Disability and Aging Discrimination
Perspectives in Law and Psychology
Chapter 3

Disability and Aging:
Historical and Contemporary Views

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Introduction
Today’s civil rights model of disability is set out in federal laws like the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and the Americans with Disabilities Act (ADA) of 1990 and as amended in 2008. In a program of study, my colleagues and I, and others, examine the social and political forces underlying contemporary views about the rights of persons with disabilities particularly as they age (Blanck, 2001, 2008; Liachowitz, 1988; Scotch, 2001; tenBroek, 1966).

In the move toward disability rights, one primary period recognized in American history is when societal and medical views of disability evolved from the passage of the first civilian national Vocational Rehabilitation Act in 1920 to the signing of the ADA in 1990 (Milani 1999; Obermann, 1965). During this period, policy innovations, notably the New Deal and the Social Security Act, won public support and sought to eradicate social problems associated with disability and aging (Blanck & Millender, 2000; Skocpol, 1993). Rehabilitation programs identified disabled beneficiaries as “deserving” individuals who, especially when war veterans, made sacrifices for the national interest (Gerber, 2001; tenBroek, 1966).

In this chapter, I offer that the seeds of modern disability and aging rights policy may be traced further to the overlooked legacy of the American Civil War and its expansive disability pension scheme. Though not a rehabilitation, aging, or needs-based welfare scheme per se, the Civil War pension laws set out America’s first large-scale policy of compensation for select men and “worthy disabled,” and led to an increasingly medicalized model of disability. By 1890, the pension laws further evolved into America’s first comprehensive federal retirement program (Costa, 1998).

The post-Civil War shift toward the classification of disability laid the medical-socio-political groundwork for subsequent federal policies, such as the 1920 Vocational Rehabilitation Act and the Social Security system, as well as for state workers’ compensation laws (Baack & Ray, 1988; Crossley, 1999; Drimmer, 1993; