life he became profoundly hard of hearing. Barred from service during World War I because of disability, he helped to establish the Bureau of War Risk Insurance and served as one of its early officials. This work led Strachan to become active in the National Federation of Federal Employees,
serving as a legislative representative and general organizer as well as a consultant to Samuel Gompers on federal employees. From 1917 to 1922 and intermittently after 1931, he worked for the American Federation of Labor (AFL), helping to organize the American Federation of Government Employees, of which he was still a member in the 1950s, and assisting several other unions, including the Post Office Clerks. Strachan’s involvement in the Bureau of War Risk Insurance and the labor movement led to an interest in vocational training, which inspired him to help Arthur Holder of the International Association of Machinists (IAM) and the AFL draft and put through Congress the first vocational rehabilitation act for civilians in 1920. Though he had been hard of hearing before, an automobile accident left Strachan severely disabled and deaf. While recovering in Johns Hopkins Hospital, he decided to devote his life to work for people with disabilities and then spent the next twenty years making good on that commitment. His own experience as laborer and labor organizer not only shaped the rhetoric of the movement he headed but also solidified ties between organized labor and the disability rights movement.

When Strachan left Johns Hopkins Hospital, intent on doing something to help people with disabilities, he first turned to the National Association of the Deaf (NAD) in 1941. A group of elite deaf citizens founded the NAD in 1880 to represent the interests of deaf Americans and to address discrimination against deaf citizens nationally. Strachan ran afoul of NAD leadership rather quickly as he pushed for a coalition between deaf and hard-of-hearing organizations—a coalition effort in which deaf leaders had little interest. From Strachan’s perspective, a coalition must have made incredible sense. He had, after all, been both hard of hearing and deaf.
Given his involvement in organized labor and his experience with multiple disabilities, Strachan, not surprisingly, eventually became convinced that people with all different types of physical disabilities—blind, deaf, and hard-of-hearing people; people with cardiac conditions, tuberculosis, arthritis, epilepsy, poliomyelitis, cerebral palsy, and diabetes; and those who had had amputations—should organize. When discussing widespread employment discrimination against people with physical disabilities Strachan wrote, “How, then, may we change this condition, for the better? It is up to us – THE HANDICAPPED – to do the job, ourselves!” He argued, “We must ceaselessly educate the public, and our own people. We must create more opportunities for ourselves by proving our abilities, and sharing, whole-heartedly, in the responsibility of maintaining our Government.”

Strachan founded the AFPH on these principles, believing whole-heartedly that people with all different types of disabilities must organize as one group to gain any legislation that might attack the discrimination that plagued all people with disabilities. Just as he had urged deaf people to join forces with hard-of-hearing people, Strachan understood that legislative results required a coalition effort. Chartered in August 1942 in Washington, D.C. as a nonprofit, educational and beneficent organization, after one year of organization, the AFPH called on people with all disabilities to come together in one organization to fight for a common goal—an end to discrimination against disabled people. Many heeded the call, and as one Washington Post reporter, struck by the variety of disabilities among the membership, wrote, “Nods of approval from those who could nod, the metallic clip of applause by those with metal pincers where others have hands, and floor thumping of legs manacled for mobility, greeted many of [Strachan’s] words.”
WHEN PERSONAL BECAME POLITICAL: THE AMERICAN FEDERATION OF THE PHYSICALLY HANDICAPPED

The AFPH expanded rapidly in the final years of World War II and the immediate postwar period. The war provided the impetus as well as one of the major justifications for people with disabilities to organize and to demand equality. People with disabilities answered the nation’s wartime call for labor, and they felt as though they, too, had served their country. Like most of the American public, disabled people hoped for the end of the war, but feared what the end of the war might mean for the economy. The widely held belief that the end of the war would bring a return to the economic depression of the 1930s frightened most Americans, but people with disabilities were especially concerned. In a tight economy, they were especially vulnerable to discrimination, being among the last hired and first fired.

In 1944, AFPH member Charles J. Hobbins declared, “We want to throw away our beggar’s tin cup and accept the responsibilities which the citizens of every free society must share.” He argued that people with disabilities did not want jobs to be created for them, but that they wanted to be given an opportunity to work in the kind of jobs that would transfer into permanent postwar employment, “when the spirit of benevolence is less of a moving spirit than it seems to be today.” Likewise, Virgil Smirnow, chairman of the Washington, D.C. Council for the Handicapped, expressed fears about the end of the war to a 1945 AFPH mass meeting. The end of the war had finally arrived, but with it, he asserted, came “the grim possibilities of lay-offs and unemployment, inflation and temporary depression.”

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In 1945 AFPH member Melvin E. Schoonover expressed both a sense of relief and anxiety about the end of the war. “The war, thank God, is over;” he wrote, “and shut-ins, like everyone else, are thinking about the future.” The future, in his estimation, was questionable. Homebound disabled people did not “want to return to ‘good old days,’ for they know that the past was not too good to them.” Like other Americans, Schoonover argued, people with disabilities had worked to win the war. “Not being able to fight on the battlefronts,” he wrote, “they did vitally important work on the home front.” Even when homebound, disabled people took in work sorting and cleaning “salvaged rags, metal, and paper,” sold war bonds, and even telephoned war workers to get them to work on time.21

Similarly, in 1945, J. Cooke Howard, AFPH member and Director of the Division of the Deaf and Deafened in the Michigan Department of Labor touted the war work of people with disabilities and warned AFPH members about what the future might have in store for people with disabilities. The nation, he argued, had needed people with disabilities to fill vital positions in industry during the war, but he cautioned that they should not celebrate too soon because their similar World War I “service” had been quickly forgotten. Howard maintained that the federal government had a responsibility to disabled people in the postwar era. “A nation enlisting everyone for war,” he claimed, “assumes a responsibility to provide work for its people in peace.”22 He later asserted, “While we unstintingly honor the sons of Mars who faced the horrors of war, we must not forget the sons of Vulcan who forged the implements of war, and did their full part in the glorious victory.”23
In demanding that their wartime “service” entitled people with disabilities to federal protection of their right to jobs in the postwar era, AFPH members drew on wartime propaganda that connected industrial labor and volunteer activities on the home front to victory. During the war, the federal government inundated Americans with images and slogans that linked everything from salvaging scrap metal, punctuality, safety, and job performance to the success of the military campaign, even the survival of individual soldiers. Americans were told that what they did and said each day at work and at home mattered. Their work, propaganda emphasized, enabled soldiers to keep up the fight to protect the nation (see Figures 3.1 and 3.2). In this context, AFPH members argued that, as wartime propaganda suggested, their home front “service” had been crucial to winning the war, and they, like veterans, deserved to benefit from their service in the postwar era.

Figure 3.1. “Stop this monster that stops at nothing . . . PRODUCE to the limit! This is Your War!” Source: National Archives and Records Administration, Office of War Information, 1943-1945.
While people with disabilities argued that the federal government had a responsibility to them because of their war work, they also maintained that they themselves must fight to have that responsibility honored. In October 1945, Mildred Scott, national secretary of the AFPH, wrote about the importance of organization among people with disabilities. “Many of us who are Physically Handicapped have been able to succeed, both economically and socially,” she maintained, “but there are thousands, yes millions of others who have not. We have been told this is our own fault. We naturally resent that.” For Scott, disabled people had to assume some responsibility for their peers who had not
succeeded. She claimed, “Unless Physically Handicapped people are willing to meet together in their respective communities to discuss economic, civic and social problems, and work out plans to cooperate with other existing organizations, including business, industry, government, etc. we can hope for little improvement.” In her estimation, organization among disabled people formed the key to opportunity. “We must have better opportunities,” Scott argued, “for education and then, when we are educated, a place to earn our living.”

AFPH membership expanded rapidly in the immediate postwar years—growth likely fueled by anxieties about the postwar employment situation. Organized in a federated structure, the national headquarters and officers set the group’s national political agenda and produced two monthly publications, the *A.F.P.H. Tribune* in the late 1940s and *Valor* in the early 1950s, while state departments pushed for local organization and addressed state-level concerns. Local lodges provided a community and social space for members and also allowed them to attack local issues. The AFPH opened “Participating” membership only to people with disabilities, but they offered an “Associate” membership to interested able-bodied individuals. Already in May 1946, the AFPH had 85 lodges and numerous at-large members. By September, AFPH lodges had spread across the country, with a heavy concentration in urban and industrial areas. The states of Michigan and Pennsylvania were heavily organized. Flint, Michigan, Chicago, Indianapolis, Los Angeles, and Washington, D.C. all had two lodges. There were three lodges in Brooklyn alone, one of which boasted that more than 100 members attended an average meeting in May 1946. The AFPH also had lodges scattered throughout the Midwest, South, and West. By the fall of 1947, the organization’s membership numbered 17,000.
The activities of local lodges reflected members’ struggles to lay claim to the rights of citizenship and gain access to social normalcy. Even popular press articles that lauded the work performance of people with disabilities called into question their participation in normal social activities and circles. For example, *Science Digest* suggested that disabled workers had lower absentee rates because they were “less prone to the morning after payday hangover,” and that people with disabilities made “the most punctual employees; shunning crowds in the plant or in public transportation systems.”

In a time when people with disabilities faced stereotypes and multiple levels of discrimination, it is not surprising that they sought to build a separate community, controlled by people with disabilities. In local lodges, people with disabilities could assert their citizenship and demonstrate their commitment to the country. Finally, lodges also allowed disabled citizens to build organizational connections and address discrimination on the local level.

At the local level, members participated in sports, celebrated holidays together, organized social events, and even found love and marriage in the organization. In 1945, Bill Uren of Detroit Lodge 27 proudly announced the victory of the lodge’s baseball team over the Flint Association of the Deaf. At a margin of 20 to 2, Uren reported that his team had “licked” their opponent, and the *A.F.P.H. Tribune* commented, “Those Detroiter, evidently are a tough gang.”

Detroiter did more than play baseball. Detroit, along with New York City and Washington, D.C., played host to mass meetings in support of AFPH legislation in the spring of 1946. That same year, the Detroit chapter put on a “Grand Dance-Floor Show.” Likewise, members of one of the New York City lodges organized a ball celebrating National Employ the Physically Handicapped Week in 1946. In a short space of time in 1950, the Saginaw, Michigan lodge held a meeting, a card party, a
banquet, a dinner in preparation for a membership drive, and a Halloween party. Lodge member Shirley Lusak reported, “there is no ‘Sag’ in ‘Saginaw’—still moving right along.” Members of the Pittsburgh lodge also held a Halloween party that year, and members of a third Washington, D.C. lodge, Lodge 94, threw Christmas, Halloween, and Valentine’s Day parties. In July 1951, Detroit AFPH members held a weekend retreat at Kessington Park, Michigan. Similarly, the Battle Creek and Kalamozoo Lodges jointly held a picnic in the summer of 1951. The frequency of these social events speaks to the importance of the AFPH in members’ social and recreational lives.

For some local chapters, even recruiting new members became a social activity. Florence Foerster reported that the Bay City, Michigan, lodge held a three-month long membership drive. Chapter leaders divided the group into two teams, and the team that did not recruit the most members had to treat the winning team to dinner. The contest, long before the end of the competition, had already brought in new members. Foerster told *A.F.P.H. Tribune* readers, “But, naturally, most of us will keep right on looking for ‘new members’ until our local will have to look for another meeting hall!!”

Few other experiences would have been as normative for members of the AFPH as marriage in the postwar era. “Those who came of age during and after World War II,” scholar Elaine Tyler May reports, “were the most marrying generation on record: 96.4 percent of the women and 94.1 percent of the men.” The social space that the AFPH created for people with disabilities also led many members to find love. In 1951, *Valor*, the AFPH’s magazine, reported, “Wedding bells will ring for Eileen Crumley and John Shackelton on August 17.” Both Crumley and Shackelton were active members and officers in Pittsburgh Lodge 113. In 1952 *Valor* reported, “CUPID HAS JOINED AFPH!
Proof is—from many Lodges we receive word that couples are pairing off, getting ready for the BIG LEAP YEAR. . . . [I]t seems that AFPH is turning into a sort of matrimonial bureau.”43 Pat DeSoo and Beatrice Heise, both members of the Rochester lodge, announced their engagement to 

 Valor readers in July 1953.44 Florence Foerster, a national vice president, who had planned to marry A. Robert Cox, another AFPHer, before his untimely death, married Harry Leiner of Saginaw, also an active AFPH member, on June 27, 1953.45

The social space provided by the AFPH held many meanings. On the surface, AFPH members simply engaged in the same sort of social activities that able-bodied people at the time enjoyed, but in creating a separate space to enjoy these activities, people with disabilities both staked a claim for their right to participate in society and rejected the notion that people with disabilities were not only physically handicapped but also socially handicapped.

Beyond building a social space, members also used their local lodges as places to assert their citizenship, to build political relationships, and to attack local discrimination. Even the seemingly social activity of marriage carried political weight for people with disabilities. As historian Nancy F. Cott has demonstrated, in American history marriage has been “bound up with civil rights,” defining distinctions between citizens and legitimizing some families, while stigmatizing others.46 Thus, when AFPH members married one another, they asserted their rights to join their able-bodied peers in taking on the adult-citizenship roles of husband and wife. But, local chapters also sponsored purely political events. For example, Washington, D. C. Lodge 94 held first-aid courses. Instructors trained those who were unable to perform mouth-to-mouth resuscitation because of
their disability to direct others in artificial respiration. The first-aid class grew out of concerns about civil defense, and in seeking this training, members asserted both their patriotism and fitness as citizens, even if they had been denied access to many avenues to citizenship.47

Like many organizations, the AFPH got caught up in the Red Scare, and their participation in anti-communism gave members a further opportunity to prove their worth as citizens and patriots in an increasingly conservative political climate. When their president, Paul Strachan, at the fifth biennial convention in 1950, “warned the group to be alert to the danger of Communists and others who may try to ‘worm their way’ into AFPH,” and Senator John J. Sparkman, Democrat of Alabama, argued that people with disabilities could play a significant role in meeting “the present challenge by a ruthless foe,” members reacted quickly to assert their loyalty. Ultimately, the AFPH members voted that day to deny membership to anyone who would not take an oath of allegiance to the U.S.48 While the anti-communist movement weakened organizations by purging radical voices and silencing many important debates, communism had become the antithesis of American patriotism and loyalty, and in requiring members to swear allegiance to the nation, AFPH members proudly proclaimed their right to be viewed as proper and patriotic citizens.49

Members also fought on the local level for jobs and equality for people with disabilities, combating discrimination with publicity campaigns, legislation, and even businesses of their own. When Perry E. Seely, a vice president of the AFPH, recognized that people with disabilities were “getting the ‘axe’” in California plants in the fall of 1945, his lodge mounted a campaign to counter the lay-offs.50 Other members, like Harold J.
McMahon, and chapters, like the one in Charlotte, North Carolina, launched businesses and created employment opportunities for themselves and other disabled people.\textsuperscript{51}

Members also pushed local officials legislation to increase educational opportunities and building access. Perry Seely, along with other prominent deaf leaders in California, including AFPH member Alice T. Terry, led the charge to get a new state school for the deaf in southern California, arguing that population growth had left the state’s facilities inadequate.\textsuperscript{52} The campaign succeeded in winning two million dollars for the new school.\textsuperscript{53} In 1950, one of the New York City lodges sponsored a forum, entitled “Local Legislation and the Handicapped.”\textsuperscript{54} Mary Krasnogor, a national vice president of the group and sole owner and operator of Krasnogor Realty Agency in Framington, Massachusetts, pushed for state legislation mandating ramps in public and semi-public buildings.\textsuperscript{55}

Reflecting the importance of organized labor to the national organization, local lodges also sought political support outside of the organization, building ties with local labor organizations. The Pittsburgh local chapter received “strong support” from organized labor locally, especially from the United Steel Workers, and local labor leaders had agreed to attend and speak at a September 1946 AFPH mass meeting.\textsuperscript{56} Similarly, the IAM Local 46 gave members of the Battle Creek, Michigan AFPH lodge a pledge of support in 1950. “Any class of people who believe in organization for the sole purpose of improving their economic conditions in life, their social position in life, and the respect of other classes of people,” the pledge read, “are entitled to the respect and cooperation of a great union such as ours.”\textsuperscript{57}
While local lodges offered members a community and a place to address local concerns and assert citizenship, the organization viewed disability discrimination as a national problem that needed to be addressed by the federal government. On the national level, the organization established an agenda that underscored the war service of people with disabilities and called for federal action to end discrimination and to improve programs designed to allow people with disabilities the opportunity to participate fully in civic life. The AFPH’s first national campaign, launched in 1942, sought to have Congress set aside a week each year to promote the employment of people with disabilities. For the AFPH, the campaign and eventual enactment of National Employ the Physically Handicapped Week only “mark[ed] the beginning of a movement that will benefit the Physically Handicapped.” By 1944, the AFPH had adopted an expansive agenda, which it had already begun setting before Congress. They demanded that the federal government not only establish an agency for people with disabilities, staffed as much as possible by disabled people, but also that the agency provide them with health care, education, and job training and placement. Moreover, they called on the federal government to end “all unfair discrimination” against disabled people in both government and private employment. Ultimately, AFPH leaders demanded that people with disabilities “be integrated into our social and economic life, as full partners in our way of living.”

An economic program at its base, the AFPH’s agenda called for jobs and economic security and citizenship for America’s disabled citizens. As prominent AFPH member Charles Hobbins told congressmen, “The handicapped do not want sympathy, doles, or special privileges. They can be pardoned for believing that they are entitled to equal opportunities within reach of their abilities.” Similarly, J. Cooke Howard argued
that “it is far better for society, as a whole, as well as for the handicapped, that it be made possible for them to take their places as useful, productive, self-supporting citizens adding to the wealth of the nation than, as too often in the past, being liabilities to their communities.”

The national organization attempted to build the political power it needed to enact its agenda. It called on its members to vote and to cast their ballots with issues of disability in mind. For example, in June 1946 the *A.F.P.H. Tribune* called on disabled people to register to vote, imploring, “DO IT NOW!” Instructing readers to vote in both primaries and general elections, the article went on to give advice about how to vote. “If the 25,000,000 Physically Handicapped make known their needs, and candidates for public office refuse to approve remedies therefor [sic],” the author contended, “then the Handicapped, in self-protection, should work and vote for those who pledge support to such programs.”

AFPH member Howard F. Nolan urged members to vote, declaring “Vote, if you have to crawl to the polls.” Nolan’s suggestion that some members might have “to crawl to the polls,” did not represent dramatic flourish as some people with disabilities also faced de facto disenfranchisement. Poverty restricted access to aids like wheelchairs, and those who used wheelchairs still needed building access. Melvin E. Schoonover argued, “The truth is that the home-bound are, for all practical purposes, denied the use of the ballot. . . . simply because they cannot go to the polling place.” Thus, the AFPH’s emphasis on voting called on many members to demand access to the polls.

Through its publications, the organization sought to make clear to its members who their friends in Washington were. Nolan argued that AFPH members “should make
it our business to know our own local and state and national office-holders. What do they do for us?” He also reminded members that congressmen like Jerry Voorhis, Augustine B. Kelley, and John J. Sparkman, who had all supported the AFPH, needed members’ votes. Likewise, in preparation for the 1952 Presidential election, the AFPH contacted all potential candidates in March of 1952 to determine their positions on several of the organization’s legislative initiatives. Valor, the AFPH’s magazine, published responses to the inquiries along with commentary on candidates’ records on various disability issues. For example, Dwight D. Eisenhower’s personal assistant claimed that Eisenhower was far too busy to address political issues as he was still on active duty. Valor writers countered that he had found time to address political questions for Texas oil moguls, “and that,” they fumed, “certainly, IS POLITICAL!” On the other end of the spectrum, Valor noted that Vice President Alben Barkley, as Senate Majority Leader, had provided the AFPH with the essential support that allowed National Employ the Physically Handicapped Week to be established as law. On the whole, the article concluded, people with disabilities should “lend their support to those candidates whose records and pledges show their intent to aid the Handicapped.”

Beyond building legislative and political momentum, the AFPH sought to uncover the source of the difficulties faced by its constituents and promote placement of people with disabilities through conferences, special sessions during conventions, and other events. These conferences and meetings often featured able-bodied allies of the AFPH. For example, the AFPH’s Second National Conference on Placement of the Severely Handicapped accommodated some 200 delegates, three days of meetings, and panels on epilepsy, multiple sclerosis, poliomyelitis, and muscular dystrophy. One such
special forum, on cerebral palsy, at an AFPH convention saw Representative Frederick A. Muhlenberg (R-PA) in attendance. Muhlenberg, whose 28-year-old daughter Betty had cerebral palsy, would be an ally to the AFPH in the House of Representatives.69 Paul Strachan used his extensive personal connections to recruit legislators, labor leaders, and Hollywood movie stars to attend AFPH events. He arranged for Vice-President Henry A. Wallace to speak at a July 9, 1943 meeting of the AFPH. Among other political officials, Strachan also recruited Lewis Hines, representing William Green of the American Federation of Labor, and Monroe Sweetland, director of Congress of Industrial Organizations’ War Relief Commission to speak.70 In October 1951, Senator Blair Moody (D-MI), and House Majority Leader John W. McCormack (D-MA) as well as Hollywood personalities such as Elizabeth Taylor, Randolph Scott, and John Ford attended an AFPH-led celebration of National Employ the Physically Handicapped Week.71

Paul Strachan also used his political connections to end discrimination against people with disabilities whenever possible. For example, in July 1948, he wrote to John R. Steelman, assistant to President Truman, concerning the admission of aliens to the United States. According to Strachan, immigration regulations seemingly took for granted that epileptics would become public charges, lumping epilepsy and insanity together.72 “Now, John,” he warned, “this would make a nice, juicy story for me to present the press, as another evidence of the arrant stupidity, ignorance, and general damn’ foolishness of some of our officials.” He went on to ask Steelman to have the matter investigated, concluding, “in proof of my further devotion, I’ll keep my trap shut, until some sort of remedial action can be worked out, if possible.”73 Steelman asked the Department of Justice to take up the matter, and the task of finding a solution fell to Assistant to the
While Ford determined that the restrictions against those who might become public charges and people with epilepsy were not related and expressed little sympathy for Strachan’s cause, it is remarkable that the AFPH wielded enough influence to warrant Ford’s investigation of the regulation.\textsuperscript{75}

Perhaps Strachan’s doggedness forced consideration of his many requests. According to William Hassett, President Harry S. Truman’s correspondence secretary, Strachan was “one of the most persistent men with whom we deal.” He declared, “There seems to be no limit to the requests which he makes of the President. As fast as one request is granted he comes back with two more.”\textsuperscript{76} Despite Strachan’s persistence, and the AFPH’s goal of organizing all people with disabilities to fight discrimination, the organization often struggle to create unity in the face of difference.

“AN EXTREMELY COMPLEX PROBLEM”: FACING DIFFERENCE\textsuperscript{77}

When introducing Paul Strachan to the Third Biennial Convention of the AFPH in 1946, Dr. Ira D. Scott of the Veterans Administration (VA) suggested that organizing people with different disabilities could be a difficult task. He spoke of the need “to avoid conflicts between the purposes of different groups having what so often seem to be almost identical interest.” He commended Strachan’s record on handling such conflicts, pointing to both his recognition that many of the lessons employers needed to learn about disability applied to all disabled individuals, regardless of the particular type or source of disability, and his acknowledgement that disabled veterans were in a different situation than disabled civilians.\textsuperscript{78} Scott’s introduction addressed to one of the major difficulties
faced by the AFPH—difference among people with disabilities and conflicts among the organizations that represented them.

In a 1952 AFPH council meeting, Paul Strachan complained that the organization faced difficulty organizing people with disabilities. He argued if the AFPH asked ten disabled people to join the organization, only one would actually become a member. “Three,” he claimed, “would say they do not need AFPH; they have a job, and they are not in need of money; they do not want any organization effort.” He maintained, “Two would say they do not want it known that they have a handicap.” The others, he declared, “would immediately start asking us for help beyond our means to give,” demanding “expensive treatments” and actual job placement.79

Strachan’s comments at that 1952 council meeting suggest only some of the problems the AFPH faced in its attempt to organize all people with disabilities. Even before the AFPH found organizational footing, conflict between the AFPH and the National Association of the Deaf (NAD) erupted. In many ways, Paul Strachan sowed the seeds of this conflict before he founded the AFPH, when he contacted NAD leadership in the fall of 1941 and offered his legislative and personal connections to develop a program to benefit deaf citizens. He proposed to organize a national headquarters in Washington, D.C. and establish a federal bureau for the employment of deaf workers. Mirroring much of his later strategy for the AFPH, Strachan’s vision for the NAD also included a national publicity campaign to tout the abilities of deaf workers, a federal investigation into government hiring practices, and a coalition with organizations of hard-of-hearing people. He understood that Congress would act only if the NAD represented all those who might utilize the proposed bureau’s services, but he failed to understand that the NAD fought to
preserve sign language and deaf culture against oral methods of teaching and communication. Many organizations of hard-of-hearing citizens, like other oralists, argued that sign language separated the hearing impaired from the broader culture and that it should not be utilized in teaching or communication; therefore, NAD leaders feared that the larger hard-of-hearing groups would work against deaf interests by attempting to eradicate sign language through the proposed coalition and bureau. When NAD leaders failed to expand their membership, Strachan’s vision broadened again, proposing that the would-be deaf bureau supervise all state schools for the deaf. NAD leaders viewed this as yet another situation in which sign language might come under attack. Their fear over losing cultural autonomy combined with a sense that deaf men and women would no longer need employment assistance as the wartime boom increasingly drew more deaf workers into the economy. The NAD broke off contact with Strachan, who began to believe that a coalition of all people with all disabilities was necessary to affect real change.80

Strachan’s experience with the NAD did more than inspire him to create a pan-disability organization. On the one hand, this experience laid the foundation for a strained relationship between the AFPH and the NAD and foreshadowed the AFPH’s continual struggle to motivate people with different disabilities, needs, and experiences to find common ground in the shared status of disability. In his dealings with the NAD, Strachan had been unwilling to compromise, and he could be a difficult man to work with if one’s views diverged from his own. Historian Susan Burch demonstrates that as Strachan became increasingly “bellicose,” deaf leaders began to view him as “extreme.”81 On the other hand, Strachan’s personality and early dealings with the NAD do not explain the conflict entirely.
In 1944, Marcus L. Kenner, legislative representative of the NAD, attacked the AFPH. “With all due respect to all other groups,” Kenner argued, “we resent being dragged into this conglomeration and to be included in the generalizations made by the American Federation of the Physically Handicapped, especially the nearly 12,000,000 suffering from chronic diseases.” Kenner told congressmen, “From its inception more than 60 years ago, the National Association of the Deaf has warred against peddlers, beggars, and their ilk.” Kenner clearly equated people with visible disabilities and chronic diseases with beggars, implying that people with visible disabilities lacked the moral strength of deaf people. He maintained that the policies of the AFPH were “misdirected.” For the NAD, AFPH “policies would undermine the individual initiative of the deaf and substitute Government largess for personal responsibility.” Kenner further declared, “No; the deaf are absolutely not living in ‘misery, privation, and despair’ as the American Federation of the Physically Handicapped would want you to believe.”82 Later, Kenner would refer to the AFPH as “a small minority led by a man who was formerly a member of our National Association of the Deaf, became disgruntled and broke away to establish a small Washington clique with himself as the self-elected Messiah of the handicapped.” Kenner contended, “The deaf of this country have never endorsed him—and never will.”83

Scholar Robert Buchanan attributes the attitude of NAD leaders to the reluctance of deaf Americans to be associated with other people with disabilities. According to Buchanan, “A few deaf opponents of affiliation with the AFPH were driven by antipathy to adults with other disabilities as much as by pride in the deaf community.” For example, one attack on the AFPH and its legislation characterized the disabled as charity-seekers:
“Who of us wants to stand on America’s Main Street, and howl to the world: ‘Pity me, I am deaf, I am physically handicapped. Give me a job because I am so physically handicapped’.” Many deaf Americans resented their association with disability and sought to obtain employment without assistance or what they viewed as government handouts. Their pride in the deaf community and culture motivated numerous deaf Americans to balk at government aid and the notion of themselves as members of a broader community of people with disabilities.  

In spite of the NAD’s opposition to the AFPH, many deaf Americans joined the AFPH, even men and women who had once been leaders in the NAD. J. Cooke Howard, a former president of the NAD and the Gallaudet College Alumni Association, joined the AFPH. “The deaf have, after forty years or more,” he argued, “been unable, through their national organization, to interest the Federal Government in their efforts to improve the status of the deaf.” Howard told an AFPH mass meeting that the deaf “have now joined with other handicapped groups, through the American Federation of the Physically Handicapped, to secure such recognition.” Howard was not the only deaf leader who turned to the AFPH. For example, deaf community leaders filled the AFPH Committee of the Deaf: J. Cooke Howard; August P. Herdtfelder, who had been a teacher at the West Virginia State School for the Deaf and a leader in the Baltimore, Maryland Division of the National Fraternal Society of the Deaf; Alan B. Crammattee, a Gallaudet graduate and a teacher for many years at deaf schools; Alice T. Terry, who was twice president of the California Association of the Deaf; Ernest C. Herron, who had served as president of the Dixie Association of the Deaf; and Perry E. Seely, who had been active in the NAD
and also served as president of the California Association of the Deaf, all served on the committee.\(^8^6\)

While the AFPH’s relationship with the NAD was contentious at best, the AFPH worked very hard to build relationships with veterans’ organizations. In 1945, Milliard W. Rice, National Service Director of the Disabled American Veterans (DAV), told \textit{A.F.P.H Tribune} readers, his organization offered “the hand of fraternal cooperation to the American Federation of the Physically Handicapped.” He argued that the legislative achievements and precedents won by disabled veterans would be “a stepping stone” to similar achievements for disabled civilians.\(^8^7\)

Much as Rice viewed legislation for disabled veterans as path-setting, the AFPH leadership understood the political power of disabled veterans and sought their membership and cooperation. For example, the \textit{A.F.P.H. Tribune} ran a veterans’ column, entitled “Uncle G. I. Joe Speaks.” “Uncle G. I. Joe” lambasted the Veterans Administration’s (VA) rehabilitation program for poor administration and organization. The author called on the VA to offer a more “efficient, effective” program, arguing, “Only in this way can we look our returning disabled service man in the eye and say, ‘Welcome home, my boy!’”\(^8^8\) The AFPH also recruited Rice to serve as a vice president of the AFPH.\(^8^9\)

When Paul Strachan learned in January of 1946 that Atlantic City civic leaders had succeeded in closing the Thomas M. England General Hospital, which served as an amputation center, because the “amputees on the boardwalk at Atlantic City depress visitors and therefore hurt business,” he immediately fired off three letters—one to the Secretary of War, one to the Mayor of Atlantic City, and a final one to David K. Niles, an assistant to President Truman. Strachan admonished Mayor Joseph Altman, warning him
that 26 million disabled Americans would feel “unwelcome” in Atlantic City’s many re-
sorts if the city continued in its plans to force disabled veterans out of the city. He then
attacked Secretary of War Robert Patterson for allowing business leaders to deny veter-
ans the opportunity to recover in Atlantic City with its therapeutic climate. “Can it be,”
he asked, that the very country that had asked these men to sacrifice their safety and
limbs “would place the interests of self-seeking hotel and resort owners above the inter-
est, and welfare of the wounded, themselves?” Finally, Strachan appealed to Niles to
place the issue in front of the president, reminding Niles that favorable action from the
president could bring votes.  

Outrage and a desire to recruit disabled veterans in to the AFPH and win the sup-
port of the entire population likely motivated Strachan’s efforts to save the Thomas M.
England General Hospital. He was no doubt aware of the immense political capital that
veterans possessed in the immediate post-war years, when he asked Harold Russell to
speak at a 1948 AFPH meeting. Ultimately, Strachan was able to win the favor of
AMVETS (or American Veterans), and Clarence Adamy, National Placement Officer of
AMVETS, pledged the organization’s support of the AFPH Program. Judging by their
participation at AFPH events, such as a panel discussion of the one AFPH’s bills to create
a federal agency for people with disabilities, the Veterans of Foreign Wars also supported
AFPH. Omar B. Ketchum, national legislative director of Veterans of Foreign Wars par-
ticipated in the panel, while the DAV’s Honor Guard, District Department, presented the
flag.  

The federated structure of the AFPH also allowed disabled veterans to form their
own lodges and to address issues specific to their situation. “The patients of U.S. Marine
Hospital, Carville, La., afflicted with Hansen’s Disease, (Leprosy),” the *A.F.P.H. Tribune* reported, “formed a new Lodge.” Founded in 1946, the group immediately set out to have their issues heard. Colonel G. H. Rarey sent “AFPH H.Q. an elaborate treatise on the needs of these new brothers.” The *Tribune* reported that Rarey’s “treatise” had been presented to the House subcommittee that had long been hearing testimony on disability and that the subcommittee promised if at all possible to convene a special meeting to hear testimony from representatives of the institution.94

The cause and nature of members’ disabilities were not the only differences among members. While members came from all walks of life, the vast majority of AFPH lodges were located in industrial areas, and given local lodges’ affiliation with unions, it is likely that most members came from working-class families. Many of the men and women of the AFPH needed employment as much as they wanted to lead productive lives. Certainly, there were exceptions, but the AFPH equated disability with poverty caused by discrimination and overwhelming medical costs. While this analysis might not have held up for disabled citizens from very wealthy families, disability and inability to obtain employment undoubtedly caused financial strain for most. Moreover, the AFPH’s program was as much about achieving independence, be it financial or personal, as it was about directly improving the economic lot of disabled Americans. The push for opportunity had broad appeal. African Americans and women with disabilities also joined the AFPH, but these members faced multiple levels of discrimination.

For example, Alice A. Dunnigan, representative of the Associated Negro Press and a member of the President’s Committee on National Employ the Physically Handicapped Week, told senators hearing testimony on the rehabilitation service in 1950 that
disabled African Americans faced a rehabilitation service that cared little about their welfare. She noted that while millions of African Americans had disabilities, they were not “being afforded the service they need, and assuredly, all-too-little of States’ rehabilitation activities concerns itself with colored people.” She claimed that “in a great mass of files” from the rehabilitation service she found “just a few Negroes” who had been rehabilitated. Dunnigan read the senators a letter she had received from an African American woman in Fayetteville, North Carolina. The woman said that she had been looking for a job for three years with no success. “Everytime they have those handicapped jobs,” she wrote, “I go and they turn me down every time and laugh at me because I tell them I can’t hear, and they laugh at me and they say, ‘We don’t have any jobs, not for deaf people.’” Dunnigan argued that racial discrimination had made this woman’s difficulties in securing aid or employment much worse.95

She was not alone in reporting that the rehabilitation service discriminated against African Americans. J. Rosemond Cook, Jr. of the AFPH charged, “The administration of the facilities of the Federal program for the handicapped is wholly inadequate and inequitably administered for the benefit of Negroes in the South.” Cook told the story of an African American woman in Georgia who had polio and was in college to become a teacher. The young woman had received some assistance to attend college from the rehabilitation service, but it had never covered her full expenses. Until her junior year, she held a part-time job to pay the deficit, but her course load and her physical strength no longer allowed her to maintain a job and do well in school. Cook worked with her to get additional support from the rehabilitation service, but he could report little success. Cook, a quadruple amputee, had also had a negative experience with the rehabilitation service in Geor-
gia. He applied for prosthetic devices to allow him to walk, but even after passing a medical examination, he had not received assistance or even word of a decision. Even after calling the office every day for three months, Cook still did not get a response.\textsuperscript{96}

Cook also knew an African American man who had once been employed as a teacher, but could no longer teach because educational requirements had changed. He could no longer walk, but instead had to crawl because his legs were “all drawn.” The man had a wife and a family, including a son who needed medical attention for “spells,” but was unable to receive adequate assistance for himself or his son. Cook counseled the man about the benefits for which he qualified and told him to go to the welfare office with his physician and minister to request those benefits. The man responded, “Now you referred me to get my minister to go with me, also the doctor. Now I could get the doctor to go, but as far as my minister, all the Negroes down in this part are afraid [sic] to ask for help for us.” He reported, “Now I know it will do no good for me to say one thing to her [the welfare worker in his district] because she has said some hard words to me.” Ultimately, the state denied assistance to the man because he lived in the same household as his father who continued to be employed.\textsuperscript{97}

In 1952, Cook launched Atlanta lodge 135 with 31 members, who were, according to \textit{Valor}, “some of the most prominent leaders of Atlanta’s Colored citizenry—doctors, lawyers, business men, and workers in various lines.” A former football player at Morehouse College, Cook had Buerger’s disease, which led to the eventual loss of all of his limbs. He hosted a weekly radio broadcast in Atlanta to discuss the “movement” and established the Colored Division of the Georgia Department of the AFPH. “Despite these
handicaps,” he told *Valor* readers, “I desire to live a normal life, and I want to devote my life to the promotion of the Colored Division of the Georgia Department of AFPH.”

On the surface the AFPH appears to have condoned the South’s Jim Crow system of separate and unequal treatment of African Americans in allowing segregation in its local chapters. In fact, the organization’s approach to racial differences was complicated and ambiguous. On the one hand, Cook felt compelled to organize separate chapters and state departments for African Americans with disabilities. On the other hand, national AFPH publications covered his successes in Georgia with pride, and members elected Cook to serve as a national vice president, a role that gave him the opportunity to testify before a House committee about racial discrimination in the rehabilitation service in Georgia. “J. Rosemond Cook (‘Jim,’ to the Convention),” *Valor* reported in October 1952, “talked, sang and acted his way into the hearts of the delegates, who elected him a Veep, after he pledged to devote the rest of his life to furthering AFPH work. Jim says he will organize the Colored people in the South, and elsewhere, and he has already made a splendid start in that direction.” While the national agenda of the AFPH never explicitly addressed the kind of double discrimination that African Americans with disabilities faced, the national organization welcomed Cook and his efforts to create state and local chapters dedicated to addressing these concerns and to place these issues before Congress. Whether Cook felt unwelcome in the organization’s white Atlanta chapter or he sought to build a community interested in addressing the particular concerns of African Americans with disabilities is unclear. What is clear, however, is that Cook used his power within the segregated chapters of Atlanta to propel racial discrimination into the consciousness of national members and leaders.
Like African Americans in the postwar era, women with disabilities faced double discrimination. Despite trends of increased employment outside of the home and continued organization among women, women experienced discrimination in education and employment and a tightening of gender roles in the immediate postwar period. Women could expect to be paid less for equal work, and whether employed or not, they continued to hold full responsibility for the upkeep of the home and the care of the children. The situation was far more complex for women with disabilities.

In 1948, two disabled women met at Detroit’s Statler hotel. The press covered the event because one of the women was actress Susan Peters. The other woman, whose position in the headlines was only “Crippled Detroit Girl,” was Iride Valmassy, vice president of the Detroit Lodge of the AFPH. While the press cooed about the lovely girls in wheelchairs, the women discussed serious matters. Peters told Jack Pickering of the Detroit Times that “It’s only about a dozen years anyway, since society has begun to give the handicapped a chance to show that a physical handicap doesn’t mean you have anything wrong with your brains.” Valmassy, an Italian immigrant and daughter of a factory worker, had a less optimistic view of the employment opportunities available for people with disabilities, especially women: “I worked during the war. I worked in one of the aircraft plants, but V-J Day came and that was the end of the job. If I was good enough then, why was it so hard to even get a chance after V-J?” In fact, it had taken the 24 year old Valmassy three years after the war to even get a “tryout” position as a typist. She complained, “It’s still so much harder for a woman to get a chance. You can’t even get in to see the employment managers.” Valmassy’s struggle for employment, made difficult
because of her disability and compounded because of her gender, reflected broader problems women with disabilities faced in postwar America.

While all people with disabilities faced employment discrimination, disabled women often faced greater obstacles than their male peers. Mary Krasnogor reported that it took her twelve years to find suitable long-term employment, ultimately only gained through self-employment. She complained that because she had been denied rehabilitation finishing her education and acquiring job skills had required “undue sacrifice, physically and financially,” by her parents.\(^{103}\) Cynthia May Lurie criticized employers for their attitude toward her disability. She noted, “Some of those who interviewed me asked me if I had a warm home and plenty to eat. After telling them I did, they couldn’t understand why I wanted to work.” Still other employers, she argued, “treated me as though I was out of my mind and would rush me out of their office at the beginning of the interview.”\(^{104}\) Both Lurie and Krasnogor faced extreme difficulties in finding employment. Their struggles for work were no doubt increased because of their gender.

Historians Paul K. Longmore and David Goldberger have argued that stereotypes that painted women with physical disabilities as unfit for the role of wife and mother led many families to encourage disabled daughters to seek higher education and employment. For example, one disability activist in the 1930s reported that her mother encouraged her to develop a career and a path to financial independence in case she never married. Longmore and Goldberger posit that both these stereotypes and parental responses to them explain the prevalence of women with disabilities in disability activist groups, like the League of the Physically Handicapped in the 1930s.\(^{105}\)
A similar dynamic was at work in postwar America. Disabled women faced employment and social discrimination. As a consequence, women were extremely active in the AFPH. Women not only participated in local lodges but also held leadership roles within the organization. Mildred Scott, the secretary of the organization for more than a decade and later the secretary-treasurer, worked tirelessly for people with disabilities. Iride Valmassey served not only as an officer in Detroit but also as a national vice-president. Other women, like Margaret Nickerson Martin, Agnes Schnaus, Mary Krasnogor, and Florence Foerster, also served as national vice presidents. The AFPH offered women with disabilities a social space where they found acceptance, and some found marriage in a time when society questioned their capacity to fulfill the roles of wife and mother. Most of all, however, the AFPH’s call for employment opportunity appealed to women with disabilities. One AFPH activist, Virginia A. Pearson, wrote, “I have no thought that I am indispensable to a better world, but to contribute my share and to be independent is a forceful urge within me.” She wrote of the “burden” that would be lifted from families if people with disabilities could attend colleges and find work. AFPH women sought work and professions through activism. They did not set out to change the gender order. They had been excluded from the normal bounds of that order, and they simply wanted a valid identity—be that as a worker, an activist, or a wife.

The AFPH courted disabled members regardless of the type and severity of their disability and the manner in which they became disabled. Physical disability, a loyalty pledge, and dues were the only requirements for full membership in the organization. Creating unity among such a diverse group of people proved to be a difficult task for the AFPH. People with different types of disabilities, disabled in different ways, with various
financial means, and some facing multiple types of discrimination, expressed different needs and desires. In many ways, the federated structure of the AFPH allowed the organization to overcome many of these difficulties, giving groups a great deal of latitude to address issues of special concern to different lodges. In the end, the differences of race, class, and gender proved to be less of a sticking point for the organization than creating unity among people with different types of disabilities. The economic focus of the AFPH and its call to end educational and workforce discrimination and dependence appealed to members across race, class, and gender lines. But, the notion that all people with disabilities had enough shared interest to organize did not appeal to all people with disabilities and the groups that represented them.

CONCLUSION

The Second World War sparked great changes in the field of disability policy and in the actual employment of people with disabilities. Despite these changes, disabled people continued to face social, economic, and educational discrimination, and the rehabilitation service, even at the height of the wartime labor shortages, did not come close to providing rehabilitation to a majority of the citizens who needed assistance to enter or reenter the workforce. While the war initiated new economic expectations for many people with disabilities, it also created considerable anxiety about the postwar era as many disabled people feared that peace would bring with it a return to the discrimination and economic insecurity of the past. It was in this climate of change and fear that the AFPH stepped onto the national scene. The organization gave members a political voice to express personal experiences of discrimination and the failures of federal programs. More-
over, the organization created a space for members to lay claims to citizenship and social normalcy. The national platform of the organization attacked the rehabilitation program and its officials who had deemed so many of AFPH members unfit for work. While the AFPH struggled to meet the needs of its varied members, ultimately the call for opportunity appealed to many disabled people. The organization’s greatest opponents would come from outside the ranks of people with disabilities as it struggled to control disability policy. Officials in the Federal Security Agency, rehabilitation experts, physicians, organized labor leaders, and officials in the Department of Labor would all stake a claim for authority in the effort to establish postwar disability policy.
NOTES

1 “Rath,” *A.F.P.H. Tribune* (September 1946), 13..


3 Ibid., 579.


10 Ibid.

11 Ibid.


Publication of the A.F.P.H. Tribune and Valor depended heavily on the organization’s finances, and particularly in the 1950s, the regular publication of Valor was spotty at best.


“War Jobs for the Handicapped,” Science Digest 13 (March 1943), 58.


36 Ibid., 21.


39 Ibid.

40 “Lodge Notes,” A.F.P.H. Tribune (June 1946), 16.


43 “Who’s Who and How Come, IN AFPH,” Valor 3 (July 1952) 6, 19, 21.


49 For more on anti-communism and its impact on American culture see Ellen Schrecker, Many are the Crimes: McCarthyism in America (Boston: Little, Brown, 1998), and James T. Patterson, Grand Expectations: The United States, 1945-1974 (New York: Oxford University Press, 1996), especially chapter 7.


52 “A.F.P.H. Vice-President Seely Leads Movement for New State School for Deaf In Southern California,” A.F.P.H. Tribune (March 1946), 11.


“National Employ the Physically Handicapped Week’ is October 7th through 13th, 1945,’” *A.F.P.H. Tribune* (October 1945), 3.


“Register and Vote!,” *A.F.P.H. Tribune* (June 1946), 18.

“We Who Are About to Vote,” *A.F.P.H. Tribune* (September 1946), 12.


“We Who Are About to Vote,” *A.F.P.H. Tribune* (September 1946), 12.

“Vote, and Be a Better Citizen!,” *Valor*, Volume 3 (July 1952): 2,4-5.


76 William Hassett to Truman, Memorandum, 4 September 1946, PPF, Box 558, folder 2779, Truman Papers.


78 Ibid.

79 Proceedings of the AFPH Council Meeting, 24 March 1952, folder 7, box 8, UAW Veterans Collection, Archives of Labor and Urban Affairs, Wayne State University, Detroit, MI.


90 Paul Strachan to David K. Niles, 12 January 1946; Paul Strachan to Robert Patterson, 12 January 1946; Paul Strachan to Joseph Altman, 12 January 1946, Box 1289, Official File 443, The Physically Handicapped (1945-47), Truman Papers.


Ibid., 112-113.


Recent scholarship has sought to emphasize the agency of African Americans within the racist system of segregation. See for example, Darlene Clark Hine, “Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950,” *The Journal of American History* 89 no. 4 (March 2003): 1279-1294. Historian Dorothy Sue Cobble has also demonstrated the ways that union women used sex segregation to propel themselves into national leadership roles. See, Dorothy Sue Cobble, *Dishing It Out: Waitresses and Their Unions in the Twentieth Century* (Urbana: University of Illinois Press, 1991).


During the first annual celebration of National Employ the Physically Handicapped Week (NEPHW) in October 1945, Representative John McCormack (D-MA) rose to address the House. “The world,” he said, “arises from the rubble, ashes, and devastation of destruction to gaze with hope and faith upon the early rays of the sun of peace.” Mindful of the postwar difficulties—of reintegrating veterans and managing the economic shift from war to peace—that occupied the Congressional calendar and the minds of his colleagues, McCormack discussed another significant postwar issue, one that was “magnified by the wounds of battle.” That issue was the necessity of securing employment for people with disabilities in the postwar economy.

McCormack argued that not only did people with disabilities desire placement rather than charity but also that the nation’s best interest would be served by ensuring that people with disabilities had the “opportunity for employment.” McCormack linked the drive to secure employment for people with disabilities to the larger problem of full employment for the nation. “Upon employment,” he maintained, “depends national security and greatness.”
McCormack’s remarks before the House wove together two important themes in postwar disability policy. First, McCormack’s emphasis on the war signaled the reason for the intense national interest in disability in the immediate postwar era. Americans emerged from the war with a new awareness of disability. Legislation pending before Congress in 1945 suggested that the “problem” of disability in the nation “will be more severe at the conclusion of World War II than at any other period in the history of our country.” This “problem” of disability seemed to many to be approaching a crisis. Because people with disabilities faced employment discrimination, this crisis was not simply a crisis of health care but an economic one.

Second, by connecting the economic plight of people with disabilities to the stability of the national economy, McCormack expressed one of the major arguments liberals used to justify continued expansion of disability policy. In the immediate postwar era, Americans faced considerable uncertainty, fearing that the wartime boom would give way to a return of the hard times of the Great Depression. Inflation, housing shortages, lay-offs, and labor unrest only exacerbated this fear. Postwar liberal ideology hinged on maintaining full employment and providing economic security against the uncertainties of old age, illness, and unemployment. Liberals in Congress passed the Employment Act of 1946, mandating that the federal government work to secure full employment and economic growth, and both the Harry S. Truman administration and liberal legislators began to consider ways to shore up the welfare state and the protections it offered Americans. For them, continued economic growth required spending federal dollars to bring the economically marginalized into full participation in the economy. Liberals not only found it morally unacceptable to allow people with disabilities to suffer from a lack of economic
opportunities and the chance to participate fully in the civic life of the nation, but they also understood that denying people with disabilities the opportunity to work drained the financial resources of family members, communities, the states, and the federal government. The issue, for liberals, was not so much the economic inequality, but the lack of opportunity for people with disabilities and the economic consequences this discrimination had for the rest of the nation.

Even as liberals forged ahead to address this lack of economic opportunities, conflict emerged among them. Congressional liberals, disability activists, federal agencies, bureaucrats, rehabilitation professionals, physicians, and labor leaders all fought to expand disability policy in the postwar era. Yet, while these groups agreed that addressing the lack of opportunities people with disabilities encountered was a federal responsibility, not all liberals understood the source of these blocked opportunities in the same way. As the American Federation of the Physically Handicapped (AFPH) sought to shape federal policy either through legislative or executive action, disagreements emerged over the nature of the “problem” of disability, who should control disability policy, and what providing economic security for people with disabilities meant.

Divided into four sections, this chapter examines the beginnings of conflict over disability policy in the postwar era. Section one considers various attempts of the AFPH to push its legislative agenda forward and the early efforts of the federal government to coordinate NEPHW observances. Section two explores the work of activists, advocates, and officials in the Department of Labor (DOL) to establish a permanent agency within the DOL not only to direct federal NEPHW efforts and but also to coordinate federal disability policy, efforts that resulted in the establishment of the President’s Committee on
National Employ the Physically Handicapped Week in 1947. These efforts, however, generated considerable opposition from officials in the Federal Security Agency (FSA), the rehabilitation service, and many in the medical profession. Section three analyzes the bureaucratic and ideological roots of this conflict. Section four examines the President’s Committee’s struggle to survive the emerging conflict. Ultimately, Truman would settle the conflict over the President’s Committee in 1949, but the growing ideological differences between disability activists and officials in the rehabilitation service and between the DOL and the FSA would continue to stymie liberal efforts to expand disability policy in the postwar era.

THE FIGHT FOR A COMMITTEE OR COMMISSION

In one of the earliest statements of the AFPH’s agenda, Paul Strachan in May 1942 outlined his plan for “a vast, national educational campaign” regarding people with disabilities. A week long, national celebration to promote the interests of people with disabilities, in his view, would stimulate interest among the general public and help to focus the efforts of people with disabilities themselves for a broader legislative campaign. In this early vision of National Employ the Physically Handicapped Week (NEPHW), Strachan called for annual proclamations of the week by the president as well as governors and mayors. He envisioned a role for disability activists and advocates, women’s groups, organized labor, leaders of industry and business, “eminent educators,” civic organizations, and “the brightest luminaries of stage, screen, and radio” in the successful celebration of NEPHW. Already recognizing the political power that disabled veterans would wield, Strachan reserved a special place for them in his plans for NEPHW. High-
lighting disabled veterans, he believed, would force the public to recognize that creating employment opportunities for disabled people was “not only an economic necessity but a patriotic duty.”

It would be three more years, however, before the AFPH’s program became law. In June 1942, shortly after Representative Harry R. Sheppard (D-CA) entered Strachan’s outline for NEPHW into the Congressional Record, Representative Jerry Voorhis (D-CA) first introduced a joint resolution to establish NEPHW. The resolution, however, never came to a vote that year. As the U.S. inched closer to victory, Congress again considered the NEPHW program. Less than a month after Germany surrendered, Representative Voorhis explained the merits of setting aside a week each year to promote the employment of people with disabilities, emphasizing the needs of the soldiers who would be returning home with disabilities. In the context of the coming end of the war and reintegration of hundreds of thousands of disabled veterans, the resolution (H.J. Res. 23) passed the House. Only days before the U.S. dropped an atomic bomb on Hiroshima, the Senate also passed the NEPHW resolution. On August 11, 1945, the day after the U.S. received Japan’s surrender offer, President Harry S. Truman signed the resolution, establishing the first week of October as NEPHW. The resolution called for “appropriate ceremonies” throughout the nation during the week “to enlist public support for and interest in the employment of otherwise qualified but physically handicapped workers.”

Few legislators argued that people with disabilities did not need aid. Even the conservative legislators who had attempted to weaken rehabilitation legislation during the war did so on the grounds that aiding civilians with disabilities was a local and state responsibility, not to be eclipsed by federal largess, and not on the grounds of the necessity
of the aid. Conservatives even commended liberal disability legislation that hinged on the voluntary efforts of private citizens and organizations, like NEPHW. Liberals, however, believed that disability posed a national problem that required federal action.

Because Strachan viewed the enactment of NEPHW as the first step toward achieving the AFPH’s larger legislative goals, he began to push for the establishment of a coordinating agency to oversee NEPHW events and celebrations. At the end of August 1945, Strachan presented his case to President Truman, asking him to establish a national committee to coordinate national observances of NEPHW. Despite the fact that Strachan’s calls for a coordinating agency went initially unheeded, NEPHW fostered impressive employment gains for people with disabilities in 1945. Truman issued the first proclamation of NEPHW on September 22, 1945, less than one month before the first observance was to begin. Although the president issued the proclamation too late to organize a coordinated federal program, the United States Employment Service (USES) placed some 13,400 disabled Americans in the weeks surrounding NEPHW, including some 8,100 disabled veterans. In the first 20 days of the month, USES reported a 34 percent increase in the employment of people with disabilities over the same time-span in September. Secretary of Labor Lewis B. Schwellenbach considered the increase “noteworthy” as it reversed a 13-month decline in the employment of people with disabilities even as the economy struggled through the transition to peace.

While the results of the 1945 campaign had been promising, Strachan continued to push for a federal body to coordinate national NEPHW efforts, gaining leverage for his cause through his connections with the Department of Labor (DOL). Since Schwellenbach had become secretary of labor in July 1945, Strachan had been cultivating a close
working relationship with the DOL, which gained him the appointment of special consultant on disability for the department beginning in 1946. In April 1946, Strachan appealed to the president through his press secretary Charles G. Ross, again asking that Truman establish a coordinating committee to prevent further lapses in organization. Playing to Truman’s political instincts, Strachan emphasized that he had organized NEPHW to fall one month before national elections, arguing that people with disabilities “would be better convinced that this Administration has their interest at heart, if more emphasis is laid upon the employment-of-Handicapped angle.” He pointed out that NEPHW could serve as a “powerful and potent means” of winning the “good will” of disabled citizens.

At the same time that Strachan renewed his efforts to get the president to appoint a coordinating committee for NEPHW, the House Subcommittee on Aid to the Physically Handicapped held hearing on an APFPH bill to establish a federal commission on services for the physically handicapped. The bill codified much of the organization’s national agenda and thinking on disability policy, as discussed in Chapter Three. As first introduced in 1946 by then Representative John J. Sparkman (D-AL), the federal commission bill had eight key features. The bill would have established a federal commission on services for the physically handicapped in the DOL, transferred all of the offices and special units in the federal government that dealt with problems of disability, including the Office of Vocational Rehabilitation (OVR), to the federal commission, and created a division for people with disabilities within the Civil Service Commission. Further, the bill called for the establishment of a quota system for the hiring of disabled workers, the creation of a personal catastrophe loan system, the formation of a pension system for perma-
nently and totally disabled people, the prevention of disability through safety and hygiene, and the institution of increased building access for people with disabilities.\textsuperscript{14}

During the 1946 hearings on the federal commission bill, Secretary Schwellenbach argued that disability services—“the purely medical and therapeutic” and “the employment aspects”—should no longer be administered separately. He, instead, proposed that federal disability services be administered by the Secretary of Labor. “It seems to me,” he maintained, “that since the end objective is a matter involving the labor force, that the direction of the thing could better come from that side than it could from the purely physical side of rehabilitation.”\textsuperscript{15} Schwellenbach’s testimony made plain that as Secretary of Labor he had larger designs for his department, designs that included administering the nation’s disability policy.

Although Congress did not act on the AFPH’s federal commission bill, the AFPH continued to push its agenda forward, and much of the organization’s policy designs became tied to the DOL. Moreover, to Paul Strachan, and perhaps officials in the DOL, the drive to get the president to appoint a coordinating committee for NEPHW also became intertwined with the AFPH’s legislative agenda and activists’ desire to have the DOL coordinate disability policy. In August 1946, Strachan persuaded Secretary Schwellenbach to write to President Truman in support of the proposed coordinating committee.\textsuperscript{16}

Still avoiding the appointment of such a committee, Truman none the less lodged the task of coordinating the 1946 observance of NEPHW in the DOL and specifically in the Retraining and Reemployment Administration (RRA), headed by Major General G. B. Erskine. Initially established as part of Office of War Mobilization and Reconversion to guide demobilization, retraining, and reemployment, the RRA was transferred to the
DOL in September 1945. The RRA worked with some 52 federal agencies, coordinating federal, state, and local policy for unemployed war workers, survivors of those killed in battle, and other Americans whose lives the war had disrupted. The agency’s legislative mandate centered on overseeing activities relating to retraining, reemployment, and vocational education and rehabilitation. With the goal of reducing overlap, Congress empowered the RRA to issue regulations, call conferences among the agencies under its jurisdiction, and define the responsibilities of various agencies involved.

In October 1945, Truman appointed Erskine to head the RRA. Born in Louisiana in 1897, Erskine left Louisiana State University, abandoning his hopes of being a doctor, to join the Marines at the outbreak of World War I. During the war, Erskine received wounds in combat in France. In the interwar years, he distinguished himself as an instructor of a variety of military topics for the Marines, from tactics to machine-gun use. He also held many assignments outside of the United States in Haiti, Santo Domingo, Nicaragua, and China. During World War II, he served as chief of staff to General Holland M. Smith and commanded a division at Iwo Jima. Erskine first demonstrated his interest in retraining and reemployment, when, after the Japanese surrender, he required his men to take a course on the G.I. Bill of Rights (Servicemen’s Readjustment Act of 1944). He also created a voluntary divisional program to help his men prepare for peacetime. Perhaps his personal experience as a wounded soldier and his time as a military commander prompted Erskine’s advocacy for people with disabilities during and after his tenure with the RRA.

Erskine established the Federal Interagency Committee on Employment of the Physically Handicapped in early July of 1946 to combat the growing employment prob-
lems people with disabilities confronted and to organize the 1946 observance of NEPHW. From January through July of 1946, three out of four disabled workers who applied for work with the USES failed to find employment. To reverse this trend, the Interagency Committee, which included representatives of the USES, the Veterans Employment Service, the Veterans Administration (VA), the Federal Security Agency (FSA), the OVR, the Departments of Agriculture and Commerce, the Disabled American Veterans (DAV), and the AFPH, sponsored studies of the obstacles that barred the full employment of people with disabilities and undertook active measures to mitigate those barriers. It aggressively distributed information on the programs and opportunities available to citizens with disabilities, like vocational rehabilitation. But most of all, the committee promoted employment of people with disabilities by stressing their success stories. To this end, it encouraged additional evaluations of the job performance of disabled workers with the idea that this information would be used to further their acceptance, and it pushed people with disabilities, themselves, to sell their own worth as employees.

Early in its planning, the Interagency Committee prepared and distributed information packets, featuring the slogan, “HIRE THE HANDICAPPED – IT’S GOOD BUSINESS.” Additionally, the committee vested the USES with the responsibility of coordinating the activities of federal, state, and civic groups in the states and on the local level. Utilizing its extensive contacts with state and local branches of other federal agencies, labor unions, civic organizations, and other groups, the USES publicized the desirability of disabled worker, drawing on the committee’s information packets and slogan. “This slogan,” a DOL report announced, “appeared in shop windows, on street signs, in
newspapers, magazines, trade journals, labor union publications, and civic organization publications in all sections of the country.” Moreover, the USES, in conjunction with the committee, spread the message of the importance of hiring disabled workers through hundreds of radio programs and motion picture shorts run by theatres throughout the country.25

The information packets stressed the wartime employment record of disabled workers and provided cooperating organizations with a wide variety of resources. The materials included suggested mayors’ proclamations, a sample 5-minute speech for local adaptation, various fact sheets, sample radio announcements, and a statement of problems. In general, the information relayed useful statistics and quotes, emphasizing various selling points. During the war when 83 percent of the nation’s factories employed people with disabilities, the packet stressed, people with disabilities had proved to be valuable employees, who as a group had a lower turnover rate, better attendance record, and lower accident rate than able-bodied workers. The packets also “introduced” successful disabled workers through brief vignettes:

Meet Frank . . . Frank’s big and husky. He’s the kind of fellow you’d expect to make a pretty good welder. And that’s exactly what Frank is. He has a good job with a pipe railing manufacturer, and the boss who hired him regards Frank as a darned good investment for the company. By the way . . . His left arm and hand are artificial.

Despite the successes featured in the packets of workers like Frank and the famous people with disabilities, like Ludwig von Beethoven and Franklin D. Roosevelt, 85,000 disabled civilians and 228,000 disabled veterans waited on USES lists for jobs. According to the packets, some 1.5 million more civilians could be employed after some form of rehabilitation. The packets justified rehabilitation expenditures in terms of getting the most
out of the nation’s tax dollars. Providing aid to one person required between $300 and $600 per year indefinitely, while the cost of rehabilitating a person for employment incurred a one-time expense of less than $300.26

The Interagency Committee’s efforts resulted in nation-wide participation and pushed the employment of people with disabilities to new postwar heights—the highest levels achieved since May 1945. During the month of October 1946, USES placements of disabled workers rose to 29,400, a 38 percent increase over the previous month. This trend of increased placements reached 46 states.27 In addition to placements made through the USES, many disabled men and women found employment through private sources.28

In Erskine’s eyes, however, the employment problems of people with disabilities required more than NEPHW and correlated with the key mandates of the RRA and his efforts to maintain the full employment levels of the war. Of the RRA’s fifteen basic principles of employment, four applied to disabled workers in general and one related specifically to disabled veterans. Fundamentally, the agency sought to produce economic growth and an increase in the number of skilled jobs. Erskine, however, demanded that disabled workers not be left out of this postwar growth. To that end, the agency stressed that that “sex, race, creed, color, or physical impairment should not be factors in the selection or retention of workers or in the amount of compensation paid.” Moreover, the RRA called on employers to evaluate the minimum physical requirements of each job so that placement officers could easily find work for people with disabilities that matched their physical abilities. Erskine further insisted that employers take the added step of installing any equipment and offering “special training” courses “to assist handicapped
workers in adjusting and advancing in their jobs.” Additionally, the RRA urged employers to take responsibility for finding jobs for workers injured on the job. Finally, Erskine called on unions to use their bargaining power to make a place for disabled workers.29

After the conclusion of the 1946 celebration of NEPHW, Erskine continued his efforts to improve the employment prospects of people with disabilities, recommending that there be a year-round effort to bring public attention to the value of disabled workers. He committed his own office to this agenda by making the Public Information Branch of RRA serve as a repository for all releases on the subject of services for people with disabilities. In the wake of NEPHW, he called on federal agencies to send copies of every pamphlet, news release, directive, regulation, or instructional letter regarding the disabled to his office, so his office could forward information to interested parties.30

Further, Erskine focused attention on failings with the rehabilitation service and worker’s compensation. Recognizing that the rehabilitation service rehabilitated only a fraction of the number of people who became disabled each year, he urged it to pick up the pace and provide services to all people with disabilities who could benefit. To facilitate this goal, he recommended that the rehabilitation service improve its contacts with physicians, private agencies, and workers’ compensation personnel. Finally, he encouraged state legislatures to increase rehabilitation appropriations.31

Erskine considered worker’s compensation laws in most states to be one of the most serious obstacles confronting the disabled worker. He believed these laws in general unfairly disadvantaged disabled workers because employers feared that hiring people with disabilities would cause them to risk higher worker’s compensation premiums. Insurance officials set employer compensation premiums according to the number of days
missed per accident per employee; therefore, the severity of accidents, rather than frequency, actually determined the amount employers had to pay. Employers believed that disabled workers would take longer to recover from accidents and that they were at greater risk of becoming totally disabled and permanently unable to work, which would increase employers’ compensation premiums. Erskine advocated legislation to establish a fund that paid for second injury claims. Through these funds, second injury claims would no longer affect employer premiums because such compensation would be paid through the fund rather than through normal channels. By removing the risk of higher possible premiums, he and others believed that people with disabilities would be hired at much greater rates. Erskine urged organizations, like the DAV, to promote the passage of suitable second injury fund legislation.32

Despite Erskine’s and the RRA’s positive efforts to eliminate employment obstacles for people with disabilities, Congress never intended the RRA to be a permanent agency, providing a legislative mandate for the agency’s work that expired in 1947. Conflict began to emerge as the AFPH and the DOL, joined by Erskine and a group of other disability activists and advocates, renewed their efforts to establish a coordinating agency for NEPHW. At issue in this conflict were the attempts of the AFPH, officials in the DOL, and many other activists and advocates to use the issue of a coordinating agency to gain greater control over federal disability policy for the DOL.

CONFLICT EMERGES

As government officials often did, Erskine worked to build public support for his goals. While most of those goals were shared by the AFPH and he could count on their
support, he also sought to broaden the base and enlarge the expertise of disability advocacy. To this end, in December 1946, Erskine formed the National Association for the Employment of the Handicapped (NAEH) to agitate for a coordinating agency of national observances of NEPHW and to promote the employment of people with disabilities. Erskine recruited some 351 organizations to join the NAEH, including representatives of various labor, industry, and women’s organizations. With this backing in place, Erskine then wrote to President Truman on behalf of the NAEH, recommending that he appoint the Secretary of Labor as coordinator of all the federal programs relating to the employment of people with disabilities. The job he envisioned for the Secretary of Labor was not simply to coordinate the national observances of NEPHW. Erskine wanted authority for the secretary to call conferences of the heads of federal agencies with responsibility in the field of employment to develop and coordinate a federal policy on the employment of people with disabilities.33 Echoing the suggestions of Erskine, several members of the NAEH wrote to the Secretary of Labor, asserting their belief that coordinated efforts were needed and that the DOL should take the lead. The members offered their services in promoting NEPHW and suggested an annual appropriation of $122,200 to further the effectiveness of the program.34 Dr. Meyer Wiener, also of the NAEH, wrote to John R. Steelman, special assistant to the president, requesting that his organization serve as an advisory body on NEPHW.35 Erskine and many NAEH members conflated the issue of establishing an agency to coordinate NEPHW observances in the DOL on the one hand with winning greater, even total, control over federal disability services for the department on the other. Secretary of Labor Schwellenbach would further muddy the waters when he joined the mounting campaign for a NEPHW agency or committee.
Schwellenbach added his voice in May 1947, proposing to President Truman that he issue an executive order authorizing the DOL to promote NEPHW by forming a committee with representatives from public organizations, veterans’ groups, industry, and organized labor. Schwellenbach’s proposed executive order further granted the DOL the authority “to coordinate the policies and activities of the Federal agencies, except those of the Veterans’ Affairs, relating to the physically handicapped.”

Recognizing that Schwellenbach was attempting to use the proposed executive order and committee to gain increased authority over federal disability policy, the FSA immediately objected to the DOL’s plans. FSA Administrator Watson B. Miller supported launching a year-round educational campaign to benefit people with disabilities, but he argued that the DOL proposal would not achieve the best results. He argued that the proposal “confuses the activities of a Committee of citizens. . . with the official administration” of disability policy in multiple federal agencies. Emphasizing the important role of his agency, the OVR, in providing numerous services to people with disabilities, ranging from medical care to vocational training, he argued that the FSA and its OVR already did the work of coordinating federal disability policy that Schwellenbach proposed to do in the DOL. Moreover, Miller asserted that because his agency administered “the Federal side of more than 14 grant-in-aid programs” and because the DOL’s state contacts ended with the state departments of labor, the FSA would be far better suited than the DOL to bring federal coordination to local and state activities. The DOL’s proposal, Miller concluded, “would be in direct conflict with the functions of the Federal Security Agency.”
With the two agencies at a stalemate, Schwellenbach forged ahead without the aid of an executive order on the basis of a postscript from Truman. The President, in conjunction with his 1947 NEPHW proclamation, issued letters to the Secretary of Labor, the Federal Security Administrator, and the Administrator of the VA, urging each of them “to take a vigorous part in the observance of” NEPHW. The President, however, added a handwritten message to Schwellenbach’s letter. He noted, “You may want to call upon officials and leading citizens outside the Federal government for all possible assistance in this program.” On the basis of that message, Schwellenbach formed the President’s Committee on National Employ the Physically Handicapped Week, and he appointed Vice Admiral Ross T. McIntire as chairperson.38

McIntire had held a variety of prestigious military, federal, and voluntary positions after receiving his medical degree from Willamette University in Oregon in 1912. He left his practice to join the Navy during Word War I. In 1935, President Franklin D. Roosevelt chose McIntire to serve as his personal physician, a position he held until Roosevelt’s death in 1945. He also served as Navy Surgeon General and Chief of the Bureau of Medicine and Surgery of the Navy. During his tenure as Surgeon General, which began in 1938, McIntire oversaw a huge expansion of the Navy’s medical department as a result of World War II. In 1947, McIntire worked with the Red Cross to organize their blood drive program.39

Implementing the president’s suggestion, the DOL invited representatives of industry, organized labor, women’s and veterans’ organizations, civic and professional organizations, the press and radio, and government agencies with responsibility in the field of disability policy, including representatives of the Interagency Committee that Erskine
had formed, to join the President’s Committee on NEPHW. Creating an agenda for the new committee fell to Paul Strachan and Merle E. Frampton, who headed the Planning Committee for the new organization. Since he first began advocating for a coordinating agency for NEPHW in 1945, Strachan had consistently suggested that Frampton be chosen to head the agency. Born in West Virginia in 1903, Frampton received a doctorate from Harvard University in 1934 and thereafter dedicated his life to disability advocacy. He served as the director of the New York Institute for the Education of the Blind from 1935 to 1971, he organized the first training program for special education at Columbia University’s Teachers College in 1936, and he also launched a program for the education of children with multiple disabilities. During World War II, Frampton joined the Navy, where he served as the chief of rehabilitation services.

While Strachan failed to get Frampton appointed as chairperson of the committee, as head of the Planning Committee, Frampton was in many ways in a better position to shape the direction of the new committee, which meant that Strachan, who had Frampton’s ear, played a significant role in creating the 8-point plan of action for the President’s Committee. Frampton’s Planning Committee recommended the development of “management-labor institutes” to encourage employers to hire people with disabilities and to educate employers and employees about the federal-state programs available to disabled people through the USES and the rehabilitation service. Additionally, the Planning Committee developed plans for numerous publicity schemes, including essay contests for students, expositions in large cities where people with disabilities could demonstrate their working abilities to the public, and awards for individuals and/or organizations who had worked to further the employment of people with disabilities. Finally, the
Planning Committee called for research on worker’s compensation laws, community rehabilitation centers, and schools for people with disabilities.\footnote{43}

In its early months, the President’ Committee on NEPHW realized consensus on a number of issues, despite the different positions of the DOL and FSA on administering federal disability policy. The Planning Committee’s plan of action gained general approval at the November 1947 meeting of the President’s Committee. Members also voted to add an additional point to the committee’s program, authorizing a committee to investigate employment possibilities for people with disabilities in federal, state, and local government agencies. Finally, members of the President’s Committee voted to make McIntire’s temporary status as chair of the committee permanent.\footnote{44}

While the President’s Committee reached agreement on a plan of action, discussions of its name and purpose and securing appropriations served as a catalyst for a conflict that would threaten its survival. In his opening remarks to the committee, Schwellenbach emphasized the limitations of having a single week in the year designated to promote the employment of people with disabilities. By 1947, it was clear that placements of disabled workers peaked during the month of October, only to begin declining in the following months. Schwellenbach said that addressing the problem of unemployment among people with disabilities would be “a week by week job.” The job, he argued, came “naturally into the work of the Department of Labor” because the department housed the USES whose mission it was to find work for the unemployed. Schwellenbach committed the DOL to providing the committee with staff as the budget allowed and expressed hope that Congress, in the up-coming session, would grant the DOL additional appropriations to fund the work of the committee. Perhaps anticipating the conflict to
come, Schwellenbach told the committee, “I see no reason for the slightest degree of controversy.”

Following Schwellenbach’s lead, members emphasized that the work of the President’s Committee had to extend beyond a single week a year, a point that initiated discussions about the committee’s name, which in turn generated conflict about the degree to which, the DOL should manage disability policy. Robert Ramspeck, executive vice president of the Air Transport Association of America, who would later be appointed vice-chairperson of the committee, echoed Schwellenbach’s concern about the inadequacy of focusing the committee’s efforts on a single week in the year. Other members agreed, expressing concern over the committee’s “unfortunate” and “clumsy” name. One member argued that emphasizing the word “week” in the name of the committee misrepresented the purpose of the committee, which should work “for the continuance of employment” of disabled workers. Ultimately, members agreed to have the Planning Committee study the political implications of changing the committee’s name, directing the committee to change the organization’s name if such a change would not damage the committee’s ability to secure appropriations.

Eager to secure financial resources for the President’s Committee, Millard Rice of the DAV offered a motion to charge the Planning Committee with the authority to endorse on behalf of the entire committee appropriation plans that would enable the DOL to maintain “a separate section” devoted to disability services and coordinating the activities of the President’s Committee. Schwellenbach, however, asked Rice to amend his motion and to delete the reference to a new division, arguing that appropriations for the committee would no doubt be obtained through the USES. Rice’s amended motion passed, but
the issues of appropriations, establishing a separate division in the DOL to coordinate dis-
ability policy, and the purpose of the committee would push many members to resign
from the President’s Committee and actively block appropriations.\footnote{47}

Implementing the committee’s directive, the Planning Committee drafted a budget
for the President’s Committee for 1948. Where the November meeting had set in motion
the beginnings of controversy, the Planning Committee’s proposed budget enflamed
committee members who had begun to question the motives of the DOL and the Presi-
dent’s Committee. The budget hinged on the executive order Schwellenbach had pro-
posed in May, an executive order Truman had yet to issue. In order to implement the ex-
cutive order, the budget called on the DOL to create a Division of Services for Handi-
capped and a Federal Inter-Agency Committee on Services to Handicapped. Through the
President’s Committee, the proposed Inter-Agency Committee, and the Division of Ser-
vices for Handicapped, the DOL would “take all steps necessary, through promotion and
coordination, to achieve a maximum of economic security and gainful employment for
the handicapped and to eliminate overlapping functions and efforts of Federal agencies in
these fields.” To achieve the those objectives, the budget proposed that the Secretary of
Labor possess coordinating authority over other federal agencies in the field of disability
policy, the power to review other programs, and the authority to issue regulations to ac-
complish a coordinated federal program on disability. Further, the budget vested the
chairperson of the President’s Committee with the power to work with private and state
agencies to effectuate a coordinated policy on all levels.\footnote{48} Clearly, these proposals were
bound to step on the toes of administrators of other agencies that dealt with disability pol-
icy, particularly the FSA and officials in the rehabilitation service.
In the early months of 1948, the National Rehabilitation Association (NRA) launched a campaign to block appropriations for the President’s Committee, reacting to what they viewed as the thinly veiled efforts of the DOL to control disability policy. Members of the NRA, their allies in other professional organizations in the field of disability, and many representatives of organizations of blind people sent a flurry of letters and telegrams of protest to the President, members of Congress, and the Secretary of Labor. NRA members supplemented their correspondence with personal visits to many members of Congress, Bureau of the Budget officials, and the Secretary of Labor. For example, H. Earle Correvont, president of the NRA, wrote to President Truman in February of 1948, tendering his organization’s resignation from the President’s Committee. He claimed that much of the November 1947 meeting focused on the establishment of a permanent division for people with disabilities in the DOL and securing appropriations to that end. Ultimately, Correvont withdrew from the committee because his organization wished to improve the existing federal-state program of vocational rehabilitation, administered by the FSA, rather than establish a new division in the DOL with broad powers in the field. Through its president, C.F. Feike, the States’ Vocational Rehabilitation Council (SVRC) similarly protested the establishment of a permanent program in the DOL. Feike, like Correvont, argued that the existing program of vocational rehabilitation should be strengthened instead of creating a new agency in the field. In view of its objections, the SVRC also withdrew from the President’s Committee.

NRA officials also accused the President’s Committee of trying to squash private efforts on behalf of people with disabilities. This accusation no doubt contributed to great unease among blind advocates and activists about the President’s Committee and
the DOL. Numerous organizations of and for blind people objected to the DOL’s proposed executive order and the Planning Committee’s proposed budget. For example, Peter J. Salmon, Executive Director of the Industrial Home for the Blind in Brooklyn, New York, feared that the proposed executive order would mean that the OVR would be transferred to the DOL, a move that he insisted would prove harmful to people with disabilities. Salmon maintained that the committee’s original purpose was useful but that the proposed executive order exceeded its authority.\(^{53}\) Barney Mamet of the Associated Blind, Inc., New York, argued that blind people needed special consideration in planning improved conditions for people with disabilities, consideration he obviously thought would be lacking in the DOL. Mamet hoped that a plan for coordinating disability services could be devised within the FSA and administered through the OVR.\(^{54}\) The Greater New York Council of Agencies for the Blind and the American Association for the Blind expressed similar concerns.\(^{55}\)

As discussed in Chapter Three, pan-disability organization presented disability activists with numerous challenges. Blind activists and advocates benefited much earlier than some other groups of people with disabilities from a strong sense of community because blind people, like deaf people, often attended separate, residential schools. Additionally, blind people already received numerous federal benefits, not open to other groups of people with disabilities. For example, needy blind people, nearly two decades before any other people with disabilities, were eligible to receive Social Security assistance payments under the original act. Likewise, blind advocates and activists had secured legislation that required the federal government to purchase blind-made products at competitive prices and provided blind people with the exclusive right to operate vending
stands in federal buildings. These tensions among groups of people with disabilities were part of a larger conflict that erupted with the Planning Committee’s proposed budget.

UNDERSTANDING THE CONFLICT

The efforts of the AFPH and the DOL to secure control of federal disability services for the DOL through legislation or executive action enflamed existing bureaucratic tensions between the FSA and the DOL, polarizing not only the agencies but also the liberals who supported expanding disability policy, disability activists and advocates, and professionals in the field of rehabilitation. Moreover, these efforts exposed two very different ideologies about the meaning of disability and the purpose of disability policy. In this context, the AFPH and the DOL advocated a work-centered disability policy that worked to eliminate employment discrimination, while the FSA, officials in the rehabilitation service, and medical professionals pushed for an expert-centered policy that sought to address the medical, psychological, and educational needs of individuals with disabilities.

Over the course of the late-1930s and early-1940s, the DOL had steadily waned in power and authority. Remembering the cabinet he had inherited upon the death of Franklin Roosevelt, President Truman noted that Frances Perkins, Roosevelt’s Secretary of Labor, was “a grand lady—but no politician. F.D.R. had removed every bureau and power she had.” While Truman’s harsh assessment laid the blame solely at Perkins’ feet, the DOL had steadily lost ground, much of it to the FSA. Forced to answer growing NRA opposition to the President’s Committee, Schwellenbach admitted that before his tenure as head of the DOL “quite a number of purely Labor Department functions were estab-
lished in, or transferred to, other agencies.” Further, he confessed that when he entered the DOL he launched a number of studies of other agencies, including the OVR, because, he wrote, that it was “natural” to want to expand the department’s “field of activity.” While Schwellenbach purported to have “struck” the OVR from his “list” early in 1947, few in the FSA and rehabilitation service likely believed such a claim in light of Schwellenbach’s proposed executive order and the Planning Committee’s budget proposal.57

The DOL-FSA rivalry expanded beyond disability services. Control of the USES also proved to be a sticking point in this conflict. Established in the DOL in 1933, the USES was transferred to the FSA upon the latter’s founding in 1939, moved to the War Manpower Commission in 1942, and returned to the DOL in 1945. USES’s postwar place in the DOL provided, in large measure, Schwellenbach’s justification for his belief that disability services belonged in the Labor Department. The agency served Americans who needed employment, which Schwellenbach viewed as the greatest need of people with disabilities.58 The bureaucratic fate of USES was by no means certain, however. In 1947, Truman sought to make the DOL’s hold on the USES permanent with his reorganization plan. Truman and the DOL, however faced a Republican-controlled Congress that was hostile to both organized labor and the legislative legacies of the New Deal. In 1947, Congress worked to curtail the power of organized labor, culminating in the passage of the Taft-Hartley Act, which placed severe restrictions on organized labor. In this context, Congress rejected the notion that the USES belonged in the DOL, arguing that the Bureau of Employment Security (BES), which was under the control of the FSA, and the USES should be administered by the same agency. Truman responded in 1948 by issuing a new reorganization plan, which would have given the DOL permanent authority over both the
USES and the BES. Congress not only rejected this new reorganization plan but also secured the transfer of the USES to the FSA through a supplemental appropriations bill, which Congress passed over Truman’s veto.\(^5^9\) Congress’s growing antagonism toward the DOL and conflict over the proper administrative home of the USES, together fed the mounting tensions between the DOL and the FSA.

Beyond bureaucratic rivalry and partisan politics, however, ideology played a key role in the emerging conflict between disability activists and members of the rehabilitation service and between the DOL and the FSA. This conflict mirrored earlier tensions between the state administrators of worker’s compensation and the rehabilitation service as well as between the DOL and the U.S. Public Health Service. Though vocational rehabilitation had been designed to operate in tandem with worker’s compensation programs, as historian Edward D. Berkowitz demonstrates, the programs never functioned well together. The bureaucracy of worker’s compensation typically functioned within or closely to the state departments of labor. Meanwhile, administration of vocational rehabilitation generally fell to the states’ educational bureaucracies. This separation exemplified more than bureaucratic duplication and administrative inconvenience. It embodied the profound ideological divide between the two services meant to aid injured workers. On the one hand, legislators had designed worker’s compensation to serve any person injured at work, regardless of the severity of the injury. The rehabilitation service, on the other hand, understood its mandate as one of achieving the greatest returns by serving disabled people with the best chances of returning to employment.\(^6^0\) The failure of administrators of vocational rehabilitation and worker’s compensation to create a coordinated disability
policy foreshadowed conflicts between activists and the DOL and members of the rehabilitation service and the FSA.

Further, the DOL’s attempt to gain control of rehabilitation mirrored earlier conflicts between the DOL and the Public Health Service about the proper role of the federal government in the realm of workplace safety. Whereas the DOL viewed its role in occupational safety as one of protecting workers, the Public Health Service, according to David Rosner and Gerald Markowitz, viewed its work in terms of improving health and not in protecting a specific group of people. They argue that “the Public Health Service also deeply believed that at its most fundamental level occupational safety and health was a health issue, not a labor issue.” Many of these same conflicts over who qualified for services and the proper role of the federal government in administering protective and corrective public policies would shape continuing debates about vocational rehabilitation.

During the 1946 hearings on the federal commission bills, Schwellenbach argued that federal disability policy should not stop at finding jobs for people with disabilities. Disability policy should work toward removing disabled workers from “a segregated category” of employment by teaching employers to treat disabled workers like any other employee, “matching the capacities and aptitudes” of the person to the available jobs. In this testimony, Schwellenbach expressed the widespread view among officials in the DOL and activists in the AFPH that federal disability policy must address employment discrimination against people with disabilities if they were to achieve economic security.

In contrast, members of the rehabilitation service and the medical profession and officials in the FSA increasingly viewed rehabilitation as a medical and educational process to be handled by expert physicians, counselors, psychologists, and social workers. In
their minds, if medicine, counseling, and training could make the disabled individual conform more closely to the ideal of the physically fit employee, employers would readily accept them. As physicians and members of the rehabilitation service responded to the AFPH’s federal commission bill and the bureaucratic maneuvering of the DOL, they began to outline a philosophy on federal disability policy that emphasized the growing importance of medicine in correcting disabilities. Dr. Raymond Hussey, Dean of the School of Occupational Health of Wayne University in Detroit, Michigan, member of the Professional Advisory Committee of the OVR, and representative of the American Medical Association (AMA), argued that the federal commission bill emphasized the end goal of employment over all other phases of rehabilitation. “True,” he maintained, “employment is the last stage, but only the last stage.” Hussey contended that rehabilitation presented “a medical problem” and vocational training “an educational problem.” He viewed job placement for people with disabilities as a separate problem for the USES and the DOL and saw no need for “a new group with no experience in this field” to address the medical and educational “problems” of people with disabilities. On the one hand, Hussey argued that the bill would place medical programs in the wrong hands, but on the other hand, he criticized the AFPH bill for not placing enough restrictions on the medical care available to people with disabilities. Although he was careful to defend the medical nature of rehabilitation, as a representative of the AMA, an organization that expended incredible resources to block national health and disability insurance, he rejected the proposition that the federal government should provide people with disabilities unfettered access to medical treatment.
Dr. Henry Kessler, representing both the AMA and the NRA, rejected the notion that the DOL had any place in the field of disability policy. “Retraining,” he argued, “belongs in expert hands, under expert advice and expert guidance.” He held that the same was true with educating people with disabilities and finding them employment. Placing a disabled person in a job, he maintained, required careful assessment of the individual’s physical abilities. It was “a job for the physician, for a medically trained individual, who has the medical and physiological knowledge to evaluate an individual’s capacity for work.” While Kessler admitted that American society continued to view “the handicapped individual, the deformed individual as in league with the devil, with malignancy, and sin, evil spirit,” he argued, legislation could not correct the problem of prejudice, only “education and time” could “correct that attitude.” It was the job of the rehabilitation service, in his eyes, to provide education and employment, but the “dominant” service should be “physical restoration. . .because we are dealing with physically handicapped individuals.”

Clearly the testimony of Hussey and Kessler demonstrates that physicians and representatives of the rehabilitation service sought to protect the rehabilitation service from the influence of outsiders in the DOL. This protective impulse grew out of both the celebration of medical expertise and the assertion of the professional and technical knowledge and skills of the rehabilitation service.

In contrast to the DOL’s focus on eliminating discrimination, rehabilitation experts attempted to use medicine to correct their clients’ disabilities. In 1950, J. Hank Smith, President of the SVRC, presented a series of rehabilitation cases to a Senate subcommittee. Smith told the committee about a woman who “had a very bad harelip and a cleft palate with considerable disfiguration.” Refused employment at the local factory
“because she was not pretty to look at,” the woman was forced to support herself by chopping cotton. The woman’s rehabilitation counselor arranged for her to receive plastic surgery. Smith commented that “the greatest thing in this case is what it did to the kids at home.” The woman’s children now had “a lot prettier mother to look at.” Smith presented another case of a young man who had been badly burned as a child, again arguing that the young man could not get a job because his arm was “not very pretty to look at.” The rehabilitation office got the young man plastic surgery, and Smith showed the committee a photograph of the young man, remarking, “Look at the smile on that face. He knows he is not the horrible looking individual that he was a few years ago.” These individuals’ disabilities did not impair their ability to work; however, employers rejected them because of their appearance. Smith’s case histories and his tendency to disparage the physical appearance of people with disabilities demonstrate that rehabilitation professionals viewed disability as a condition to be corrected through bodily interventions, not accepted.

Such attitudes caused disability activists in the AFPH to grow increasingly hostile to the rehabilitation service. Because of the means-tested nature of rehabilitation and the attitudes of state rehabilitation counselors and doctors, who sought to “correct” people with disabilities, AFPH activists believed that rehabilitation officials approached the problems of people with disabilities as charity work. Disability activists viewed charity and means-tested aid as a form of dependency, the opposite of real economic security. These activists aimed chiefly for economic security through employment, an aim that they believed that the DOL was more apt to address effectively. They also, no doubt, hoped to alter the widespread stereotype of people with disabilities as charity cases through association with the DOL, an agency that served the needs of workers.
In 1948, Strachan argued, “the so-called ‘Rehabilitation Experts’ prefer the ‘professional’ (?) status they presumably have, in FSA, as opposed to being in, or under, an agency, which, (Oh, horrors!) deals with guys who have dirt under their finger-nails.” In contrast to the DOL, which the public associated with workers and the working class, the FSA distinguished itself as an organization of university-trained health, education, and community professionals. E.B. Whitten, then executive director of the NRA, later testified that the state departments of labor “do not have the same position of strength and prestige that the State departments of education have in the States.” He argued that the “attitude” of DOL officials grew out of a “lack of knowledge and experience in the field of education, public welfare, medical programs, and so forth.” The FSA offered rehabilitation counselors and physicians the opportunity to be associated with charity work and education, two types of work linked to the higher classes and noblesse oblige. Ultimately, the NRA feared that DOL control of rehabilitation would alter its basic fabric, pushing the focus of rehabilitation from medical care and experts to jobs and workers.

FORGING AHEAD

Mired in controversy, the President’s Committee forged ahead, still hopeful that Congress would grant the new organization appropriations in 1948. In January 1948, Representative William Jennings Miller (R-CT), himself a disabled veteran of the First World War, appealed to his Congressional colleagues to offer the President’s Committee “stronger support.” “Its purpose,” he argued, “is not only to restore unfortunate, suffering people to usefulness and happiness but to render them productive citizens who can and will take up their share of our tax load.” In the same month, Congressmen Miller and
Augustine B. Kelley (D-PA) and Senators George D. Aiken (R-VT) and John J. Sparkman (D-AL) introduced resolutions to secure appropriations for the President’s Committee, but the legislation never saw the floor of the House or Senate.\textsuperscript{70}

Committee leaders also hoped to squash the controversy by meeting it directly. In February, Frampton penned a letter to all members of the President’s Committee. He accused “a small group of self-seeking state rehabilitation men headed by H. Earle Correvont of Michigan” of spreading “sheer falsification” and of being “determined to destroy the effectiveness of the Committee’s work.” In response to charges that the President’s Committee sought the transfer of the OVR from the FSA to the DOL, Frampton included a telegram from the Secretary of Labor to Henry Kessler of the National Council on Rehabilitation, denying the accusation. Frampton also complained that Correvont and others had accused the committee of attempting to “destroy all private agencies in the field” and some of the leadership of the committee of “seeking Federal jobs.” He argued that both charges were outrageous, but the NRA campaign against the President’s Committee no doubt played an important role in the committee’s continued inability to secure appropriations.\textsuperscript{71}

In March, Admiral McIntire, Ramspeck, and Frampton met with President Truman to obtain an answer as to “whether the President wishes the Committee to continue a week-by-week, month-by-month” campaign “to keep the problem of the handicapped before the public.” By March, the three men understood that the committee would need the President’s aid to win appropriations and continue the work of the committee.\textsuperscript{72} On June 7, the President requested $72,500 in additional appropriations for the DOL. The appropriation, according to the Bureau of the Budget, would “supplement and
strengthen” the USES program for disabled workers by fostering promotional work on the part of government, state, local, and private organizations to benefit people with disabilities. When Truman issued his request for appropriations, he also wrote to Schwellenbach, warning, “You recognize how important it is that the activities of the Committee be conducted in a manner which will assure that there is no infringement upon statutory functions of the Federal Security Agency.” Truman’s warning likely stemmed from a desire to keep administrators of both the DOL and the FSA happy.

As Congress stripped the DOL of the USES, the President’s Committee found itself on even shakier ground. The DOL’s justification for launching the committee and securing appropriations had rested on the argument that it was expanding the scope of the USES. The death of Secretary Schwellenbach on June 10, 1948 added to the uncertainty the President’s Committee faced. Committees in both the House and the Senate rejected the appropriation, and on June 19, Senator Sparkman failed to have the appropriation added as an amendment on the Senate floor. In response to Sparkman’s amendment, Senator Joseph Hurst Ball (R-MN) argued, “Frankly, the committee felt that there was no justification whatever for adding employees at the Federal level to deal with this question, since the only employment of handicapped people that can possibly take place is managed at the State level.” Senator Ball’s response to the Sparkman amendment mirrored arguments conservatives employed during the war in attempt to block expansion of the civilian rehabilitation service, emphasizing the belief of many conservatives in Congress that aiding disabled civilians, while a laudable goal, was a matter for the state governments. This conservative sentiment grew out of a larger conflict with liberals over the appropriate role of the federal government.
Without appropriations, the fate of the President’s Committee seemed uncertain at best. Frampton resigned from his post as vice chairperson. On June 17, William P. McCahill, executive secretary of the President’s Committee, penned somewhat of a farewell letter to John Gibson, then Acting Secretary of Labor. McCahill thanked Gibson for being “a real fighter for what may very well be a lost cause.” By the end of June, the White House agreed to provide a stenographer and help with staffing issues if the DOL could not find the $7,500 Admiral McIntire estimated the committee would need to survive until the end of October.

While the committee survived into the spring of 1949, it still had not secured permanent funding. In March, Vice Chairman of the President’s Committee Robert Ramspeck complained to President Truman he had not made good on his promises to sustain the committee. He blamed the president’s inaction and indecisiveness for both the committee’s lack of funding and the FSA’s attempts to place the President’s Committee under its administration. Ramspeck pleaded, “If the work of the Committee for 1949 is to be done effectively it is imperative that this matter be settled. We should be moving forward; but we are standing still.”

In July 1949, President Truman finally secured appropriations for the President’s Committee and settled the conflict of where it would be administered. In April 1949, Truman asked Senators Aiken and Sparkman and Representative Kelley to introduce and work for the passage of an appropriation for the committee. On July 11, 1949, Truman signed H. J. Resolution 228, which authorized an appropriation for the President’s Committee. In a letter to the new Secretary of Labor, Maurice J. Tobin, the President expressed his desire that the committee remain in his department.
CONCLUSION

Americans emerged from the Second World War hopeful that the future would hold economic security but fearful that with the end of wartime spending the nation would once again face economic depression and uncertainty. The war also brought, what seemed to many as a crisis, the “problem” of disability, into sharp focus. As liberals sought to expand economic opportunities and secure full employment, it became increasingly clear that economic opportunity had been and continued to be limited for many people with disabilities. In response to the demands of disability activists in the AFPH, Congress passed legislation that set aside one week a year for the promotion of the employment of people with disabilities. As AFPH activists, officials in the DOL, and disability advocates worked to expand this week-long celebration into a year-round campaign and secure DOL control of federal disability policy either through legislation or executive action, tensions emerged. While bureaucratic competition certainly played a role in the conflict, it became clear that ideological differences separated disability activists from members of the rehabilitation service as well as the DOL from the FSA.

While liberals on both sides agreed that the federal government held a responsibility to address the lack of opportunities people with disabilities confronted, they clashed over the source of this blocked opportunity. For the rehabilitation service and the FSA, it was the disability itself that restricted employment opportunities for people with disabilities. The purpose of rehabilitation, then, was to “correct” as much as possible individuals’ disabilities. Rehabilitation was, in their eyes, a medical and educational process, a process that needed expert control. In contrast, disability activists and officials in the DOL
viewed employer discrimination as the source of limited opportunities for people with disabilities. They had begun to argue that rehabilitation should focus on the end result—employment. Securing employment opportunities for people with disabilities, in their eyes, had less to do with altering the individual and more to do with correcting social prejudice against people with disabilities.

In 1949, President Truman settled the conflict over the bureaucratic location of committee, but the ideological disagreements that had bubbled to the surface during the controversy would only deepen in the years to come. The conflict that plagued the President’s Committee during its first two years would spill over into legislative debates as the AFPH launched yet another legislative campaign for its federal commission bill. Moreover, while the President had made it clear that the President’s Committee would remain in the DOL, what agency, if any, would control disability services as a whole remained an unanswered question.
NOTES

1 Congress, House, Representative McCormack of Massachusetts speaking on National Employ the Physically Handicapped Week, 79th Cong., 1st sess., Congressional Record 91, pt. 7 (9 October 1945): 9507-9.

2 Ibid.

3 Ibid.


12 Paul Strachan to Harry S. Truman, 28 March 1952, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers. It is difficult to pinpoint when the DOL hired Strachan as a special consultant, but correspondence between Strachan, Schwellenbach, and John Gibson, Assistant Secretary of Labor, suggests that Strachan regularly corresponded, spoke, and met with Schwellenbach and Gibson throughout 1946, and his status as a special consultant to the DOL was being solidified in the late summer and fall of 1946. See Strachan to Gibson, 31 August 1946; Gibson to Strachan, 6 September 1946; Strachan to Gibson, 7 September 1946; Strachan to Gibson, 8 September 1946; Strachan to Gibson, 3 September 1948; Gibson to Strachan, 9 September 1948, folder Labor Physically Handicapped, box 8, John Gibson Papers, Harry S. Truman Library, Independence, MO (hereafter, Gibson Papers).
13 Paul Strachan to Charles G. Ross, 17 April 1946, President’s Personal File 2779, American Federation of the Physically Handicapped, (hereafter PPF), Box 558, Truman Papers.


15 Ibid., 2297-2306.

16 Memo Secretary of Labor to President, 13 August 1946, PPF, Box 558, Truman Papers.


18 Graves B. Erskine, Speech before Army Air Forces Conference, Mitchel Field, NY, 5 December 1945, Box 1, folder Whole Blood Broadcast, MBC; Nov. 12, 1945, Erskine, Erskine Papers; Graves B. Erskine, News Program, 23 August 1946, Box 1, folder News Broadcast-Mr. Eid, WRC Aug. 23, 46 Erskine, Erskine Papers.


20 “Order No. 9,” Retraining and Reemployment Administration, Department of Labor, 3 July 1946, Box 3, folder National Employ the Handicapped Comm Erskine, Erskine Papers.


22 “National Employ-the-Physically-Handicapped Week, October 6-12, 1946,” Reports and Analysis Division, United States Employment Service, Department of Labor, 15 November 1946, Box 4, folder Information File Employ the Phy. Handicapped Week Oct. 6-12, 46 Erskine, Erskine Papers.


24 Information packet, Interagency Committee for Employment of the Physically Handicapped, Retraining and Reemployment Administration, Department of Labor, no date, Box 3, folder National Employ the Handicapped Comm Erskine, Erskine Papers.

25 “National Employ-the-Physically-Handicapped Week, October 6-12, 1946,” Reports and Analysis Division, United States Employment Service, Department of Labor, 15 November 1946, Box 4, folder Information File Employ the Phy. Handicapped Week Oct. 6-12, 46 Erskine, Erskine Papers.

26 “Hire the Handicapped,” 5-minute Speech for Local Adaptation, Interagency Committee on the Employment of the Physically Handicapped, RRA, DOL, no date; “Mayor’s Proclamation,” Interagency Committee on the Employment of the Physically Handicapped, RRA, DOL, no date; “Jobs for the Handicapped,” Fact Sheet, Interagency Committee on the Employment of the Physically Handicapped, RRA, DOL, no date; “National Employ the Physically Handicapped Week, October 6-12, 1946,” Fact Sheet, Interagency Committee on the Employment of the Physically Handicapped, RRA, DOL, no date; “A Statement of the Problem for Publicity Purposes,” Interagency Committee on the Employment of the Physically Handicapped, RRA, DOL, 15 September 1946; Packet of Radio Spot Announcements, Interagency Com-
committee on the Employment of the Physically Handicapped, RRA, DOL, no date, Box 3, folder National Employ the Handicapped Comm Erskine, Erskine Papers.

27 “National Employ-the-Physically-Handicapped Week, October 6-12, 1946,” Reports and Analysis Division, United States Employment Service, Department of Labor, 15 November 1946, Box 4, folder Information File Employ the Phy. Handicapped Week Oct. 6-12, 46 Erskine, Erskine Papers.

28 Graves B. Erskine, Speech before the Southern Governors’ Conference, Miami, FL, 6 December 1946, Box 2, folder Southern Gov. Conf., Miami, FL; Dec. 6, 46 Erskine, Erskine Papers.

29 Graves B. Erskine, Speech before the 65th Annual Convention of the AFL, Chicago, IL, 11 October 1946, Box 1, folder A.F. of L, 65th ann. Conv, Chicago, IL, 1946 Erskine, Erskine Papers.


35 Meyer Wiener to John R. Steelman, 17 April 1947, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.


38 Ruth-Ellen Ross, The President’s Committee on Employment of People with Disabilities: 50 Years of Progress (Washington, D.C.: President’s Committee on Employment of People with Disabilities, 1997); Press Release, August 27, 1947, President’s Personal File 2727-2780, Box 558, Folder PPF 2779.


Paul Strachan to Harry S. Truman, 31 August 1945, Official File, Box 1290, Official File 443-A, National Employ the Physically Handicapped Week (1945-47), Truman Papers; Paul Strachan to Charles G. Ross, 17 April 1946, President’s Personal File, Box 558, folder PPF 2779, Truman Papers.


Ibid.

Ibid.

Ibid.

Ibid.

Proposed Budget, box 40, folder PC BUDGET FISCAL YEAR 1948, Record Group 220, Records of Temporary Committees, Commissions, and Boards, President’s Commission on Employment of the Handicapped, 1946-1972 (hereafter RG 220 PCEH), National Archives, College Park, MD (hereafter National Archives II).

Memo for Dr. Frampton, 18 February 1948, RG 220 PCEH, Box 19, folder PRESIDENT’S COMMITTEE-1947-51, National Archives II; Frampton to All members of the President’s Committee on National Employ the Physically Handicapped Week, 27 February 1948, RG 220 PCEH, Box 19, folder PRESIDENT’S COMMITTEE-1947-51, National Archives II.


C. F. Feike to Harry S. Truman, 1 March 1948, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

Frampton to All members of the President’s Committee on National Employ the Physically Handicapped Week, 27 February 1948, RG 220 PCEH, Box 19, folder PRESIDENT’S COMMITTEE-1947-51, National Archives II.

Peter J. Salmon to Harry S. Truman, 29 January 1948, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

Barney Mamet to Harry S. Truman, 29 January 1948, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

Berthold Lowenfeld to Lewis Schwellenbach, 4 February 1948; American Association of Workers for the Blind, 23 January 1948, box 32, folder EMPLOYMENT SERVICE – PHYSICALLY

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HANDICAPPED, Record Group 174, General Records of the Department of Labor, Office of the Secretary, Secretary Lewis B. Schwellenbach, 1945-48 (hereafter RG 174 Schwellenbach), National Archives II.


57 Schwellenbach to H. Earle Correvont, 7 February 1948, RG 174 Schwellenbach, box 32, folder EMPLOYMENT SERVICE – PHYSICALLY HANDICAPPED, National Archives II.


63 Ibid., 2364-5.


68 U.S. Senate, Committee on Labor and Public Welfare, *Vocational Rehabilitation of the Physically Handicapped*, 373.

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71 Frampton to All members of the President’s Committee on National Employ the Physically Handicapped Week, 27 February 1948, RG 220, Box 19, folder PRESIDENT’S COMMITTEE-1947-51, National Archives II.

72 Frampton to McIntire and Ramspeck, 12 March 1948, RG 220, Box 19, folder PRESIDENT’S COMMITTEE-1947-51, National Archives II.

73 Frank Pace to the President, n.d.; Truman to the Speaker of the House, 7 June 1948; Truman to Schwellenbach, 7 June 1948, RG 220, box 40, folder PC BUDGET FISCAL YEAR 1948, National Archives II.

74 Copy of Senate Congressional Record, 19 June 1948, page 9226, RG 220, box 40, folder PC BUDGET FISCAL YEAR 1948, National Archives; Memorandum David H. Stowe to Steelman, 30 June 1948, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

75 Ramspeck to Truman, 2 March 1949, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers; McCahill to Gibson, 17 June 1948, box 8, folder Labor Physically Handicapped [2], Gibson Papers.

76 Memorandum David H. Stowe to Steelman, 30 June 1948, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

77 Ramspeck to Truman, 2 March 1949, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

78 Harry S. Truman to Senator George D. Aiken, 16 April 1949; Harry S. Truman to Congressman Augustine B. Kelley, 16 April 1949; Harry S. Truman to Senator John J. Sparkman, 16 April 1949, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped 1952-1953, Truman Papers.

In 1947, George Meany, secretary-treasurer of the American Federation of Labor (AFL), told AFL members of the organization’s determination “that the union shop shall mean more than job security for the physically perfect.” He argued that locals had a responsibility to themselves and people with disabilities outside the union to demand and enforce contracts that gave hiring preference to disabled people whose disabilities would not hinder their ability to work at a particular job. Additionally, he maintained that union contracts must protect injured or disabled union members from being dismissed by employers if another suitable job existed within the company that the individual could perform. Meany implored members to ask themselves if their right to work would be protected by their contracts if they suffered a major injury.\textsuperscript{2}

Meany linked the AFL’s commitment to aiding people with disabilities to the catastrophically high rates of workplace injuries and to a broader social responsibility of the union. During the workday, Meany pointed out, a worker suffered some type of injury every five seconds. Each two minute interval of the day brought an accident so severe that the worker would have some type of permanent disability, and members of the AFL could expect that one of their brothers or sisters would become permanently disabled.
every twelve minutes of the workday. Moreover, Meany declared that the labor move-
ment had a responsibility to aid veterans and civilians with disabilities who were not nec-
essarily union men or women. “Will these men and women,” he asked, “graduate from
the hospital only to rot on park benches . . . ?” The AFL, he argued, was “determined that
the handicapped shall be reemployed in respectable jobs—union jobs.”

In his article, Meany outlined one of the many philosophies on disability that
would help to shape disability policy in the postwar era. As President Truman moved to
settle conflict over the President’s Committee on National Employ the Physically Handi-
capped Week in 1949, activists of the American Federation of the Physically Handi-
capped (AFPH) focused their energies on Congress. In the immediate postwar years, the
AFPH’s legislative campaign operated as a magnifying glass, exposing the varied visions
for federal disability policy held by disability activists, organized labor, the Department
of Labor (DOL), members of the rehabilitation service and the medical community, and
the Federal Security Agency (FSA); the shortcomings in administration of the federal-
state rehabilitation service; and the strained relationship between members of the reha-
bilitation service and organized labor on the one hand and disability activists on the other
hand.

This chapter examines the impact of the AFPH’s 1949, 1950, and 1951 legislative
campaigns and the continuing debate over federal disability policy. The first section con-
siders the AFPH’s federal commission bill, which sought to expand federal-state rehabili-
tation services, provide financial security for people with disabilities, and alter the ad-
ministration of the rehabilitation service. It analyzes the ways in which the AFPH’s legis-
lative strategy changed between its first proposed comprehensive rehabilitation measure
in 1946 and the 1949 federal commission bill. As disability activists pressed for the enactment of their agenda, they recruited the powerful support of organized labor. The second section explores organized labor’s relationships with disability, the rehabilitation service, and the AFPH and the ways that labor leaders’ drive to improve rehabilitation fit in with their own broad vision of health and economic security for the nation. The third and final section examines how the AFPH’s legislative agenda forced the rehabilitation service to reconsider its relationship with organized labor and enflamed mounting tensions surrounding federal disability policy—tensions that both President Truman and Congress would attempt to soothe. Neither side, however, seemed ready to compromise on someone else’s terms as the conflict reflected ideological differences about the nature of disability and what the federal government should do to address the “problem” of disability.

THE AFPH AND THE FEDERAL COMMISSION BILL

In 1948, the AFPH plunged forward with a new strategy for expanding federal services for people with disabilities and wresting federal control of disability services out of the FSA and its Office of Vocational Rehabilitation (OVR). The AFPH’s efforts in 1946 to secure a federal commission on disability services and the organization’s work in the President’s Committee on National Employ the Physically Handicapped Week had focused on giving the DOL administrative control over federal disability services. But, Congress’s growing hostility to organized labor and the DOL, forced the AFPH to try a new tactic. In 1947 Congress had passed the Taft-Hartley Act over President Truman’s veto, placing harsh restrictions on closed shops and striking power, opening the door to
state legislation that banned union shops altogether, and giving employers greater power at the bargaining table and to express their views on unionization. Further, in 1947 and 1948, Congress had blocked Truman’s efforts to place the United States Employment Service (USES) permanently in the DOL. In that conservative climate, AFPH had John J. Sparkman (D-AL), in June 1948, to introduce a new version of the federal commission bill, which called for the establishment of an independent federal agency to administer disability policy. Paul Strachan conceded that the move had been based solely on the political climate, storming that with a Republican, “anti-Congress” in power “NO proposition, favoring the Department of Labor, WOULD HAVE A CHANCE! [his emphasis]”

In this renewed campaign for a federal commission on disability services, the AFPH made further concessions on the portions of the 1946 federal commission bill that would have required businesses to employ a certain percentage of disabled workers based on the size of the company and the type of work. Moreover, in 1946, the AFPH had called for the retention of ten federal war plants to establish training centers for people with disabilities and disability professionals. By the time the AFPH launched its second campaign for a federal commission on disability services in 1948, however, the issue of surplus properties was moot, and the AFPH dropped this provision. The AFPH’s decision to alter its most radical demands for a quota system and push for an independent agency led to broader congressional support in 1949. In February 1949, Sparkman, with a diverse group of Senators, including liberals like Claude Pepper (D-FL), Lister Hill (D-AL), and Elbert Thomas (D-UT); more conservative southern Democrats like Clyde Hoey (NC) and Walter George (GA); moderate Republicans like George Aiken (VT) and
Wayne Morse (OR); and conservative Republicans like Ralph Brewster (ME) and Joseph McCarthy (WI), introduced the federal commission bill yet again (S. 1066). In March, Representative Augustine Kelley (D-PA) introduced an identical federal commission bill in the House (H.R. 3095).

The federal commission bills, as introduced in 1949, transferred all administrative responsibilities, personnel, records, and funds for the rehabilitation service from the FSA to a new independent agency, the Federal Commission on Services for the Physically Handicapped (FCSPH), eliminating the OVR altogether. The bills called for the establishment of an advisory council to help develop federal disability policy, with two members from the public, two from industry, two from organized labor, and three people with disabilities who represented organizations of people with disabilities. Likewise, the bills created a committee of federal officials, whose agencies dealt with any part of the nation’s disability policy, allowing the administrator of the FCSPH to coordinate policies and programs. Because the President’s Committee on National Employ the Physically Week had yet to receive clear executive or legislative authorization, the AFPH bill provided a legislative mandate for a National Commission on Employment of the Handicapped. This commission would operate much like the President’s Committee, facilitating voluntary participation and cooperation of individuals and organizations outside the federal government in the promotion of the employment of people with disabilities. To appease blind activists and advocates who had opposed DOL control of disability policy, the bills clearly outlined that all previously established agencies and benefits for blind Americans would be continued and those benefits would not preclude blind people from receiving additional benefits from the FCSPH. Because states continually drained their
appropriations long before they were due to receive additional funds, creating lapses in services, the 1949 bills introduced a revolving loan fund for states that had exhausted rehabilitation funds. Finally, new provisions in the 1949 bills required federal agencies that gathered information disability to issue reports to the FCSPH.\textsuperscript{10}

Like the 1946 bill, three provisions of the 1949 bills sought to improve services for people with severe disabilities by authorizing for loans to finance work projects or sheltered workshops, grants to non-profit organizations to support education for home- or bed-bound people with disabilities, and a pension system for people with severe disabilities who were deemed unfeasible for rehabilitation. Additionally, the 1949 bills, like the 1946 bill, called for increased safety and accessibility in public buildings “to facilitate the free and safe movement” of people with disabilities and a division for people with disabilities within the Civil Service Commission.\textsuperscript{11}

The 1949 federal commission bills altered numerous elements of the 1946 bill. Beyond establishing the FCSPH as an independent agency and no longer pushing for a quota system or federal training centers, the 1949 bills outlined a much more detailed program for financial assistance to people deemed unfeasible for rehabilitation. Whereas the 1946 bill called for $30 monthly payments to be made by the Bureau of Public Assistance of the Social Security Board to all people with disabilities who were rejected by the rehabilitation service, the 1949 bills mandated grants to the states and placed the onus of administering and distributing pensions on the states. Under the program, states would be required to designate an agency to administer the program, issue $60 monthly payments to people deemed unfeasible for rehabilitation, provide annual medical examinations of recipients to reassess their eligibility for rehabilitation, afford persons rejected from the
pension program the opportunity to have a hearing before the state agency, and protect
the privacy of recipients and applicants to the program. While the bills placed the entire
financial burden of the program on the federal government, they allowed states to sup-
plement federal benefits. Finally, the 1949 bills abandoned provisions that would estab-
lish separate divisions for distinct groups of people with disabilities, like deaf people,
people with epilepsy, and people with polio, and the AFPH also dropped its call for an
appropriation for research into a cure for deafness.12

Through the federal commission bills of 1946 and 1949, activists of the AFPH
expressed an implicit critique of the FSA’s administration of vocational rehabilitation and
their belief that the federal government had a responsibility to increase employment op-
portunities for people with disabilities and provide economic security for people with se-
vere disabilities who were unable to work. The economic impetus of the AFPH agenda
squared with organized labor’s views on disability and organized labor’s broader views
on the proper role of the federal government in safe-guarding Americans against the eco-
nomic and health uncertainties of work and life. Moreover, the AFPH’s critique of the
rehabilitation service resonated with organized labor leaders who were frustrated by the
service’s failure to work with organized labor and for workers.

ORGANIZED LABOR ENTERS THE FRAY

In 1946, with the House Committee on Labor scheduled to hold hearings on the
federal commission bill, AFPH chief Paul Strachan contacted AFL President William
Green for assistance. Strachan’s own ties to organized labor generally, and the AFL spe-
cifically, helped to him to build his case. He argued that Green personally knew of “af-
liction, in the shape of Physical Disability,” and he maintained that this “affliction” plagued workers more so than others. Strachan’s arguments about disability and the AFPH’s broader agenda had a particularly powerful appeal to Green who had spent twenty years in the mines. The terrible conditions in the mines, he remembered, left miners “abnormally susceptible to tuberculosis, rheumatism and other diseases,” and poor health was “almost inevitable.”

Green assured Strachan of AFL support, and he assigned AFL legislative representative Lewis G. Hines, former Pennsylvania Secretary of Labor, to handle the matter. While Strachan continued to cultivate this special relationship with the AFL, he also successfully appealed to the Congress of Industrial Organizations (CIO), the United Mine Workers of America (UMWA), the International Association of Machinists (IAM), and many other unions for financial and legislative support.

While disability and safety concerns had long fueled unionization campaigns, the AFPH agenda provided a practical link for union leaders between traditional concerns about safety and their new focus on securing health care and expanding the protections of the welfare state. As labor leaders confronted the towering wartime casualties of the battlefield and the factory floor, they advocated for more than workplace safety and access to health care. Their activism on behalf of the AFPH and their financial support for the organization reified their conviction that earning a living was a right that the federal government should protect, and they worked to extend this right to people with disabilities.

Labor leaders were keenly aware of their members’ abysmal health care. With the notable exception of the UMWA, comprehensive care did not yet exist for union members, and few Americans could afford private insurance. By the 1950s, only 3.5 million
Americans had health insurance. Union leaders were also aware that 25 percent of all small loans were made to cover medical bills, and war bonds were more likely to be cashed to meet medical expenses than for any other cause.\textsuperscript{17} In this context, unions increasingly took up the drive to win health insurance benefits either at the bargaining table or through congressional action. Improving federal disability policy dovetailed with labor leaders’ new health agenda. While historians of the postwar labor movement have argued that workplace safety and class rhetoric played little role in organized labor’s campaign for national health care, the dangers of the workplace and employers’ disregard of worker safety provided a natural connection between organized labor and disability.\textsuperscript{18}

Concern for safety haunted the pages of AFL publications. For instance, in 1952 in the wake of a mining disaster in West Frankfort, Illinois, \textit{The AFL Weekly News Service} slammed legislators who blocked safety legislation in the name of states’ rights and employers for their indifference to the safety of working people and to the pleas of their unions. The article explained that weak safety regulations resulted in dead workers. In West Frankfort, federal mine inspectors had recommended that coal operators take measures to seal off or ventilate unused shafts, but the operators ignored the inspectors’ recommendations. One hundred and nineteen coal miners died in a preventable explosion in West Franklin. The article concluded, “Hooray for ‘state’s rights’”\textsuperscript{19}

Postwar industrial workers faced a frightening combination of health and safety issues: accidents and occupational illnesses, both exacerbated by management and medical neglect. In many ways, the coal mines represented the most extreme example of unsafe working conditions and employer abuses. Disasters in the mines were not uncommon, and the massive loss of life from a single accident struck a horrifying chord. Condi-
tions in the coal mines made miners susceptible to a wide range of occupational diseases, such as miner’s asthma, or black lung. Coal operators were notorious for their lack of concern for miners’ health and safety. Judging by the Centralia, Illinois mining disaster where coal operators received the maximum punishment, a $1,000 fine, for willful neglect in the deaths of 111 miners, operators could easily cut down on costs by paying nominal fines rather than maintaining safe mines. Coal operators were also known for employing company doctors who ignored the health and well-being of miners. For example, one UMWA official told the story of a miner who “had gotten a pick stuck through his foot.” A company-chosen physician ordered the man to return to work, despite the fact that the miner’s foot was so swollen that he was unable to wear a shoe. While the coal mines presented the ultimate example of unsafe conditions and physician and employer neglect, miners were not alone in their concern health and safety.

During the World War II congressional investigation on disability policy and in the 1946 and 1949 House and the 1950 Senate hearings on the AFPH’s federal commission bills, organized labor leaders articulated a class-informed understanding of disability and offered a pointed critique of the rehabilitation service’s failure to aid workers. Much as Strachan’s 1946 appeal to Green had emphasized that working people were more likely to become disabled than others, labor leaders argued that disability was a problem of the working class. The dangers of the workplace and employers’ disregard of worker safety provided a natural connection between organized labor and disability.

Union testimony emphasized the link between industrial accidents and disability. For example, CIO representative William J. Pachler pointed out that each year, from 1930 to 1948, about two million workers suffered injuries at work, and about 100,000 of
these injuries resulted in permanent disabilities. Lewis G. Hines, a national legislative representative of the AFL, reminded committee members that more workers were injured on the home front than soldiers on the battlefield during World War II. Increasing rates of industrial accidents, he claimed, represented “a real menace to the economic security” of the nation. Thomas Kennedy, vice president of the UMWA, pointed that his union’s interest in disability grew out of experience. In a period of six years, every miner could expect to be injured, or killed, on the job. Similarly, George R. Nelson of the IAM asserted that high accident rates among their members had brought IAM leaders “face to face with the real problems confronting the handicapped.”

Union leaders not only pointed to industrial accidents but also argued that the vast majority of disabled people were workers. Hines argued “that a great many of these folks are members of our organizations.” Hartman Barber of the Brotherhood of Railway and Steamship Clerks, Freight Handlers, Express and Station Employees (BRAC) maintained “that most of the 28,000,000 physically handicapped are workers, or potential workers.” Harry Read of the CIO agreed that “it is the working people who become disabled and handicapped in the overwhelming majority of instances.” Pachler maintained that of those who desperately needed a satisfactory federal disability program, “the greatest numbers . . . [would] be wage earners.”

Given labor leaders’ arguments that the vast majority of disabled people were wage workers, it should be no surprise that labor had always been a major supporter of vocational rehabilitation. Arthur J. Holder, a one-time national vice president of the IAM, had, in conjunction with the AFL, worked for the first rehabilitation act during World War I. Despite labor’s role in securing a rehabilitation program for civilians in the wake
of the First World War, members of the federal-state rehabilitation service did little to build a working relationship with organized labor. Tensions grew in the 1940s and 1950s as labor leaders complained about the condescending attitudes, the lack of concern for disabled workers in general, and disabled union members in specific, which seemed to many union leaders to stem from anti-union sentiment on the part of some state rehabilitation officials and the medical focus of other members of the rehabilitation service.

In 1944, Secretary-Treasurer David J. McDonald of the United Steel Workers of America called the administration of rehabilitation in Pennsylvania “regrettable—if not scandalous.” In particular, he pointed to the Pittsburgh office, where, he charged, the backlog of applicants approached the thousands. Officials there, he said, did little more than train people for “the watchmaking industry.” Because of this lack of vision, administrators failed people with disabilities when it came to placement.31

In 1946, Lewis Hines recognized that organized labor needed information about the rehabilitation program. He bristled, however, at the idea of “having some social worker come around and address your union meeting, talking over their heads for 10 or 15 minutes and walking out and having them forget all about it.” Hines argued that the job should fall to someone who knew about organized labor and knew the people in the area. Hines pointed to the work of his own union, the Metal Polishers, Buffers, Platers, and Helpers International Union (MPBPHIU), in rehabilitating veterans and industrial workers with single leg amputations and training them for metal polishing work. The MPBPHIU gave its business agents the responsibility of convincing employers to hire these disabled workers. “With the pressure of the union behind that,” he maintained, “there is no question but that we are going to get some place.” In Hines’ view, organized
labor needed to play a central role in the rehabilitation process, and the rehabilitation service needed both to educate union members about the service and work with union leaders to make the program effective.\textsuperscript{32}

In 1950, representing the CIO, Harry Read complained about the attitude of the medical and technical members of the rehabilitation service. He argued that they had “the tendency to make laboratory items of people.” To members of the rehabilitation service, he contended, “The worker becomes a case number.” He believed that the DOL could “change their outlook and their attitude.”\textsuperscript{33} Moreover, he, like many other labor leaders, argued that employment should be “the key objective” of rehabilitation, a job at which the rehabilitation service seemed to be failing.\textsuperscript{34} Likewise, George R. Nelson of the IAM asserted that his union wanted disabled people to be “put to work. . . . so they can take their place along with the rest of us.”\textsuperscript{35}

Labor leaders’ testimony during congressional hearings on AFPH initiatives indicated growing dissatisfaction with the efficiency and attitude of members of the rehabilitation service. While labor’s increasing advocacy for people with disabilities and engagement with rehabilitation pushed the rehabilitation service to be more responsive to labor, the service’s first attempts to build ties with organized labor only demonstrated the service’s lack of knowledge about organized labor and union policies and politics, inability to provide adequate services to people with severe disabilities, and under funding and staffing at the state level.

Shortly after George Meany published his 1947 article on labor’s responsibility to people with disabilities, the OVR notified state directors about the article and suggested that state offices make “prompt contacts” with the AFL to build on the organization’s
commitment to aid people with disabilities. The OVR memorandum also served as a primer for state directors who were unfamiliar with the AFL and union policies in general. Emphasizing the top-down, bureaucratic nature of unions, the OVR pointed out that building connections first with state federation presidents, then district officials, and then local officials would make working with unions at the regional and local level easier. The OVR suggested that state directors and counselors at the local level seek opportunities to speak at union meetings and educate union members about the service, while warning that “Union members are quick to spot ‘talking down’ and resent it.” Implicit in the memorandum was the OVR’s recognition that many of its state officials had built few connections with organized labor and had little working knowledge about unions and conversely that unions needed information about the vocational rehabilitation program. The memorandum had little immediate effect as more than two years later the OVR would still be confronting the problem of establishing a working relationship with organized labor.

One union, the UMWA, however, went to great lengths in the late 1940s and early 1950s to force the rehabilitation service to be responsive to the needs of its members. Much as coal miners faced extraordinarily unsafe conditions, their union took extreme measures to provide members with disability benefits. In wage negotiations for the bituminous coal fields in 1946 and 1947, UMWA President John L. Lewis secured a union-led and employer-funded health care and pension system for miners. Coal operators paid royalties on each ton of coal mined for use or sale to the UMWA Welfare and Retirement Fund. Recognizing the financial weight of providing continued care for disabled miners, leaders of the Fund looked to the OVR and the rehabilitation service as a
way to supplement union services. In January 1948, the Fund secured a cooperative agreement with the OVR. The Fund would refer beneficiaries with disabilities who might benefit from rehabilitation to the rehabilitation service, sending referrals and medical reports to the federal OVR. The OVR would then transmit the referrals to the appropriate state agency that would determine the eligibility of individual miners for service and provide the Fund with either justification for an applicant’s rejection or the successful applicant’s rehabilitation plan. Fund officials made it clear that the union would not pay for services that UMWA members were entitled to through the federal-state rehabilitation program, but the Fund agreed to pay for any services not provided by the rehabilitation program that would make an individual’s rehabilitation more successful. The OVR agreed to instruct state rehabilitation officials to work closely with the Fund, sharing information about the progress of Fund beneficiaries and any needed supplementary services.  

The Fund tested the limits of state rehabilitation services when it launched a major campaign to locate and provide medical treatment and rehabilitation services for miners who had been disabled in the mines before the Fund had been created. The Fund established relationships with major hospitals and rehabilitation clinics across the country, and Fund and union officials scoured union records and contacted local officials to find miners in need of rehabilitation. Fund physicians transported bed-bound miners from remote mining communities, sometimes carrying men by stretcher for miles to the nearest paved road to begin their journey to a hospital that might be on the other side of the nation.
As officials of the Fund worked to provide medical care for these “distress benefit cases,” they also pressured the rehabilitation service to provide vocational guidance and training while these men received medical treatments. In the late 1940s, the Fund inundated the rehabilitation service with thousands of cases, taxing state programs with the sheer volume of referrals. When, in April 1948, the Fund completed the referral process for “distress benefit cases” in Alabama, it had already referred 226 cases in that state alone, and local UMWA representatives estimated under normal circumstances the Fund would refer 5 new cases a week in Alabama. Officials in Alabama quickly rejected 167 of those early referrals and struggled to process the other cases. Between 1949 and 1954, the Fund referred more than 12,000 beneficiaries to the rehabilitation service, which accepted only 47 percent of the referrals.40

While the Fund cemented a close working relationship with the OVR and numerous state agencies, the relationship also revealed the inadequacies of the rehabilitation service. The Fund invested a great deal of time and resources into policing the rehabilitation service and alerting the OVR when states failed to consider UMWA members in a timely fashion or when services seemed inadequate. For example, in November 1950, T. Russell Esken, assistant to the area medical administrator for the UMWA Welfare and Retirement Fund, wrote to Kenneth E. Pohlmann, director of rehabilitation for the Fund, complaining about the Ohio Bureau for Vocational Rehabilitation. Of 169 referrals, no action had been taken by the Ohio rehabilitation service on the cases of 102 miners. Ohio Rehabilitation officials had rejected 22 of the Fund’s referrals. According to Esken, “Counselling [sic] and guidance was supposedly given” to 8 miners who had returned to the mines or were “doing odd jobs.” Of the cases that had received rehabilitation in Ohio,
Esken concluded that “all services provided by the Ohio State Bureau for Vocational Rehabilitation could have been purchased for a minimal sum in the open market, and the Fund could have dispensed with the necessity for these referrals with a great saving in money spent for clerical time, stationery, etc.” Pohlmann forwarded Esken’s complaints to the OVR, adding that the Fund was “not happy” about the situation. Further, Pohlmann noted that it appeared that “the Ohio Bureau is not too much concerned about the problem.” He requested that M. B. Perrin, director of rehabilitation in Ohio, and the regional representative of the OVR investigate the situation, and he asked permission to arrange a meeting between Ohio rehabilitation officials and the Fund.

For his part, Perrin expressed considerable resentment toward the Fund and its accusations. “Just because our horn has not been tooted from the housetop,” he wrote, “does not mean that we in any way attempted to shirk our responsibility to the disabled miner.” Perrin argued that Fund representatives had failed, despite repeated invitations, to accompany counselors on trips to miners’ homes. Moreover, he faulted the disabled miners and their unwillingness to cooperate for the situation. Harkening back to the Gilded Age ideas that charity could be a corrupting force in the lives of individuals, Perrin posited, “Welfare funds, compensation funds, and the willingness on the part of other members of the family to sacrifice in the interest of the disabled miner has caused him to set a pattern of satisfaction from which he cannot be shaken.” He also pointed out that information supplied by the Fund as to the status of Fund referrals in Ohio was out of date and did not reflect numerous cases that were being or had been rehabilitated by Ohio’s rehabilitation service. He further claimed that “some one in Mr. Esken’s office went off the deep end” when gathering information about the Ohio rehabilitation service.
After local Fund and Ohio rehabilitation officials held a conference, the Fund softened its critique of the Ohio rehabilitation service, arguing that the problem did not grow out of “a lack of willingness or ability” but from the inadequate number of counselors in Ohio. In February 1951, shortly after Fund officials had conferred with Ohio officials, Pohlmann again brought the Ohio situation to the attention of the OVR. This time, however, he reminded OVR officials of their “responsibility to see that the State provides better services.” He pointed out that deficiencies in the Ohio service resulted from its lack of enough rehabilitation counselors to handle the caseload. He asked the OVR to investigate the situation in Ohio and suggested that through a conference between OVR representatives, Ohio rehabilitation officials, and representatives of the Fund and the UMWA a plan might be worked out “to bring services in that state up to par with those of West Virginia.”

While the OVR responded quickly to Fund complaints, the Fund took extraordinary measures to ensure that its beneficiaries received the government benefits to which they were entitled, referring beneficiaries, monitoring referrals, assessing rejections, and policing standards, efficiency, and attitudes. Despite the Fund’s efforts, about half of all of the miners they referred to the service were deemed unfeasible for rehabilitation. While the Fund’s relationship with the OVR no doubt improved rehabilitation services for injured miners and in the coal fields generally, it also demonstrated that the rehabilitation service failed to help thousands of workers, even under the best circumstances.

The OVR’s failure to address the needs of even a majority of working class men and women who needed rehabilitation and to build strong ties to organized labor, outside the UMWA, led many unions, including the UMWA, to question the leadership of the
FSA and to support disability activists’ calls for rehabilitation reform. This growing dissatisfaction among labor leaders and the constant, public critique of disability activists pushed the FSA into action.

CONFLICT AND FAILED COMPROMISE

While the AFPH courted increasing support from organized labor, the FSA responded to the mounting dissatisfaction among labor leaders and the growing connections between disability activism and organized labor by drafting a bill to expand rehabilitation services and bolster the OVR shortly before the 1949 House hearings on the federal commission bill and by launching a campaign to win over the AFL. The FSA’s bill damaged AFPH activists’ plans for the 1949 hearings as the FSA put pressure on many of the AFPH’s supporters, like the AFL, to examine the FSA bill before they testified in support of the federal commission bill. Additionally, the FSA, as the agency that housed the rehabilitation service, initially secured support from the Bureau of the Budget and the Truman administration, placing government officials who supported the AFPH bill in an awkward position. For example, Secretary of Labor Maurice J. Tobin had intended to testify at the 1949 hearing on behalf of the AFPH, but in light of the administration’s support of the FSA bill, he chose not to testify and “embarrass the Administration,” thus seemingly withdrawing support from the AFPH.45

The AFPH, however, pressured the White House to reverse its position and support the federal commission bill. The White House received some 242 letters and telegrams in support of the AFPH’s bill from disability activists and their supporters. Sixty-nine percent of the letter writers specifically identified themselves as people with disabili-
ties, and of those, 63 percent identified themselves as AFPH members. Others mentioned their affiliation with Spastics of America. Nine percent of the mail the White House received in support of the federal commission bills came from organized labor, including the CIO, the IAM, the Brotherhood of Maintenance of Way Employees, and the Glass Bottle Blowers Association. Significantly, much of this correspondence came from organizations and communities, representing a wide-range of voices. One letter or telegram often represented entire lodges or locals, and in the case of the CIO, multiple unions. In addition, many independent letter writers obtained the signatures of family and friends. A great majority of the correspondence came from the AFPH strongholds of New York, Indiana, Pennsylvania, and Michigan, but letters came from all over the country.46

Typical of this letter writing campaign, one AFPH member wrote, “only those who are sick and Handicapped can know what a terrible problem it is, we dont [sic] mind the afflictions [sic] that we have to bear it’s the financial problem that is the real burden.” The writer condemned Washington bureaucrats and members of the rehabilitation service who were blocking the AFPH’s bill, arguing, “The men who have the Rehabilitation jobs are working and doing every thing they possibly can to help throw this bill out, ARE YOU GOING TO ALLOW THIS TO HAPPEN?”47

In wake of the AFPH’s letter writing campaign, a White House memorandum analyzing the campaign explained that the FSA worked from the “assumption” that employment was only one of many goals for which the rehabilitation service should work. People with disabilities, however, had made it very clear that the administration’s efforts needed to focus on employment and not on “charity and welfare.” The memo concluded,
“In clearing the FSA bills, the Bureau [of the Budget] may be giving its implied approval to existing conditions which are far from desirable.”

Secretary Tobin also worked to reverse the administration’s position on rehabilitation, pushing the White House into a neutral position. President Truman assigned D. H. Stowe, one of his administrative assistants, to work out a compromise between the FSA, the DOL, and the AFPH. When Stowe’s efforts failed, the DOL drafted a “compromise” bill of its own. Basically an amended version of the AFPH bill, the DOL bill focused on improving employment opportunities for people with disabilities, provided for a less controversial funding system than the heavily federal AFPH bill, and offered no provisions for pensions. The DOL’s bill did little to satisfy the FSA because it placed administrative control of disability services in the DOL. Ultimately, the Truman administration withheld approval from all of the bills, allowing the FSA, DOL, and AFPH bills a hearing before a subcommittee of the Senate Labor and Public Welfare Committee in May of 1950. As one Washington Post reporter wrote, “An undercover battle between Secretary of Labor Maurice J. Tobin and Federal Security Administrator Oscar R. Ewing for control of Federal aid to the physically handicapped will be aired in public this week.” In pushing for its federal commission bill, the AFPH again stirred the bureaucratic and ideological conflict that had surfaced over the President’s Committee on National Employ the Physically Handicapped Week.

In the 1950 Senate hearing, Ewing of the FSA and Tobin of the DOL squared off, presenting the clearest statements of the ideological differences that divided the agencies. Tobin, much as disability activists, argued that the main thrust of the rehabilitation program should be employment. “We would,” he maintained, “not have a really effective
program for the physically handicapped if it is not made certain that the end result is a job.”

He pointed to employer discrimination against the people with disabilities and emphasized the benefits to the national economy that would come from ending such discrimination. Tobin also understood that failing to find jobs for people with disabilities meant that they would be cut off from a wide-range of public and private benefits, including old-age pensions, survivor’s benefits, worker’s compensation, and unemployment benefits. “The handicapped individual,” he declared, “has a right to participate as fully as anyone else in our system of social and economic security.”

Tobin argued for placing services for disabled people within the DOL because the department already had responsibilities in industrial safety and accident prevention. The DOL, he noted, was also charged with implementing fair-labor standards, which were all too relevant given the widespread employment discrimination against people with disabilities. He pointed out that the Bureau of Labor Statistics had already collected valuable information on disabled workers and that the Bureau’s services would be vital in building a sound program for them. If the rehabilitation program was to end in a job, he asserted, the United States Employment Service (USES), which had been transferred back to the DOL in 1949, would be the critical component. Finally, he concluded, “As the Department most closely connected with the problems of the labor force, not only through the activities of the Employment Services, but of its other bureaus, the DOL is the logical one to administer this program.”

Ewing, however, viewed rehabilitation as a process to be handled by experts in the fields of medicine and counseling. He attacked both the AFPH and DOL bills, telling the Senate subcommittee that the DOL’s emphasis on job placement was “misplaced.”
FSA officials also argued that rehabilitation was intertwined with the “health, education, and social security services” that the agency provided. Moreover, they insisted that their personnel had “the experience and special knowledge” to make rehabilitation work.55 These officials emphasized that the OVR had the support of the NRA, the American Public Welfare Association, the National Council on Rehabilitation, the American Medical Association, the Citizens’ Federal Committee on Education, the States’ Vocational Rehabilitation Council, the American Foundation for the Blind, the American Association of Workers for the Blind, and the Council of State Executives of State Commissions or Agencies for the Blind.56

Despite the fact that vocational rehabilitation was designed to put people with disabilities into the work force, the program had no formal employment policies or agencies. As FSA officials attempted to counter DOL arguments about significance of the end goal of employment, they downplayed the importance of the USES, emphasized the importance of the rehabilitation counselor in the employment process, and inadvertently exposed the haphazard way that rehabilitants actually secured employment. G. Lyle Belsey, Commissioner for Special Services for the FSA, noted that because the counselor was out and about in the community he would often stumble upon jobs for his rehabilitants.57 Ewing reported that a 1949 study of five state vocational rehabilitation programs and their relationship to USES showed that 30 percent of rehabilitants who found work after rehabilitation received placements through either the rehabilitation office or USES and that 70 percent of rehabilitants found employment through their own or employer initiative or with the aid of other organizations or agencies. Ewing argued, “I do not think the key word is welfare, nor do I think that it is employment, I think the key word is re-
habilitation, which encompasses the whole program. . . . Our job is to carry [the disabled individual] to the point where he is both self-confident and self-supporting.”\(^{58}\) Thus, these professionals did not define the security that rehabilitation provided solely in terms of work. Rather, it was the outcome of medical, psychological, and educational interventions that changed the disabled individual and made him employable. Organized labor, disability activists, and the DOL argued that jobs, not just medical intervention, should be the heart of rehabilitation.

As the ideological gap between the FSA and the DOL was exposed, compromises seemed further out of reach. While the AFPH’s compromise to fight for an independent agency to administer federal disability policy instead pushing for DOL-control of disability services likely helped the AFPH to generate broader congressional support and initially met with labor support, by 1950, many labor leaders seemed unwilling to compromise on this issue. Labor leaders believed that the rehabilitation program should be handled by the DOL not only because they wanted to strengthen the department but also because they believed its employees had a better understanding of the job market and would be more apt to provide services to workers disabled on the job. Such an approach, Harry Read of the CIO argued, would “secure a closer liaison between the administrators of the program and their clients who are primarily wage and salary earners.”\(^{59}\) Hartman Barber of the BRAC contended that most disabled people were workers and “activities of government affecting them should be included in the workers’ department—the Department of Labor.”\(^{60}\) With labor insisting on DOL authority over disability services, at the 1950 Senate hearings the AFPH backpedaled on its independent agency idea, and Senator John
Sparkman presented a revised version of the federal commission bill that placed administrative responsibility for federal disability policy in the DOL.  

Just as AFPH leadership recognized the importance of organized labor’s support, administrators of the FSA and OVR began to realize that they were losing a powerful potential ally to the AFPH. In the months leading up to the House hearings on the federal commission bill, the OVR made a concerted effort to contact national labor leaders about the activities of the rehabilitation service. In March and April of 1949, OVR Information Service chief W. Oliver Kincannon and OVR Labor Information Specialist Herbert Borchardt held conferences with union leaders and members of unions’ national education and research departments, including the AFL, CIO, IAM, United Steelworkers of America, and the National Railway Labor Executives Association. Kincannon and Borchardt tried to provide union officials with information about the rehabilitation services available to injured workers, and they emphasized that the DOL represented a “department of Labor,” but the FSA, they argued, was the “Department for Labor.”

In July 1949, only one day before hearings were set to begin in the House on the federal commission bill, W. C. Hushing, AFL legislative director, received word that an administration bill had been drafted by FSA Administrator Oscar Ewing. Hushing asked Green to give Ewing a chance to explain the benefits of his agency’s bill. Much as Tobin initially had been forced to walk a fine line in public with the administration backing the FSA’s bill, the AFL withheld direct support from both the AFPH and FSA bills, taking a more careful approach to avoid conflict with both President Truman and Ewing, a key supporter of expanding social insurance in the Truman administration. The AFL, at the 1949 hearings, emphasized the need for expanded and better services for people with dis-
abilities and referred the bills to a subcommittee for a hearing of their own.63 While the AFL declined to take a public stand on the bills until its subcommittee had made a decision, Green continued to offer AFL support to the AFPH, writing to Strachan, assuring him that he had instructed Lewis G. Hines and Walter J. Mason, both members of the AFL’s Legislative Department, “to work with you, serve with you and help and assist you.”64

When the AFL subcommittee convened in June of 1950, it heard testimony from officials of the FSA and DOL as well as Paul Strachan and Mildred Scott of the AFPH. The subcommittee reported to Green that the FSA provided statistical evidence that only 5 percent of the cases referred to the rehabilitation service had disabilities related to industry, while the disabilities of 88 percent of the referrals and applications fielded by the service resulted from chronic disease. “The implication of these data,” the committee report read, “was that the problem of rehabilitation was not a ‘labor problem’ which should be administered by the Department of Labor.” The subcommittee, however, argued that the FSA’s “statistical picture did not square with the facts of the existing situation.” In fact, it reported that under questioning FSA officials “admitted that little had been done to adequately place before either wage earners or their employers the nature or purpose of the rehabilitation program.” The subcommittee wrote that FSA administration of the program had pushed the rehabilitation service far from the original objectives of aiding workers and placing disabled people in jobs. “Medical attention,” the committee argued, “has been emphasized to the point where re-training and job placement have become secondary.” In the end, the subcommittee unanimously voted to support the DOL bill, but it also offered support to the federal commission bill, except for the provision for pensions,
which the subcommittee believed would “jeopardize” the legislation given the “economy-minded Congress.” While subcommittee members did not wish to “disparage” the contribution of medicine to rehabilitation, they ultimately concluded that these contributions should not dictate the process—a process they believed should be about work.\textsuperscript{65}

In the wake of the AFL subcommittee’s decision that the DOL should head federal disability services, the rehabilitation service began to take careful stock of its relationship with organized labor. For example, in June 1950, J. Hank Smith, director of rehabilitation in Tennessee, issued a memorandum to all of his district supervisors and counselors, designating the period from August 21 to September 22 a time to build strong ties with organized labor. Smith wrote, “By misusing the President’s Committee in particular, Paul Strachan has been able to sell the representatives of organized labor . . . on the proposition that Rehabilitation has accomplished nothing and has done nothing for the working man in particular.” He charged that rehabilitation officials all over the nation “made themselves vulnerable by ignoring local labor unions.” He maintained that members of the rehabilitation service had spent considerable time showing films and giving talks for women’s, school, and civic groups, but the same could not be said to be true for organized labor. “Had we discharged this obligation,” he argued, “Strachan would never have been in a position to have attacked us so successfully.”\textsuperscript{66}

At the federal level, W. Oliver Kincannon of the OVR admitted that the state programs had focused considerable efforts on work with the medical community and organizations in related fields, but had done little to court the support of organized labor outside of the OVR’s relationship to the UMWA. OVR officials had repeatedly instructed the states to build working relationships with local union officials, but did not monitor states’
progress on the labor front. Kincannon also admitted that he saw truth in union accusations that state rehabilitation officials were “anti-labor.” He believed that this anti-union attitude grew out of “a combination of scholastic background and a complete unfamiliarity with Labor” on the part of state rehabilitation officials. Kincannon thought that when the federal office undertook concerted efforts to educate state officials and push them to work with organized labor the OVR had seen positive results. He concluded, “It is natural that all Labor will vote consistently for improvement of the Department of Labor,” but he hoped through continued work the OVR could push organized labor to a point where “that opposition to retention of OVR in FSA will be philosophical, rather than active.”

In August 1950, the OVR instructed regional representatives of the rehabilitation service to report to the national office all of the activities that their regions had undertaken to improve relations with organized labor. The reports revealed that many states had done very little to build an effective, two-way relationship with representative of labor. For example, the director of rehabilitation in Nevada reported that while the state service “had no regular meetings with Labor Groups,” officials contacted state labor leaders for legislative aid. The Oregon Commission for the Blind made it a regular policy to contact organized labor when they wanted to place a rehabilitant in a union job. Officials in Oregon reported that they found this “individual labor unions on individual problems” policy effective because labor representatives were “people of a more practical term of mind,” who needed “something definite and specific to sink their teeth into.” One counselor in Oregon told the state director of rehabilitation that the relationship with organized labor could be greatly improved if the service went “to the unions offering our services rather than asking for a favor (as we usually do).” C. F. Feike, director of reha-
bilitation in Oregon, argued that changing the attitude of local labor leaders seemed an impossible task “when there is a continuous flow of propaganda coming from a national source,” and he wished that the AFL and CIO on the national level “would adopt an attitude of non-criticism and allow the individual states to form their own opinions.” Feike also expressed dissatisfaction with the idea that the rehabilitation service should “stress their services for any particular disability group.” After all, organized labor, he rationalized, did not even represent the whole of the working class. The OVR concluded that this survey revealed “the great need” for states agencies to “adopt a more positive approach in developing understanding and support of the vocational rehabilitation program among Labor organizations.”

While the OVR worked to win back the support of organized labor, Senators in the Subcommittee on Vocational Rehabilitation of the Physically Handicapped of the Senate Committee on Labor and Public Welfare sought compromise where the administration had failed. During the 1950 Senate hearings, Chairperson Paul H. Douglas (D-IL) gave both the DOL and FSA “an admonitory tap on the wrist,” for trespassing too far into the legislative functions of government. He, nevertheless, welcomed their advice on disability policy “with the understanding that they are to be on tap but not on top.” Douglas also warned the Bureau of the Budget not to play administrative favorites, arguing that the agency “is presumably neutral” and “presumably tries to keep above the competition of all the power struggles of the greedy and hungry public agencies.”

After hearing eight days of testimony, Douglas, along with his subcommittee fellows, Herbert H. Lehman (D-NY) and George D. Aiken (R-VT), drafted an expansive, compromise measure that they believed would both improve the rehabilitation service
and address many of the critiques of organized labor and disability activists in the AFPH. The Douglas bill, sponsored by Douglas, Lehman, and Aiken along with Elbert Thomas (D-UT), James Murray (D-MT), Claude Pepper (D-FL), Matthew Neely (D-WV), Hubert Humphrey (D-MN), and Wayne Morse (R-OR), built upon the Barden-LaFollet Act of 1943, the Randolph-Shepard Act of 1936, and the FSA, DOL, and AFPH bills. The bill retained administration of the rehabilitation service in the FSA and the federal-state sharing of rehabilitation costs, but it expanded the scope of the existing program and introduced a number of new services as well as administrative and financial changes. Disability activists of the AFPH consistently criticized the rehabilitation service for its failure to address the needs of people with severe disabilities. As a result, the Douglas bill encouraged states, through the lure of federal grants, to develop workshops, home-employment programs, and business initiatives for people with severe disabilities. Additionally, the bill attempted to force the rehabilitation service to concentrate its efforts on assisting people with severe disabilities by making disabled citizens who needed only job counseling or placement assistance ineligible for rehabilitation services. To assist these individuals, the Douglas bill provided the USES greater authority in assisting disabled people to find employment. The bill addressed the AFPH’s call for increased employment opportunities within the federal government by establishing a division for people with disabilities in the U.S. Civil Service Commission. In addition, the bill adopted the AFPH’s proposal of a revolving loan program for state rehabilitation services and extended the idea to also provide loans to assist in the establishment and maintenance of workshops for people with severe disabilities. Partially addressing the AFPH’s consistent calls for the federal government to collect more information about disability in the nation,
the Douglas bill charged the Bureau of Employment Security with the responsibility of collecting information about employer policies and practices in regards to disabled workers. Finally, the Douglas bill called for the establishment of federal and state advisory councils on rehabilitation and mandated that people with disabilities be represented on these councils, ensuring that “the suggestions and criticisms” of people with disabilities would “be brought to bear on the operation and improvement of the program.”

The Douglas bill also addressed deficiencies in the rehabilitation program that were mutually recognized by members of the rehabilitation service, AFPH activists, the FSA, the DOL, and labor leaders. Members of the rehabilitation service had also recognized their inability to meet the needs of people with severe disabilities, and the FSA bill, like the AFPH bill, had proposed several initiatives to provide services to people with severe disabilities. All sides agreed that inadequate funds presented a major problem, and the Douglas measure sought to encourage increased state participation in supporting rehabilitation through numerous federal grant programs. The bill also provided variable grants to the states based on per capita income, offering additional federal support (up to 75 percent) for states with lower per capita incomes and less federal aid (as low as 40 percent) for states with higher incomes. All sides had also pushed for rehabilitation centers, where services could be offered at a central location. The Douglas bill encouraged the development of these centers through a new grant program and coordination with the Hospital Survey and Construction Act of 1946, which provided federal funds for hospital construction. Finally, the bill provided for grants for research and training in the field of rehabilitation, addressing the shared concern of the need for more qualified personnel and better techniques.
In maintaining rehabilitation in the FSA, the bill clearly drew on many of the suggestions proposed by members of the rehabilitation service. Much as the FSA had proposed additional services for blind Americans, the Douglas bill provided for federal grants-in-aid to bolster services for blind citizens, including providing federal funds to support the Randolph-Shepard Act, which gave blind people the right to operate vending stands in federal buildings, and to encourage states to develop and provide services for people adjusting to blindness. Additionally, the Douglas bill sought to enhance the status of the OVR by making it a full-fledged bureau.73

In deciding to keep the rehabilitation program in the FSA, Douglas argued that rehabilitation should be more of a medical and educational process. He did not, however, discount the need for placement services, but by making people who needed only employment assistance ineligible for rehabilitation, he reified the notion that rehabilitation was meant to be a medical and educational process. Douglas also maintained that transferring the rehabilitation service to the DOL would certainly cause at least a temporary “loss of efficiency which accompanies major administrative changes in a long-time program.” Moreover, he argued, “The shortcomings in the present program cannot be remedied by a mere transfer to another agency.” Further, the Douglas committee seemed far more impressed than the AFL by FSA figures that disability in the U.S. was a product of disease and not work. Where AFL leaders questioned whether the rehabilitation service had attempted to reach out to disabled workers, the Douglas committee believed the FSA’s statistics that roughly half of all of their referrals came from health, education, and welfare agencies and not from worker’s compensation administrators as evidence that disability was not a class problem but a far-reaching medical issue.74

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Between May 1950, when Senate subcommittee hearings were held, and August, when the Senate Committee on Labor and Public Welfare approved the Douglas bill, Communist North Korea had invaded South Korea, and President Truman committed U.S. forces to hold back the Communist threat. This new military conflict, according to the committee report, brought “to mind the grim lessons of World War II.” Ultimately, the committee report stated that even before the escalation of hostility in Korea the need for a better rehabilitation program was clear, but with this new military engagement, the need had becoming more pressing. “Before the national situation becomes more critical,” the report read, “the committee recommends that Congress lay the groundwork for an intensive program so that we shall be ready for an all-out effort and be able to build soundly for the future.”

The urgency of World War II labor needs and postwar employment uncertainties, however, were beginning to give way to climate where even in the midst of renewed military operations liberals could not push the Douglas compromise bill through both houses. AFPH President Paul Strachan’s reaction to the Douglas bill likely muddied the waters further. In a letter to the organized labor legislative representatives who worked closely with the AFPH, Strachan railed against the bill, arguing that Douglas was “off the reservation” and claiming that the Douglas bill “COMPLETELY IGNORED RECOMMENDATIONS OF LABOR as well as AFPH.” While Strachan fired off letters to every member of the Senate, he urged his labor supporters to contact the members of the Senate Labor and Public Welfare Committee. Strachan, completely unwilling to accept compromise, used all of his connections block the bill. While the Douglas bill passed the Senate on September 13, 1950, the measure never made it to the House floor. Douglas in-
roduced the bill again in 1951, but the AFPH again worked to block the measure. The organization had its own bill introduced into the House 15 separate times before the end of July 1951. Ultimately, neither measure passed either house. Where World War II labor shortages and battlefield casualties pushed Congress into action and forced compromises, disability legislation stalled both because liberals remained divided on the policy and because while the Korean War pushed production needs upward, labor shortages never matched World War II levels. Moreover, many of the mechanisms put in place to bring people with disabilities into the workforce during World War II were still functioning. For example, USES placed 277,000 disabled people into jobs in 1951, nearly matching World War II records. The tides, it seemed, were beginning to change.

CONCLUSION

Both the success of the Douglas bill in the Senate in 1950 and the ultimate failure of the bill in 1951 hinted at the trouble the AFPH would face in the coming years. With the Douglas bill, liberals in the Senate sided with the corrective approach to disability. The measure certainly addressed many of the AFPH’s major concerns about federal disability policy and would have created several programs to help people with both severe and minor disabilities find employment, but it also clearly accepted the notion that rehabilitation should be medical and educational process. Despite the bill’s responsiveness to many of the AFPH’s critiques, Strachan actively blocked the Douglas bill. While it is impossible to know if the Douglas bill would have passed in the House without Strachan’s strident efforts to block the measure, it is clear that the wartime needs that propelled considerable legislative advances in disability policy during World War II no longer carried
the same weight. During World War II, liberals quickly came to agreement on numerous measures to expand federal disability, but the attention to issues of disability garnered by the war appeared to be waning while liberals faced a growing tide of conservatism. At the same time, the AFPH’s national agenda increasingly had a polarizing effect on liberals in organized labor and in the federal bureaucracy as well as policy makers.

Where Strachan proved unwilling to compromise, the rehabilitation service exerted considerable resources to placate organized labor. While their efforts to court the favor of organized labor did little to address AFPH activists’ complaints, those efforts did demonstrate willingness on the part of the rehabilitation service to work with their critics to improve rehabilitation services. Growing conservatism, waning of the perceived crisis of disability caused by World War II, and Strachan’s unwillingness to compromise would eventually spell the end of the AFPH.
NOTES


3 Ibid.

4 See Susan M. Hartmann, Truman and the 80th Congress (Columbia: University of Missouri Press, 1971).

5 Sparkman introduced S. 2896 with numerous co-sponsors, including Olin Johnston (D-SC), Lister Hill (D-AL), Arthur Stewart (D-TN), James McGrath (D-RJ), Ernest McFarland (D-AZ), George Aiken (R-VT), Ralph Flanders (R-VT), Wayne Morse (R-OR), and Joseph McCarthy (R-WI). Congress, Senate, Senator Sparkman of Alabama introducing S. 2896, 80th Cong., 2nd sess., Congressional Record 94, pt. 7 (19 June 1948): 9110.


8 Sparkman introduced S. 1066 with Walter George (D-GA), Elbert Thomas (D-UT), Claude Pepper (D-FL), Edwin Johnson (D-CO), Lister Hill (D-AL), Ernest McFarland (D-AZ), Clyde Hoey (D-NC), Olin Johnston (D-SC), Francis Myers (D-PA), James McGrath (D-RJ), Matthew Neely (D-WV), Hubert Humphrey (D-MN), Estes Kefauver (D-TN), Ralph Brewster (R-ME), George Aiken (R-VT), Wayne Morse (R-OR), and Joseph McCarthy (R-WI). Congress, Senate, Senator Sparkman of Alabama introducing S. 1066, 81st Cong., 1st sess., Congressional Record 95, pt. 2 (25 February 1949): 1533-1538.


11 Ibid.

12 Ibid.

13 Paul Strachan to William Green, 14 March 1946, #23/11, RG 21-001, George Meany Memorial Archives, National Labor College, Silver Spring, MD (hereafter Meany Archives).

15 William Green to Paul Strachan, 22 March 1946, #23/11, RG 21-001, Meany Archives.


Ibid., 122-123.


Ibid., 354.


Ibid., 340, 344.

Ibid., 355-356.

“Information Service Series Number 31,” OVR Memorandum to State Boards of Vocational Education; Division of Vocational Rehabilitation; Commissions and Other Agencies for the Blind, 24 April 1947, folder ORGANIZED LABOR AMERICAN FEDERATION OF LABOR OCTOBER, 1947 – NOVEMBER 30, 1955, box 63, RG 363, National Archives II.


“Joint Statement of Principles by the United Mine Workers of America Welfare and Retirement Fund and the Office of Vocational Rehabilitation, Federal Security Agency, Applicable to the Vocational Rehabilitation of Disabled Miners,” January 1948, folder UNITED MINE WORKERS 1947-1948 (Folder #00), box 64, RG 363, National Archives II.


Howard Hillhouse to W. P. Snuggs, 2 April 1948; H. D. Hicker to Michael J. Shortley, 18 June 1948, folder UNITED MINE WORKERS 1947-1948 (Folder #00), box 64, RG 363, National Archives II; United Mine Workers of America Welfare and Retirement Fund, “Vocational Rehabilitation Services,” 30
June 1954, folder UNITED MINE WORKERS OF AMERICA PUBLICATIONS AND REPORTS, box 64, RG 363, National Archives II.

41 T. Russell Esken to Kenneth E. Pohlmann, 2 November 1950, folder UNITED MINE WORKERS Folder #4 – July 1950 – Dec. 1950, box 64, RG 363, National Archives II.

42 Kenneth E. Pohlmann to Donald A. Dablestein, 8 November 1950, folder UNITED MINE WORKERS Folder #4 – July 1950 – Dec. 1950, box 64, RG 363, National Archives II.

43 M. B. Perrin to Tom G. Rathbone, 24 November 1950, folder UNITED MINE WORKERS Folder #4 – July 1950 – Dec. 1950, box 64, RG 363, National Archives II.

44 Kenneth E. Pohlmann to Mary E. Switzer, 14 February 1951; T. Russell Esken to Leslie A. Falk, 2 February 1951, folder UNITED MINE WORKERS OF AMERICA January 1, 1951 – June 30, 1951, box 64, RG 363, National Archives II.

45 Memorandum, W. C. Hushing to William Green, 1 May 1950, #23/16, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives; Sam Stavisky, “Aid to Handicapped Fight Nears Climax,” Washington Post, 1 May 1950, 6.

46 Constituent letters, Official File, Box 1290, folders 443 (APR.-NOV 1949) and 443 (Dec 1949), Truman Papers.

47 Katherine Fosler to President, 11 August 1949, Official File, Box 1290, folder 443 (Dec 1949), Truman Papers.

48 M. P. Kayle to Roger Jones, Memorandum, 12 September 1949, OF, Box 1290, folder 443 (Dec 1949), Truman Papers.

49 Memorandum, W. C. Hushing to William Green, 1 May 1950, #23/16, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives; Sam Stavisky, “Aid to Handicapped Fight Nears Climax,” Washington Post, 1 May 1950, 6.

50 Senate, Hearings: Vocational Rehabilitation of the Physically Handicapped, 92.

51 Ibid., 90.

52 Ibid., 89.

53 Ibid., 93.

54 Ibid., 388.


56 Ibid., 76.

57 Senate, Hearings: Vocational Rehabilitation of the Physically Handicapped, 391.

58 Ibid., 388, 390.

59 Ibid., 338.


W. Oliver Kincannon to Michael J. Shortley, 26 April 1949, folder ORGANIZED LABOR MISCELLANEOUS AUGUST 1, 1944 – JUNE 30, 1950, box 64, RG 363, National Archives II.

Memorandum, W. C. Hushing to William Green, 11 July 1949, #23/13, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives; Memorandum, W. C. Hushing to William Green, 1 May 1950, #23/16, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives.

William Green to Paul Strachan, 21 December 1949, Box 56, folder American Federation of the Physically Handicapped, the John Carmody Papers, the Roosevelt Library, Hyde Park, NY (hereafter the Carmody Papers).

Martin P. Durkin to William Hushing, 2 June 1950, #23/16, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives; Martin P. Durkin, Neil Haggerty, Reubin Soderstrom, and Charles M. Houk to William Green, 13 June 1950, #23/16, RG21-001, Legislative Department, Legislative Reference Files, Meany Archives.

J. Hank Smith to District Supervisors and Counselors, 7 June 1950, folder ORGANIZED LABOR MISCELLANEOUS AUGUST 1, 1944 – JUNE 30, 1950, box 64, RG 363, National Archives II.

W. Oliver Kincannon to David Bernstein, 14 July 1950, folder ORGANIZED LABOR MISCELLANEOUS JULY 1, 1950 – JUNE 30, 1951, box 64, RG 363, National Archives II.

Memorandum to Michael J. Shortley, “Analysis of Regional Representatives’ Reports on Labor Relations of State Rehabilitation Agencies,” 20 September 1950; Marion G. Bowen to Philip Schafer, 31 August 1950; Clifford A. Stocker to Philip Schafer, 8 September 1950; C. F. Feike to Philip Schafer, 7 September 1950; Tom G. Rathbone to Michael J. Shortley, 16 August 1950; folder ORGANIZED LABOR MISCELLANEOUS JULY 1, 1950 – JUNE 30, 1951, box 64, RG 363, National Archives II.

Senate, *Hearings: Vocational Rehabilitation of the Physically Handicapped* 53.


Ibid.

Ibid.

Ibid.


Ibid., 2-3.


79 Congress, Senate, Senator Sparkman of Alabama extending his remarks on employment of people with disabilities, 82nd Cong., 1st sess., Congressional Record 97, pt. 14 (27 August 1951), A5409-A5407.
CHAPTER 6


In December 1950, the American Federation of the Physically Handicapped (AFPH) declared that the “Gotterdammerung of the Rehab Gods” was at hand. Referencing Richard Wagner’s operatic telling of the demise of the German gods, writers for Valor, the mouthpiece of the AFPH, predicted that after decades of exercising nearly “unlimited powers” over people with disabilities, leaders of the rehabilitation service, like the gods in Wagner’s famous opera, ultimately would be defeated. Until these leaders recognized “that they are SERVANTS, NOT MASTERS of the Handicapped,” the article contended, the AFPH would “continue its relentless battle to redress the balance of power . . . swung so far against the Handicapped.”

Citing sweeping changes within the administration of the Federal Security Agency (FSA) and its Office of Vocational Rehabilitation (OVR), Valor argued that the signs pointed to an eventual victory for the AFPH. The article reported that FSA official G. Lyle Belsley was “looking for another $15,000 a year sinecure,” since his position as commissioner of special services had been eliminated in the administrative reworking of the rehabilitation service. Michael J. Shortley, who had headed the OVR since it was established in 1943, had been demoted to a regional director, while Mary E. Switzer, who had been a special assistant to FSA chief Oscar Ewing, had been promoted to director of
the OVR. Switzer, *Valor* writers assessed, “has had little practical experience, other than charity,” which they argued was “very definitely” the wrong approach. The changes, the article hypothesized, represented a weak, last-ditch effort on the part of Ewing to prevent further attacks on the OVR. According to the article, however, Ewing’s “innocuous and unimportant changes” did not “alter the past and present policies and failures of Ewing and OVR to do a real job for the physically handicapped.” While *Valor* writers were none too pleased with Ewing’s efforts to revitalize the OVR, they believed that the AFPH’s campaign to expose the failures of the administration of the rehabilitation service had finally forced the FSA into action. It would, *Valor* writers argued, be only a matter of time before the AFPH would score greater gains in securing rights and better services for people with disabilities.²

Despite the predictions of *Valor* writers, in December 1950 it was not rehabilitation leaders who were headed for twilight, but the AFPH. This chapter examines the demise of the AFPH and its campaign to secure greater economic opportunities for people with disabilities. As the organization entered the 1950s, the window of opportunity created by World War II was rapidly closing. Growing conservatism in U.S. politics and changes within the organized labor movement played a significant role in the downfall of the AFPH. More importantly, however, the leadership of Paul Strachan, AFPH founder and chief, strained the organization’s resources and public image, eventually isolating the group from its former allies. Section one analyzes Strachan’s campaign to establish the AFPH Institute of Human Engineering and his resignation from the President’s Committee on National Employ the Physically Handicapped Week (NEPHW). Strachan pushed to expand the organization’s agenda with his plans for the massive institute even as the

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² These predictions were later proven correct. The AFPH, though weakened, continued to advocate for the rights and services of people with disabilities.
group struggled to finance its legislative campaign. In resigning from the President’s Committee, Strachan walked away from a program that offered people with disabilities considerable opportunities to push for change. Section two briefly examines the changing political climate and changes within organized labor. As much as Strachan’s leadership had begun to strain the stability of the organization, external events made the path much more difficult for disability activists in the AFPH. Section three considers developments on the legislative front. Strachan had railed against the Douglas bill, but the Eisenhower administration and Republicans in the House and Senate worked to overhaul the rehabilitation program in ways that were far less advantageous to disability activists. Whereas Strachan had refused to compromise in 1950 and 1951, by 1954, he seemed willing to work for compromises, but the Republican-led Congress had little interest in most of the AFPH’s proposals. Section four returns to Strachan’s leadership to explain the final decline of the AFPH. In those last years, Strachan grew increasingly bitter, critical of his supporters, and obsessed with the costly institute, alienating supporters and dividing his constituents. Ultimately, the organization collapsed under the weight of tremendous financial woes and this crisis of leadership.

A FAILURE IN LEADERSHIP

The AFPH never found sure financial footing even as the group received considerable organizational and financial support from organized labor. AFPH leaders worked closely with legislative representatives of the American Federation of Labor (AFL), the Congress of Industrial Organizations (CIO), the United Mine Workers of America (UMWA), the International Association of Machinists (IAM), and the Railroad Brother-
hoods. These representatives formed the AFPH’s Labor Associates Committee and held monthly luncheons from 1952 to 1954 to discuss disability legislation proposed by the AFPH. Labor leaders such as Walter Reuther and Emil Mazey of the United Automobile Workers (UAW); William Green, George Meany, and Walter J. Mason of the AFL; David Dubinsky of the International Ladies Garment Workers Union; Albert J. Hayes, president of the IAM; and Hugo Ernst of the Hotel, Restaurant Employees and Bartenders International Union of America, to name only a few, lent their names to the AFPH’s national council.³

Organized labor also provided a majority of the AFPH’s funds. In June 1952, the AFPH reported that it had received nearly its entire operating budget from “supporting organizations”—$40,041 in 1951 and $32,735 in 1952. Twenty-nine AFL affiliates donated money to the AFPH in 1952 with combined contributions exceeding $15,000. Large and regular AFL contributors included the Ladies Garment Workers, the Carpenters, and the Machinists. The UMWA gave the AFPH $10,000 that year, and CIO unions contributed more than $7,000. In 1953, some 31 affiliates of the AFL had in total contributed more than $14,000. Contributions of the CIO and its member unions exceeded $20,000 that year.⁴ While organized labor provided virtually the sole financial support for the AFPH, the organization never raised enough money to fully fund all of its legislative efforts.

Strachan stymied the AFPH’s legislative campaign by forging ahead, full-force on a new project, instead of focusing the group’s energy and meager finances on the legislative program. Strachan’s plans for the AFPH Institute of Human Engineering called for more than $5.6 million to get the projected started and to see it through its first two years.
He envisioned a sprawling complex of numerous buildings, including a health center and medical research center, with a 50-bed hospital and facilities for out-patient care; a selective placement, diagnostic and referral clinic; a college of vocational education; a college of fine arts; a college of agricultural and mechanical arts; a college of human engineering research; an administrative center; and a complex of dormitories, motels, and a trailer court for residents, faculty, staff, physicians, and students. He proposed to build this massive institute on the west coast of Florida because of “the great therapeutic and healing values of sun, air, and water,” the large amounts of available acreage, and the location’s proximity to rail and highway. In Strachan’s view, the institute would be the only place in the world where people with disabilities could receive full medical treatment, education, training, vocational guidance, and placement into employment. Moreover, he wanted the institute to “be the foremost training center in the U.S.A., and probably, the entire world, for those who work with Handicapped,” not only in vocational guidance but also in medicine, as he proposed special courses for physicians.⁵

In many ways plans for the institute went against everything the AFPH had worked to achieve. At the national and local levels, AFPH activists had pushed for equal employment access and greater opportunities for civic and social participation in the national and local communities. In calling for a single, massive institute for people with disabilities, Strachan seemed to be moving away from integrationist policies toward a segregationist initiative. Undoubtedly, this move did not sit well with his constituents who most adamantly called for economic opportunities and security. Moreover, Strachan’s decision to divide the AFPH’s meager resources between waging a national legislative campaign to overhaul federal disability policy and building the institute forced him to
boost fundraising goals. Strachan’s aggressive campaign for funds, especially for the institute, which seemed to offer few practical benefits to organized labor, no doubt sowed the seeds of the eventual break between organized labor and the AFPH.

While Strachan’s vision for the AFPH was expanding with the institute, he closed doors to action through the executive branch by breaking ties with the President’s Committee on NEPHW. In March 1952, Strachan wrote a frustrated and angry letter to President Truman, resigning from the President’s Committee. With the President’s Committee, Strachan had attempted to secure through executive action what the AFPH had not secured through legislation—Department of Labor (DOL) control of federal disability services. Although the DOL had gained jurisdiction over NEPHW and the President’s Committee, Strachan’s key objective, the move to secure full control of disability services from the FSA, had failed. Further, the growing influence of the rehabilitation establishment within the President’s Committee disturbed Strachan, who railed, “I soon found that the Staff of that Committee, backed by the Chairman, was filling up the Committee with a lot of ‘do-gooders, social welfare workers, and the like’, most of whom, we, the Handicapped, know, from bitter experience, ‘WILL DO ANYTHING IN THE WORLD FOR THE HANDICAPPED, EXCEPT, GET OFF OUR BACKS’! [his emphasis]”

Strachan argued that privilege had clouded the vision of these social welfare workers, rendering them unable, and perhaps unwilling, to address the problems of people with disabilities who needed and wanted employment. “In short, Mr. President,” he wrote, “these gentry have had this Program in charge for nearly 200 years and they signally failed to develop, or apply, any real remedy for the problems of the Handicapped they profess to serve.”
While Strachan seemed to be upset about his failure to have Mildred Scott, secretary-treasurer of the AFPH, made a member of the Executive Committee and about the return of the members of the rehabilitation service who had originally objected to the President’s Committee, his resignation was unduly harsh and rash. He charged that the staff of the President’s Committee “lacks vision and is not competent,” that the Committee had “departed entirely” from its mission, that leaders of the Committee “do not want, nor welcome, civilian handicapped as members,” that the Committee offered people with disabilities only “hot air,” and finally that the Committee dealt in “delusion and deception.” Much of Strachan’s critique misrepresented the truth. While Scott had not been welcomed as a member of the Executive Committee, five members of the Executive Committee, including Strachan, were people with disabilities. The President’s Committee had, even under extreme financial pressures, continued to forge ahead on an agenda almost fully shaped by Strachan, and his efforts to use the Committee to secure control of federal disability services for the DOL had never been an open goal shared by the entire Committee. The hostility and bitterness of Strachan’s resignation no doubt caused him and the AFPH to lose allies. Moreover, he abandoned the opportunity to continue to influence the work of the Committee and to force further executive action on the AFPH agenda. Through his drive to launch the institute and his resignation from the President’s Committee, Strachan began to alienate his allies and block the AFPH’s possibilities.

CONSENSUS POLITICS PREVAIL

As Strachan began to close doors to the AFPH through ineffective leadership, external events closed other doors for the organization. Strachan heralded the election of
1952 as having great potential to improve opportunities for people with disabilities. Regardless of the outcome of the election, he predicted, Oscar Ewing would no longer head the FSA. “Then, perhaps,” Strachan declared, “we may well see a beginning on a real program for our 30,000,000 Handicapped citizens.”

In November 1952, Dwight D. Eisenhower soundly defeated Democratic candidate Adlai Stevenson, ushering in nearly a decade of consensus politics. Along with Republican majorities in both Houses, the Eisenhower administration brought numerous changes that were not necessarily favorable to Strachan and the AFPH. President Eisenhower moved quickly to promote the FSA to a cabinet level department. While Truman had called for a similar reorganization, Congress, hostile to his Fair Deal plans, rejected the proposal. Under Eisenhower’s leadership, however, Congress fast-tracked the reorganization plan, and Eisenhower signed legislation creating the Department of Health, Education, and Welfare (HEW) on April 1, 1953. This new standing for the agency provided the OVR and the rehabilitation service with greater protection against activist demands that disability services be moved to the DOL.

While Strachan believed that any new administration, Republican or Democrat, would bring greater opportunities for the AFPH, he apparently had not considered that though sure to lose an opponent, Oscar Ewing, he would undoubtedly lose allies as well. During the Truman years, Strachan had cultivated close ties with the DOL and Secretaries of Labor Lewis Schwellenbach and Maurice Tobin. While Schwellenbach and Tobin had both believed that the DOL should control federal disability services, Eisenhower’s Secretary of Labor, James P. Mitchell, had little interest in expanding the DOL into the realm of disability policy. Strachan and a group of union officials from the AFL, CIO, the
Railway Brotherhoods, and the UMWA met with Mitchell in the spring of 1954 to urge his support for AFPH legislation. Mitchell, however, refused to testify on behalf of the AFPH’s rehabilitation program, and Strachan reported that Mitchell told him that “he did not want to become controversial (Oh, my God!) with Mrs. [Oveta Culp] Hobby,” chief of the new HEW. Within the DOL, a department that had once been full of some of Strachan’s strongest supporters, officials now sought to “forestall the day when another question is asked by Strachan.” For his part, Strachan argued that Mitchell was “incompetent, pusillanimous, and anti-Labor in his thoughts and actions, as well as anti-Handicapped.”

Beyond changes in the political climate and in the administration of the DOL, 1952 also brought dramatic changes in the organized labor movement. Shortly after the national election, Philip Murray, head of the CIO, died. His death was followed quickly by the passing of AFL President William Green, and leadership of the organized labor movement fell to a new generation of labor leaders. The CIO, under the leadership of Walter Reuther, faced a continuing internal power struggle between its left-leaning and more centrist unions. As liberals in the federal government charted a more moderate course, Reuther hoped to gain stability for the CIO’s industrial unions and strength in numbers for a broader reform agenda by uniting the CIO and the AFL. In December 1952, Reuther approached Meany about merging the two unions, a project that absorbed considerable amounts of the new leaders’ time and energy for three years. The merger became official in December 1955 and left Meany in charge of the new AFL-CIO.

While the merger ultimately might have spelled increased support for the AFPH, temporarily, at least, the needs of the AFPH and the issue of disability received less atten-
tion under Meany’s leadership of the AFL. As discussed in the previous chapter, Green had been a miner with first-hand knowledge of the results of industrial accidents and occupational illnesses. While Green, throughout his tenure as president, never altered the AFL’s policy of non-partisanship in politics, he had offered the AFPH a great deal of support. Green’s death was a blow to the AFPH as the new AFL president never offered Strachan the same attention Green had. Unlike Green, Meany proved unwilling to meet with Strachan to discuss the AFPH platform. In 1954, Strachan complained, “Gompers talked with me a great deal; Green, a lot, and why not you, also? I ain’t got Rocky Mountain Spotted Fever, George.” Even by 1959, Meany had never found time to hold a conference with Strachan on disability policy. It is unclear if Meany’s reluctance to aid the AFPH to the same degree that Green had came from the pressures of the merger, or if Meany was simply not as interested in the issue of disability as Green had been. It is clear, however, that the conservative political climate and changes in the leadership of organized labor made the road to legislative victory increasingly rocky for disability activists.

A FINAL VICTORY, AN ULTIMATE DEFEAT

As national politics became increasingly conservative, the legislative influence of the AFPH began to wane. The Senate’s 1950 and 1951 decisions to side with the FSA and the agency’s new status as a cabinet level department seemed to give the rehabilitation service a greater sense of security in the face of the AFPH’s continued attack. In many ways, the import of Strachan and the AFPH could be measured in the responses AFPH initiatives elicited from members of the rehabilitation service. In 1953, the House
Committee on Education and Labor created a special subcommittee to investigate the need for further legislation in the fields of rehabilitation and disability policy. Whereas earlier AFPH initiatives had triggered a hailstorm of critiques and counter-plans from the rehabilitation service, during the 1953 House hearings, the only AFPH testimony that seemed to worry members of the rehabilitation service was that of J. Rosemond Cook, who charged that he and other African Americans in Georgia had experienced racial discrimination in their dealings with the state’s rehabilitation service.

Following Cook’s testimony, the OVR launched an investigation of these charges of racial discrimination. Throughout the investigation, national, regional, and Georgia rehabilitation officials continually attacked Cook’s character and personality. One OVR memorandum reported that the Georgia rehabilitation service had worked well with Cook for a time, but eventually, officials in Georgia found that they “simply could not take the time for 10 or 15 telephone calls every day, most of them on extremely obscure subjects and involving long-winded dissertations.”

Paul S. Barrett, director of rehabilitation in Georgia, reported that Cook had been first aided by the rehabilitation service in Georgia in 1945, when he received artificial limbs and placement with the Bell Aircraft Corporation. Barrett quoted Cook’s follow-up paperwork where Cook had written that the assistance he had received from the rehabilitation service had “been invaluable” as it made him “self-supporting.” Barrett further reported that Cook had moved to Pittsburgh, Pennsylvania in 1948, where he received additional aid from the rehabilitation service. Upon his return to Atlanta in 1952, he began to contact Georgia rehabilitation officials regularly. Barrett claimed that Cook “evidently does not follow the physicians [sic] instructions for self care,” an assumption he based on
the fact that Cook had needed 48 operations since 1943. Moreover, Barrett added that Cook’s Atlanta counselor noted, “This is a very pathetic case.” The counselor reported that he had “made every effort to find some vocation for which this quadruple amputee would be suited,” but that Cook’s work with African Americans with disabilities was “about as good a vocation as he could follow” as he would not be “feasible for any (other) work.”

Barrett firmly denied Cook’s charges of racism. He reported that 28.8 percent of the persons his agency had served in the previous ten years had been African Americans—a figure, he noted, closely mirroring the total percentage of African Americans who lived in Georgia. Barrett also appealed to a former AFPH member and client of the Georgia rehabilitation service, Robert L. Thornton, for support. Thornton responded that he had discontinued his affiliation with the AFPH and that Cook’s criticisms were unfounded. “I wish to assure you,” he wrote, “that I do not appreciate nor uphold action of this sort. I do know and could cite numerous cases of handicapped Negroes who have been given special training and every consideration within your limitations through the State Vocational Rehabilitation Division.”

Numerous representatives of organized labor also testified at the 1953 House hearings, but the OVR no longer seemed to find labor’s critique of the rehabilitation service as troubling as it had once been. Harry Reed, secretary of the CIO Occupational Safety and Health Committee; Thomas Kennedy, vice-president of the UMWA; James Brindle, acting director of the Social Security Department of the UAW; Walter J. Mason, member of the AFL Legislative Committee; and George Nelson, legislative representative of the IAM, all attacked the rehabilitation service’s failure to address the growing
needs of people with disabilities. Additionally, all of these union representatives argued that rehabilitation and disability services belonged in the DOL. Given Secretary Mitchell’s position on disability policy, labor’s drive to move disability services to the DOL no longer seemed as alarming to the OVR. Moreover, President Eisenhower had plans for the rehabilitation service that had nothing to do with the DOL and even less to do with the AFPH’s designs for the program.

In his 1954 State of the Union address, President Eisenhower provided the rough outline of a four-part plan for improving the national health care system. While “flatly opposed to the socialization of medicine,” Eisenhower asserted that the federal government still had a role to play in securing the health of the nation. Aiding people with disabilities cut across all four parts of his proposal. First, Eisenhower called on Congress to gradually expand the rehabilitation program, arguing that “far more disabled people can be saved each year from idleness and dependence.” Second, he held that the federal government had a responsibility to stimulate medical research. Third, he maintained that the Hill-Burton Hospital Survey and Construction Act of 1946, which provided federal funds for hospital construction, needed to be broadened to encourage growth of rehabilitation facilities, nursing care and diagnostic centers, and institutions to aid people with chronic illnesses. Fourth, Eisenhower contended that private insurance plans were “soundly based on the experience and initiative of the people in their various communities,” but the federal government should offer a “reinsurance service” to allow private companies to expand coverage to “more of the many families which want and should have” the protection of insurance. With reinsurance, a scheme developed by a Blue Cross administrator in Philadelphia, private companies would continue to provide insurance, but the federal
government would secure insurance companies against “catastrophic costs.” Reinsurance, the Eisenhower administration maintained, would encourage private companies to provide coverage for sick and elderly people. The vast majority of insurance companies rejected reinsurance, and the American Medical Association (AMA) lobbied against the program as a move toward socialized medicine. While Eisenhower’s reinsurance plan failed, both the Senate Committee on Labor and Public Welfare and the House Committee on Education and Labor immediately began to work on Eisenhower’s plans for expanding rehabilitation.

Shortly after his State of the Union address, Eisenhower provided Congress with a more detailed outline of his health plan. He set a five-year goal to increase the number of people served by the rehabilitation program from roughly 60,000 per year to 200,000 per year by 1959. The president proposed that the nation could meet this goal primarily through increased spending at the state level. Additionally, the president called for $1.5 million to be set aside for research and training grants to ensure that there were enough qualified rehabilitation counselors to support the growth of the program. Finally, the president requested an additional $10 million to fund an expansion of the Hill-Burton Act.

On January 19, 1954, only one day after Eisenhower sent his extended health plan to Congress, H. Alexander Smith (R-NJ) and a group of mainly Republican Senators introduced two bills: one to strengthen the federal-state rehabilitation program, and one to expand the Hill-Burton Act. The Health Subcommittee of the Senate Committee on Labor and Public Welfare, chaired by William Purtell (R-CT), held extensive hearings on the two measures in March and April. In June, the Committee on Labor and Public Wel-
fare reported favorably on an amended version of Smith’s rehabilitation bill. The Republican-controlled committee viewed federal disability policy in starkly different terms than congressional liberals. While liberals wanted to use the rehabilitation to expand the protections of the welfare state, Republicans on the Senate Committee on Labor and Public Welfare cast rehabilitation as a program that could allow them to contract the welfare state through its potential to reduce dependency and the need for public assistance programs dramatically. The committee’s report emphasized that the federal, state, and local governments spent hundreds of millions of dollars each year providing financial support to dependent people with disabilities, who could instead, through investment in the rehabilitation program, be made into tax payers. The committee also had very different views about the proper role of the federal government in the federal-state rehabilitation service.24

As amended by the Health Subcommittee, the Senate rehabilitation bill embodied many of the tenets of mid-century Republican ideology in that it emphasized state sovereignty and fiscal conservatism. Since 1943, the federal government had covered 100 percent of the states’ administrative costs and expenditures for guidance and placement in the rehabilitation program. The federal government absorbed 50 percent of the costs for all other rehabilitation services. Additionally, the FSA had in 1943 established the OVR to set standards and monitor state rehabilitation programs. The Senate rehabilitation bill sought to reduce not only the federal share of rehabilitation spending but also federal oversight of state rehabilitation programs. Expansions to existing services were few, and the bill placed the burden of financing this growth almost entirely on the states that consistently struggled to finance their existing programs. The bill maintained all of the ser-
vices provided under the World War II expansion of the rehabilitation program, but made explicit the earlier implicit provision that states provide “physical restoration” services. Moreover, the measure allotted meager funds for federal grants for research and training and also set aside federal funds for grants to build workshops and purchase vending stands for people with severe disabilities. The bill also eliminated the 90 day limitation on hospitalization. In addition, the bill required state plans to make provisions for increased cooperation with other federal, state, and local agencies, like the public assistance programs. In requiring greater cooperation with public assistance programs, Senate Republicans hoped to use rehabilitation to take disabled people off welfare rolls and put them into jobs, reducing welfare spending. Finally, the bill made provisions for an advisory council, staffed by twelve experts in the field of rehabilitation.  

While the expansions could have been quite beneficial to people with disabilities who were in need of rehabilitation, Senate Republicans paired these proposed expansions with a complicated five-year plan to reduce the federal share of rehabilitation spending. Over a five-year period, state programs would be guaranteed at least the same appropriation received in 1954, but appropriations made over the 1954 base allotment would be gradually reduced until appropriations were made on a modified Hill-Burton formula. The Hill-Burton formula based the size of federal appropriations on state per capita income and population, with poorer states receiving greater federal aid. Under the Senate rehabilitation bill, after 1959, the federal government would pay up to 65 percent and as little as 45 percent of state costs, depending on state income.  

Thus, the Senate rehabilitation bill sought to place more of the burden for funding rehabilitation on the states while also providing state programs with greater control and
flexibility. The bill eliminated provisions that required federal approval of rehabilitation plans and fee schedules and also made state programs, instead of the OVR, responsible for establishing minimum standards. Basically, the measure allowed the states “to develop, adopt and carry out standards of their own determination” in the field of rehabilitation. The bill envisioned the HEW and the OVR as providing a “consultative service” instead of the earlier supervisory role these agencies played. If the Secretary of the HEW deemed a state plan not in compliance with the law, the bill provided that funds could not be withheld without a hearing and also established an appeal mechanism.\(^\text{27}\)

The Republican-controlled House Committee on Education and Labor, under the chairmanship of Samuel K. McConnell, Jr. (R-PA), prepared a very similar rehabilitation bill. Much like the Senate, House Republicans sought to redefine the role of the federal government in the rehabilitation program. House Republicans argued that the HEW and the OVR should offer the states “technical advice and assistance,” aid the states in meeting personnel shortages, and support the states “through research and dissemination of information on improved rehabilitation methods and procedures.” While the House committee took a more liberal approach to funding the rehabilitation program in general, proposing higher maximum and minimum federal grants (ranging from 72 percent to the poorest states to 52 percent to the richest states) and guaranteeing that federal appropriations for individual state programs would never fall below 1954-levels, the committee placed more restrictions on granting federal funds to train new rehabilitation professionals than did the Senate. These restrictions included limiting the availability of training grants to the first two years of the act’s operation and preventing individuals from receiving training assistance for more than six months.\(^\text{28}\)
With both the Senate Committee on Labor and Public Welfare and the House Committee on Education and Labor working toward the same goal, the AFPH rallied its supporters to make a final play to implement the organization’s plan for rehabilitation. Since 1950, the AFPH had yet again expanded the scope of its federal commission bill. Now seeking an independent federal agency for people with disabilities, housed in the DOL for “housekeeping purposes,” the AFPH bill called for federal disability services, including HEW programs like rehabilitation and DOL programs like the President’s Committee on NEPHW, to be directed by the “Federal Agency for Handicapped” and its administrator. Like earlier incarnations of the measure, the federal agency bill would have abolished the OVR and established a pension system for people with severe disabilities, who were deemed unfeasible for rehabilitation. Likewise, in the 1954 bill, AFPH activists continued to call for increased efforts to make public buildings accessible to people with disabilities and the creation of a division for people with disabilities in the U.S. Civil Service Commission as well as a revolving loan fund to ensure that states could continue their rehabilitation efforts even when appropriations had been exhausted. Moreover, provisions for loans to support work projects and business enterprises for people with disabilities and grants to encourage educational initiatives for home-bound people with disabilities continued to be a large part of the AFPH platform.29

In its 1954 bill, the AFPH proposed several new programs and expansions. Mirroring the Douglas bill and the Eisenhower administration health plan, the AFPH proposed to make federal funds available to assist in the construction of rehabilitation centers. The 1954 AFPH bill provided additional federal grants to the states to develop programs for people with severe disabilities. In addition, the AFPH bill called on the United
State Employment Service (USES) to institute plans “for the promotion and development of employment opportunities” for people with disabilities and required that every state and federal employment office designate at least one person to carry out USES’s new functions in disability policy. In early drafts of the bill, funding had been heavily weighted on the federal side, but in 1954, the AFPH also adopted a variable grant system, proposing that the federal percentage range from 75 to 40 percent based on the per capita income of the state, a higher maximum and lower minimum than proposed by Republicans in the House and Senate. Finally, the 1954 bill proposed to create a federal “second injury fund.”

Since G. B. Erskine had directed the 1946 celebration of NEPHW, many activists and advocates had called for second injury funds on the state level. Employers, they argued, balked at hiring people with disabilities for fear that a second injury might leave disabled workers permanently unable to work and send their compensation costs or insurance premiums skyrocketing. Second injury funds eliminated this risk by establishing a fund to pay compensation costs for second injuries that resulted in total disabilities. While earlier calls for this type of legislation had focused on the states, the 1954 AFPH bill proposed to place a 0.1 percent tax on the total wages employers paid each year to establish a federal second injury fund. The AFPH bill would have required states to revise their worker’s compensation laws to work in conjunction with the fund.

Throughout June 1954, AFPH activists and their labor supporters scrambled to make a dent against the widely supported administration rehabilitation bills in a Republican-controlled Congress. For their part, liberals on the Senate Committee on Labor and Public Welfare clashed with the conservative leadership of the committee. Democrats
Herbert Lehman (NY), James Murray (MT), Lister Hill (AL), Matthew Neely (WV), and Paul Douglas (IL), minority members of the committee, issued a pointed critique of the Senate administration bill in a supplement to the committee’s otherwise glowing report of the bill. They argued, “the Senate should be fully aware of the fact that the enactment of this bill and the fullest utilization of its provisions during the next few years will not deal adequately with the massive human and economic problems of the physically handicapped.” They maintained that they had voted to report the bill “because even the small progress projected by this legislation . . . is desirable.” The group criticized the bill because it set a five-year goal to rehabilitate only 200,000 persons a year in the face of an overwhelming backlog of over 2 million people who needed rehabilitation services. They cited HEW estimates that each year more than 250,000 additional people would need rehabilitation. Moreover, they argued that the proposed $1.5-2 million appropriations for traineeships and research fellowships for rehabilitation professionals were woefully inadequate. The Democrats pointed out that their amendment to provide $5 million for grants to pay for individual training and to build training programs had been rejected by the committee. On the Senate floor, Lehman was even more critical of the measure, slamming it as a “piddling little program.”

Given their critiques of the administration bill, it is not surprising the Democratic members of both the Senate Committee on Labor and Public Welfare and the Health Subcommittee supported AFPH initiatives to block and alter the administration bill. Within the Health Subcommittee, Lehman offered a motion to substitute the AFPH bill for the administration bill. While Hill supported Lehman’s motion, the three Republicans on the subcommittee outweighed the Democrats and defeated the motion. Murray offered
a similar motion to the full committee, which was also voted down by the Republican-controlled committee.  

With votes rapidly approaching in both houses, Strachan launched a campaign to appeal to his supporters in Congress. Murray had agreed to offer the AFPH bill as a substitute for the administration bill on the Senate floor, but prepared for the failure of Murray’s motion, Strachan sent a flurry of letters to Capital Hill, appealing to liberals to offer various provisions of the AFPH bill as amendments to the administration bills. He also asked Harley Kilgore (D-WV) to offer a series of provisions from the AFPH bill as amendments en bloc.  

These amendments focused on a number of key provisions in the AFPH bill. Strachan hoped to have the AFPH’s definition of disability added to the administration bill and to alter the terminology of the bill, replacing “disabled” and “disabled person” with “physically handicapped.” Strachan asserted that people with disabilities abhorred the term “disabled,” as employers associated the term with “‘incapacity,’ and a lot of other unpleasant things.” Additionally, he fought to have AFPH provisions for grants to support educational programs for home-bound people with disabilities and for a revolving loan fund for state rehabilitation programs added to the administration bill. He also hoped to win amendments that would push the USES to take a more active role in finding employment for people with disabilities, establish federal loans for work projects and cooperative enterprises for people with disabilities, launch a federal second injury fund, and create a federal interagency committee to coordinate federal activities relating to rehabilitation and employment of people with disabilities. Finally, he sought to replace the Senate bill’s provisions for an advisory council with similar provisions from the AFPH bill.
Where the Senate administration bill envisioned an advisory council of professionals and technical experts, the AFPH amendment provided for representation of people with disabilities and organized labor on the advisory council. Strachan implored Senators Edwin Johnson (D-CO), Guy Gillettee (D-IA), Warren Magnuson (D-WA), Estes Kefauver (D-TN), George Smathers (D-FL), Wayne Morse (R-OR), Richard Russell (D-GA), and John J. Sparkman (D-AL) to offer AFPH provisions as single amendments if the substitution failed and if the amendments were defeated en bloc.35

Strachan’s efforts to block or alter the administration bill in the House seemed less coordinated. When Strachan issued his appeals to various Representatives, he had no one nailed down to offer the AFPH bill as a substitute, but he still asked for support of such a motion. Strachan called on Representatives Franklin D. Roosevelt, Jr. (D-NY), Clyde Doyle (D-CA), Homer Angell (R-OR), John Dingell (D-MI), Emanuel Celler (D-NY), John McCormack (D-MA), George Rhodes (D-PA), and John Fogarty (D-RI) to offer the same individual amendments he hoped to win in the Senate.36 Moreover, Strachan appealed to members of the AFPH-Labor Associates to pressure Augustine Kelley (D-PA), Roy Wier (D-MN), Charles Howell (D-NJ), or Carl Elliott (D-AL) to offer the AFPH bill as a substitute for the administration bill. Strachan complained that, besides Wier, the sponsors of the AFPH bill who also served on the House Committee on Education and Labor had not “made any real effort to fight” for the AFPH bill and that “they simply ‘went along for the ride.’” Even with the odds stacked against the AFPH, Strachan told the AFPH-Labor Associates, “if we put a little extra zip on the ball, we may well drag something out of this, that really means something, yet.”37
When the administration bill made it to the Senate floor, Lehman led the liberal charge to alter the bill. “We have,” he argued, “a situation in this country where millions of persons are literally crying out for aid so that they may join their fellow citizens in the ordinary pursuits of life and labor.” Even in the midst of the great need to expand the program, the administration, he maintained, was “merely crawling along.” Failing to really expand the rehabilitation service, Lehman argued, was “both inhumane and economically stupid.” He again offered his amendment to authorize a $5 million annual appropriation to fund traineeships, research fellowships, and grants to expand training facilities. The Senate, as the Committee on Labor and Public Welfare had, rejected Lehman’s amendment.38

Murray followed Lehman’s lead, attacking the administration bill for being “limited in scope and in vision.” In Murray’s assessment, the administration bill could not “be regarded as anything like an adequate program.” As promised, he offered the AFPH bill as a substitute. The substitute failed, but other Senators offered additional AFPH amendments.39 Senator Johnson of Colorado pushed for the AFPH amendment to define disability and alter the wording of the administration bill to replace “disabled” with “physically handicapped.” Johnson’s amendment also failed.40 Hubert Humphrey (D-MN) sought to add AFPH provisions that would have directed the USES to provide greater services to people with disabilities. Humphrey, however, withdrew the amendment when Purcell assured him that a similar amendment had been accepted by the House and that the Senate would not object to the amendment in conference with the House.41

Senator Sparkman presented two amendments: one, a modified version of an AFPH amendment, to require that at least three members of the advisory council pro-
posed by the administration bill be people with disabilities, and the other, an amendment of his own, to increase the annual appropriation for the President’s Committee on NEPHW from $75,000 to $250,000. While the Senate voted down increased appropriations for the President’s Committee, the amendment to secure representation for people with disabilities on the advisory council passed. Morse did not offer an AFPH amendment; however, he did present an amendment of his own that authorized the Secretary of HEW to assist in establishing a “pilot demonstration rehabilitation center” in Washington, D.C. The amendment provided annual appropriations of $1 million to aid the construction and maintenance of such a center. After considerable debate, the amendment passed by a narrow margin of 44 to 41. The Senate unanimously passed the amended administration bill.

Despite the fact that Strachan’s campaign in the House was less organized, Democrats in the House proved to be much more successful at amending the House’s administration bill. Liberals in the Senate faced the stout opposition of William Purtell, the Republican chair of the Health Subcommittee, but Republican leaders in the House seemed less vehement in their opposition to altering the House bill. Moreover, Strachan had appealed to the AFPH Labor Associates to take up the fight in the House. While it is unclear what actions the Labor Associates took, it is clear that the AFPH agenda fared far better in the House than in the Senate. While Rhodes of Arizona did not offer an AFPH amendment, he succeeded in softening restrictions on training grants, expanding the maximum period of support from 6 months to a full year. Representative Kelley, who had headed the World War II House investigation of disability policy, pushed through the AFPH amendment to establish grants for educational programs for home-bound people
with disabilities. The amendment provided for a $5 million appropriation for the first year and $2 million annually thereafter. He also secured an amendment to increase appropriations for the President’s Committee on NEPHW to $250,000.\textsuperscript{46} Harry Sheppard (D-CA) also succeeded in pushing the AFPH’s USES amendment through the House.\textsuperscript{47} The House, however, rejected an AFPH amendment offered by Charles Bennett (D-FL) to establish a revolving loan fund for state rehabilitation programs.\textsuperscript{48} On the following day, the House voted unanimously in favor of the amended measure and also voted to substitute the House rehabilitation bill for the bill passed in the Senate on the previous day.\textsuperscript{49}

On August 3, Eisenhower signed the Vocational Rehabilitation Amendments of 1954 into law. In conference, representatives of the House and Senate ironed out differences on amendments as well as provisions for funding the rehabilitation program and administering training grants. They agreed to guarantee that federal rehabilitation grants to states would never fall below the levels appropriated for 1954 and to fund rehabilitation through variable grants, with a federal maximum of 70 percent and minimum of 50 percent. The conference committee settled on the Senate’s more liberal provisions for training grants, except that the conference bill limited individual training assistance to a period of two years. The amendments to provide additional appropriations for the President’s Committee, to mandate representation of people with disabilities on the National Advisory Council, and to require the USES to promote the employment of people with disabilities and devote at least one staff member at every federal and state employment office to addressing the employment needs of people with disabilities all made it through the conference unscathed. The amendment to provide funds for a pilot rehabilitation center survived the conference, but funding for the initiative was reduced dramatically. The
conference committee dropped the amendment to establish grants to improve the educational opportunities of home-bound people with disabilities. Provisions, however, were made to require that the Secretary of HEW compile a study of the needs of and opportunities for home-bound people with disabilities, especially in rural areas, within six months of the enactment of the law.\textsuperscript{50}

In a letter to AFPH national and lodge officers, Strachan put a positive spin on the Vocational Rehabilitation Amendments of 1954. While far from characterizing the legislation as a full victory, Strachan wrote that the Act represented “the first steps towards Congressional enactment of our own program.” He encouraged AFPH lodges to develop programs to promote rehabilitation and employment of people with disabilities and to apply for grants through the new law.\textsuperscript{51} Strachan’s willingness to work for amendments instead of investing all of his resources into blocking the legislation as he had with the Douglas bill and his optimistic outlook on the new law begs the question of what might have been accomplished if Strachan had played ball sooner. Ultimately, growth of the rehabilitation program depended entirely on individual states’ ability to secure additional funds. The program had considerably less federal direction than that contemplated by the Douglas bill and certainly less than most of the AFPH’s heavily federal proposals. While Strachan offered a brave face to the world, the new rehabilitation legislation represented a crushing blow to the AFPH program as much as it was a final victory. The law not only emphasized the medical, professional, and technical aspects of rehabilitation over the need to stimulate employment opportunities but also placed huge administrative and financial responsibilities on the states that had very often been unable to match federal funds under the liberal provisions of the Barden-LaFollette Act.
THINGS FALL APART

Even as the AFPH struggled to win modest gains in Congress, financial troubles continued to plague the organization. In both 1954 and 1955, the AFPH closed the financial year more than $10,000 in the red. Including unpaid salaries and debt, the organization had close to $100,000 in liabilities. Troubling as the organization’s financial situation was, Strachan exacerbated the situation by making claims to some $66,000 in unpaid salary. He asked that the AFPH Executive Council and Convention agree to pay him $5,000 upon his retirement and $5,200 a year thereafter until his back-salary had been paid in full. Patrick Gorman, Secretary-Treasurer of the Amalgamated Meat Cutters and Butcher Workmen of America who also served as a national vice-president of the AFPH, objected to Strachan’s proposal. Copying his response to Meany, Gorman argued that a man in Strachan’s position could not, “at this late date, make any claims for back salary,” especially such a large sum. Gorman resigned his position as a vice-president of the AFPH in disapproval. While Strachan wrote to Meany claiming that Gorman was “nuts,” Gorman’s critique of his leadership and Strachan’s nasty response no doubt sullied the reputation of both Strachan and the AFPH among the labor leaders who received a copy of the correspondence.

Beyond financial difficulties, Strachan grew increasingly dissatisfied with the AFL’s position on Social Security. The AFPH had continually called for a pension system for people with disabilities to be administered alongside the rehabilitation program, tying pensions to decisions about an individual’s feasibleness for rehabilitation. While both the AFL and the CIO supported pensions for people with disabilities, they advocated
establishing such a system as an expansion of Social Security. Strachan appealed to long-
time AFL Vice-President Matthew Woll in an attempt to change the AFL’s policy.
Strachan, however, was rebuffed. Walter Mason, who had served as the point man in
AFL relations with the AFPH since 1946, wrote to Strachan that he was “rather confused
and somewhat disturbed about the views expressed in the letter to Vice President Woll,”
because Mason and Strachan had already discussed the subject. Mason asserted, “I
thought I made our policy very clear.”

Strachan’s frustrations with the AFL increased with the merger. Not only did
Meany resign his post as a national vice-president of the AFPH shortly after the merger,
but also the newly united AFL-CIO moved ahead with full force to secure Social Security
Disability Insurance. The AFL-CIO Social Security Committee, under the leadership of
Nelson Cruikshank, made Social Security Disability Insurance its first priority and
pushed hard for the program. With the slimmest of margins, the measure that had passed
in the House barely squeaked through the Senate. The campaign came to a successful
close when Eisenhower signed Social Security Disability Insurance into law on August 1,
1956. While the bill fell far short of the AFL-CIO’s expectations, in that it provided
benefits only for people with disabilities over the age of fifty and gave states the power to
determine an individual’s eligibility, the measure, at least, provided additional assistance
to some people with disabilities.

Despite Strachan’s growing bitterness and displeasure with the AFL-CIO, Meany
made one last effort to place the AFPH on sure financial footing. In May 1956, Meany
issued a letter to all AFL-CIO affiliates, urging the unions to make contributions to the
AFPH. Even the AFL-CIO’s financial assistance, however, could no longer hold the
organization together. Strachan’s health took a turn for the worse in 1956, forcing him to leave his leadership post for three months. When he returned to work in November, he found that the AFPH’s funds were completely exhausted. He pleaded to the AFL-CIO and its affiliates for additional assistance, claiming that the organization would need at least $25,000 to make it to the new year.  

Seeing the writing on the wall, Mildred Scott, long-time secretary and treasurer of the AFPH, resigned from the organization in early 1957. In 1959, she wrote to John Carmody, a labor arbitrator at the time and long time friend of the AFPH, bemoaning the group’s demise. Recognizing that “labor was the backbone, insofar [sic] as finances were concerned,” she felt that Strachan had taken on too much with the institute, and his drive to raise the needed funds for the project had alienated his labor allies.

By July, Strachan had also decided that 1957 would be his final year with the AFPH. Before he left his post, however, he issued a scathing report, attacking organized labor. Addressed to “all actual members,” the report accused various AFL-CIO officials of being “hell-bent to MAKE AFPH over.” He contended that the AFL-CIO had tried to force the AFPH to give up its fight to improve the rehabilitation service and to increase employment opportunities for people with disabilities and to accept Social Security instead. Moreover, he charged that many labor leaders who were also national vice-presidents of the AFPH had not aided the AFPH and their promises of financial support very often failed materialized. Finally, Strachan begged AFPH members to send contributions to keep the national office open. While he sent the report to only a few labor representatives, most of the AFPH’s biggest supporters quickly learned of its contents. The report’s tone and accusations no doubt destroyed any chance of continued support among
labor leaders. Shortly after issuing his invective, he shut down the AFPH’s national office and moved to Florida.\textsuperscript{62}

In the spring of 1958, officials in the rehabilitation service hoped that Clarence Averill would be elected the new president of the AFPH at the organization’s upcoming convention in Grand Rapids, Michigan. Ralf Peckham, state director of the rehabilitation program in Michigan, believed that Averill’s leadership “would certainly usher in a completely different atmosphere” as he was “certainly not the ‘evangelist’ type.”\textsuperscript{63} Ultimately, new leadership could not solve the organization’s mounting problems. According to Mildred Scott, the AFPH “folded” under the financial and organizational pressure of attempting to campaign for an expansive national legislative agenda and raise funds and launch the massive institute. Supporters and members, it seemed to Scott, believed that building the institute would necessitate “a never-ending drive for funds.” While some members of the AFPH, including Averill, founded a new organization, the National Association of the Physically Handicapped (NAPH), Strachan remained wedded to the AFPH institute and endeavored to make the institute a reality. For Scott’s part, she wrote that she never joined the NAPH because, like the organization she had worked tirelessly for, she “too was weary.” Strachan, she complained, “was quite bitter and critical of many.”\textsuperscript{64}

CONCLUSION

Neither Strachan nor the AFPH went quietly into the twilight. Even after the national organization had folded, Strachan continued to campaign for the AFPH institute well into the late 1960s. Though battling cancer and removed to Florida, he inundated the
HEW and officials in the rehabilitation service with letter after letter requesting information about grant programs administered by the rehabilitation service. Apparently disregarding the application materials that officials had sent to him, Strachan requested a $3 million grant for the institute in a postscript to a 1967 letter. Moreover, Strachan offered his services as a consultant to Mary Switzer, then chief of the expanded Vocational Rehabilitation Administration (VRA). In June 1967, when Strachan realized that the VRA had hired someone else to fill the position, he wrote to Switzer that he was beginning to understand that “you and the VRA DON’T WANT ME AROUND TO BOTHER YOU.” He confessed, “I would probably worry you a lot, at that.” Strachan wished Switzer well and told her to “‘take up the torch’ and go for broke.” Shortly after, Strachan faded from the national scene. He passed away in September 1972 in George Washington University Hospital.

While Strachan’s leadership had galvanized a national movement of people with disabilities demanding greater opportunities and better services, his leadership also contributed to the downfall of the organization. Moreover, the urgency of wartime needs and the hope of the immediate postwar years were gradually replaced by the increasingly conservative Cold War politics of the 1950s. As Strachan’s health began to fade and as doors began to close to the AFPH, the persistence that had earlier made Strachan an effective leader turned into obsession. He became increasingly bitter and critical of his allies, alienating a new generation of labor leaders who were already not as interested in the AFPH agenda as previous leaders had been. The AFPH crumbled under the weight of Strachan’s attacks on the organization’s supporters and under the combined financial pressures of its legislative campaign and Strachan’s drive for the institute.
NOTES


2 Ibid.

3 Minutes of the American Federation of the Physically Handicapped National Council Meeting, 5-6 December 1952; Memorandum, Ruth Bower to Virginia Tehas, 26 March 1953; George Meany to Paul Strachan, 17 June 1953; Resolution No. 86, 71st Annual Convention of the AFL, 15-23 September 1952; and George Meany to Paul Strachan, 3 December 1952, #36/13, Record Group 1-027 (hereafter RG1-027), Miscellaneous Correspondence, 1952-1960, George Meany Memorial Archives, Silver Spring, MD (hereafter Meany Archives); George Meany to the Officers and Members of National and International Unions, City and State bodies and Directly Affiliated Unions, 15 May 1956, #36/15, RG1-027, Meany Archives; W.C. Hushing to Augustine Kelley, 26 July 1949, #23/13, RG21-001, Staff Working Files, AFL, AFL-CIO Department of Legislation (hereafter RG21-001), Meany Archives; George Nelson to Members of AFPH Labor Associates Committee, 7 January 1953, Paul Strachan to Members of AFPH Labor Associates Committee, 5 March 1953, #23/19, RG21-001, Meany Archives; George Nelson to George Meany, 10 April 1953, #23/20, RG21-001, Meany Archives; George Nelson to Members of AFPH Labor Associates Committee, 1 June 1954, #23/26, RG21-001, Meany Archives; George Nelson to Charles Rae Jeffrey, 27 September 1957, #23/31, RG21-001, Meany Archives; Report to Members of AFPH National Council, 22 September 1954, folder American Federation of the Physically Handicapped, box 56, the John Carmody Papers, the Roosevelt Library, Hyde Park, NY (hereafter the Carmody Papers).


7 Ibid.

8 Executive Secretary to Chairman, Vice Chairman, 14 April 1952, folder PRESIDENT’S COMMITTEE—1952-53, box 19, Record Group 220, Records of Temporary Committees, Commissions, and Boards, President’s Commission on Employment of the Handicapped, 1946-1972 (hereafter RG 220 PCEH), National Archives II.

9 Paul Strachan to Mary Switzer, 22 April 1952, folder AMERICAN FEDERATION OF THE PHYSICALLY HANDICAPPED JULY 1, 1950 – JUNE 30, 1955, box 142, RG 363, National Archives II.


Secretary, Subject Files of Secretary James P. Mitchell, 1953-60 (hereafter RG 174 Mitchell), National Archives II.


16 Russell J. W. Dean to Mr. Collier, 30 April 1954, folder AMERICAN FEDERATION OF THE PHYSICALLY HANDICAPPED JULY 1, 1950 – JUNE 30, 1955, box 142, RG 363, National Archives II.

17 Paul S. Barrett to H. B. Cummings, 2 September 1953, folder AMERICAN FEDERATION OF THE PHYSICALLY HANDICAPPED JULY 1, 1950 – JUNE 30, 1955, box 142, RG 363, National Archives II.

18 Ibid; Robert L. Thornton to Paul Barrett, 29 August 1953, folder AMERICAN FEDERATION OF THE PHYSICALLY HANDICAPPED JULY 1, 1950 – JUNE 30, 1955, box 142, RG 363, National Archives II.


23 Smith was joined by Homer Ferguson (R-MI), Leverett Saltonstall (R-MA), Robert Upton (R-NH), Lister Hill (D-AL), and Irving Ives (R-NY) in introducing S. 2758, a bill designed to expand the Hill-Burton Act to provide federal funds for the construction of hospitals for people with chronic illnesses, nursing care and diagnostic centers, and rehabilitation facilities. Upton and Ives joined Smith in co-sponsoring S. 2759, a bill designed to strengthen the rehabilitation service. Congress, Senate, Senator Smith of New Jersey introducing S. 2758 and S.2759, 83rd Cong., 2nd sess., *Congressional Record* 100, pt. 1 (19 January 1954): 413; Joseph A. Loftus, “Eisenhower Urges Health Insurers Get Federal Help,” *New York Times* 19 January 1954, 1.


25 Ibid, 4-12.
26 Ibid.

27 Ibid.


29 Congress, Senate, Senator Murray of Montana remarks on amendments to S.2759, 83rd Cong., 2nd sess., *Congressional Record* 100, pt. 7 (7 July 1954): 9901-8.

30 Ibid.

31 Ibid.


37 Paul Strachan to George Nelson, 26 June 1954, folder Handicapped 1954/05-1954/06, #23/26, RG 21-001, Meany Archives.

38 Congress, Senate, Senator Lehman of New York remarks on S.2759, 83rd Cong., 2nd sess., *Congressional Record* 100, pt. 7 (7 July 1954): 9896-9901.


40 Congress, Senate, Senator Johnson of Colorado remarks on amendments to S.2759, 83rd Cong., 2nd sess., *Congressional Record* 100, pt. 7 (7 July 1954): 9920-2.
41 Congress, Senate, Senator Humphrey of Minnesota remarks on amendments to S.2759, 83rd Cong., 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9922-3.

42 Congress, Senate, Senator Sparkman of Alabama remarks on amendments to S.2759, 83rd Cong., 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9923-4.

43 Congress, Senate, Senator Morse of Oregon remarks on amendments to S.2759, 83rd Cong., 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9910-17.

44 Congress, Senate, Roll Call Vote on S. 2759, 83rd Cong., 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9926.

45 Congress, House, Debate over an amendment to H. R. 9640 offered by Representative Rhodes of Arizona, 83rd Cong. 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9955-6.

46 Congress, House, Debate over amendments to H. R. 9640 offered by Representative Kelley of Pennsylvania, 83rd Cong. 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9957-8, 9962-3.

47 Congress, House, Debate over an amendment to H. R. 9640 offered by Representative Sheppard of California, 83rd Cong. 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9960-2.

48 Congress, House, Debate over an amendment to H. R. 9640 offered by Representative Bennett of Florida, 83rd Cong. 2nd sess., Congressional Record 100, pt. 7 (7 July 1954): 9963-4.


CONCLUSION

In 1973, disability activists Ralf Hotchkiss and Judy Heumann slammed the President’s Committee on Employment of the Handicapped, calling the committee “an Uncle Tom to five administrations which have done little to correct the basic forms of discrimination against the handicapped.” They argued that the committee’s slogan—“Hire the Handicapped, It’s Good Business”—was “as inappropriate in the drive for civil rights of the disabled as a slogan ‘Hire the Blacks—They Work Like Slaves’ would be in the racial struggle.” In their minds, the slogan emphasized the “obedience records” of disabled workers as the most significant reason to hire them—an obedience that grew out of disabled people’s recognition that discrimination forced them to “cling tenaciously to any job, regardless how menial.” Hotchkiss and Heumann went on to claim that the slogan had “been rightfully—but quietly—opposed since its inception by the bulk of the disabled community.”

Missing from this harsh critique, however, was the fact that the President’s Committee and its slogan grew out of the efforts of radical disability activists in the American Federation of the Physically Handicapped (AFPH) three decades earlier. As Gerder Lerner has described women, these young disabled activists had been robbed of their past and deprived of the opportunity to understand their activism and ideas in the context of
those who had come before them. In this context, the President’s Committee became hostile ground to conquer instead of a legacy to reclaim.

From 1942 to 1958, the AFPH fought to implement a bold agenda that centered on winning opportunity, work, and security for people with disabilities and was premised on the idea that people with disabilities had a right to earn a living and a right to economic security. The President’s Committee and National Employ the Physically Handicapped Week, which had served as the impetus for creating such a committee, represented two of the AFPH’s most successful campaigns. Though Paul Strachan and other disability activists had hoped to use the President’s Committee as a springboard to win much of their legislative agenda—a wish that did not materialize—the President’s Committee proved to be a powerful force in pushing for the employment of people with disabilities. From 1947 to 1952, over 1.1 million disabled Americans received job placements through the United States Employment Service, and more than 300,000 were rehabilitated and then placed in jobs through state vocational rehabilitation agencies. By 1957, estimates placed the number of disabled citizens who had been employed since the committee began its activities at well over 2.6 million.

By the 1970s, young, militant disability activists viewed the committee with considerable skepticism, judging the committee to be a conservative force within the disability rights community. In many ways, this critique grew out of an ignorance of their own history. Many of these activists were completely unaware of the past efforts of disability activists to alter the political landscape. Moreover, although this new generation of activists’ demands and critiques came from the collective experience of discrimination, this generation of activists had little knowledge of the level of discrimination that their for-
bears in the AFPH encountered in the 1940s and 1950s. Nor were they cognizant of the hard-won gains from which they benefited. While Strachan had resigned from the committee in frustration, the committee continued to push at the barriers that prevented people with disabilities from achieving full equality. For example, the committee put considerable resources into the problem of building accessibility, helping to form the American National Standards Institute (ANSI) and hosting a conference that resulted in the 1961 codification of standards of accessibility by the ANSI. These standards provided the foundation for numerous state accessibility laws, beginning in South Carolina in 1963, as well as the federal Architectural Barriers Act of 1968 that required that all new federal buildings be made accessible to people with disabilities. While these first accessibility laws were admittedly limited, the committee’s slow and steady progress within the federal bureaucracy provided a foundation for future activism and legislation and also led to the employment of millions of disabled workers.

Perhaps as important as the gains the committee managed to win for people with disabilities, the institutional space of the committee provided a place for activists in the 1970s to meet, and it worked as a springboard for more militant activism. In 1972 and 1973, led by Judy Heumann, president of the New York-based Disabled In Action, protesters filed out of President’s Committee meetings and led demonstrations in Washington, D.C. These activists protested educational, employment, housing, transportation, and architectural discrimination as well as President Richard M. Nixon’s repeated veto of the rehabilitation bill, which would become the Rehabilitation Act of 1973. Among the bill’s many provisions was a section that prohibited discrimination against people with disabilities in federal programs. While Section 504 of the Rehabilitation Act of 1973 generated
much momentum within the disability rights community, the provision was tame com-
pared to AFPH proposals developed twenty-five years prior that the federal government
police discrimination against people with disabilities in both the private and public sec-
tors and force employers to hire people with disabilities.6

Given later activists’ critiques of one of the most lasting legacies of the AFPH and
the fact that the federal government rejected many of the organization’s specific policy
recommendations, it would be easy to dismiss the story of the AFPH as one of failure.
The losing side, however, always shapes the contest as much as the victors, and the
AFPH left a permanent imprint on the national dialogue of disability. AFPH prodding
created a renewed interest in federal disability policy among organized labor leaders. To-
gether disability activists and union representatives challenged the authority and sensitivi-
ties of experts and physicians in the field of disability policy. While this challenge did not
end in victory for the AFPH, it did force the rehabilitation bureaucracy to be increasingly
aware of the widespread social and economic discriminations that shaped the opportuni-
ties available to people with disabilities. Moreover, the critique forced the rehabilitation
bureaucracy to examine its policies and the attitudes and assumptions that informed those
policies. Finally, the AFPH’s critique pushed policymakers and rehabilitation officials to
improve the availability of rehabilitation. In 1941, a year before the AFPH launched its
national campaign for rehabilitation and jobs, only 14,597 people with disabilities bene-
fited from rehabilitation services, and in 1958, the final year of the AFPH’s campaign,
the rehabilitation bureaucracy aided 74,317 people with disabilities (see Figure 7.1).7

Beyond these practical gains and the institutional space it created for future activists, the social space that the AFPH nourished at the local level did not disappear with the organization’s collapse. Numerous obituaries of former AFPH members, ranging from the late-1980s to the early-2000s, mention their continued participation in the National Association of the Physically Handicapped, the organization that emerged to take the place of the AFPH. While these activists might have retired from the national, political arena, they continued to actively participate in the local community that the AFPH had facilitated.\(^8\)
While these lasting legacies of the AFPH certainly laid the groundwork for future activism, it is important to remember that the organization operated from within an increasingly conservative political climate. From within this Cold War context, AFPH activists sought to expose the failings of American disability policy and faulted widespread social and economic discrimination for limited opportunities people with disabilities possessed. While the World War II political climate had pushed disability and disability policy into the national consciousness, the Cold War drove policymakers and the American public more broadly to discount explanations and solutions that were premised on a critique of the American system of government and way of life. In the end, the AFPH agenda faltered in the midst of the consensus politics of the Cold War. Beset by internal problems and marginalized by the increasingly conservative times, the AFPH collapsed. But, in the wake of its collapse, the institutional and community spaces it created continued to grow. And, two decades later in these spaces and communities, a new generation of activists would push again for the rights of Americans with disabilities.
NOTES


4 Ruth-Ellen Ross, The President’s Committee on Employment of People with Disabilities: 50 Years of Progress (Washington, D.C.: President’s Committee on Employment of People with Disabilities, 1997).


SELECTED BIBLIOGRAPHY

MANUSCRIPT COLLECTIONS

AFL-CIO Bound Pamphlets, Record Group 34-002, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

Tom L. Anderson Papers, Gallaudet University Archives, Gallaudet University, Washington, DC.

Bureau of Labor Standards, Classified Central Files, 1945-1949, Department of Labor, Record Group 100, National Archives, College Park, MD.

John Carmody Papers, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.

Graves B. Erskine Papers, Truman Library, Independence, MO.

Oscar Ewing Papers, Truman Library, Independence, MO.

General Records of the Department of Labor, Office of the Secretary, Record Group 174, National Archives, College Park, MD.

John W. Gibson Papers, Truman Library, Independence, MO.

Handicapped Homemaker Project Records, Archives and Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT.

Gardner Jackson Papers, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.

Legislative Reference Files, AFL, AFL-CIO Department of Legislation (1906-1978), Record Group 21-001, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

Isador Lubin Papers, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.
Elizabeth E. May Papers, Archives and Special Collections, Thomas J. Dodd Research Center, University of Connecticut, Storrs, CT.

William McCahill Papers, Truman Library, Independence, MO.

Ross T. McIntire Papers, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.

Miscellaneous Correspondence, 1952-1960, George Meany, 1947-1960, President’s Files, Office of the President, Record Group 1-027, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

Photographs, 1890-1993, Subject Files, Photographic Prints, Record Group 96-001, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

Portrait Files, Photographic Prints, Record Group 96-001, George Meany Memorial Archives, National Labor College, Silver Springs, MD.


Records of the President’s Commission on Employment of the Handicapped, 1946-1972, Record Group 220, National Archives, College Park, MD.

Records of the Social and Rehabilitation Service, General Subject Files, 1938-1969, Record Group 363, National Archives, College Park, MD.

Franklin D. Roosevelt Papers, Official File 504, Advisory Committee on Vocational Education, 1941-1945, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.


Franklin D. Roosevelt Papers, Official File 926, Deaf Persons, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.


Franklin D. Roosevelt Papers, Official File 4675k, World War II – Committee Folder, Franklin D. Roosevelt Presidential Library, Hyde Park, NY.

Speeches, 1961-1979, George Meany Files, 1940-1980, Office of the President, Record Group 1-038, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

Staff Working Files, AFL, AFL-CIO Department of Legislation (1906-1978), Record Group 21-001, George Meany Memorial Archives, National Labor College, Silver Springs, MD.

John R. Steelman Papers, Truman Library, Independence, MO.


Harry S. Truman Papers, Official File 1020, Deaf, Truman Library, Independence, MO.

Harry S. Truman Papers, Box 1290, Official File 443-A, National Employ the Physically Handicapped Week, Truman Library, Independence, MO.

Harry S. Truman Papers, Box 1289, Official File 443, The Physically Handicapped, Truman Library, Independence, MO.

Harry S. Truman Papers, Box 1291, Official File 443-B, President’s Committee on Employment of the Physically Handicapped, Truman Library, Independence, MO.

Harry S. Truman Papers, President’s Personal File 2779, American Federation of the Physically Handicapped, Truman Library, Independence, MO.

The United Auto Workers Veterans Collection, Archives of Labor and Urban Affairs, Walter P. Reuther Library, Wayne State University, Detroit, MI.


U.S. Census Bureau. *1930 U.S. Census*


——. Committee on Labor, Subcommittee to Investigate Aid to the Physically Handicapped. *Hearings, Part 1, Aid to the Blind*, 78th Cong., 2nd sess., 1945.


NEWSPAPERS, PERIODICALS, AND ANNUALS

A.F.P.H. Tribune [housed at the New York Public Library, New York City, NY].

America.

American City.

The American Federation of Labor Weekly News Service.

American Journal of Nursing

American Magazine.

American Labor Legislation Review.

Annuals of the American Academy of Political and Social Science

Aviation Week.

Business Week.

Chicago Daily Tribune.

Christian Science Monitor.

Education for Victory.

Employment Security Review.

Fortune.

Harper’s Magazine.

Hygeia.

Industrial Arts and Vocational Education.

Journal of American Nursing.
Journal of Negro Education.

Journal of Rehabilitation.

Ladies Home Journal.

Marion Star (Marion, OH).

Monthly Labor Review.

Nation’s Business.


Newsweek.

Peabody Journal of Education.

Personnel and Guidance Journal.

Reader’s Digest.

Rotarian.

Saginaw News.

Saturday Evening Post.

Science Digest.

Science New Letter.

Survey Midmonthly.

Time.

Valor [AFPH Magazine, housed a City University of New York’s library in New York City, NY and the Archives of Labor and Urban Affairs, Reuther Library, Wayne State University, Detroit, MI ].

Washington Post.
CONTEMPORARY PUBLICATIONS AND PUBLISHED DOCUMENTS


**SECONDARY SOURCES**


———. “‘Dependency as a Problem to Be Solved’: Rehabilitation and the American Liberal Consensus on Welfare in the 1950s.” *Social Politics* 8 (Summer 2001): 228-257.


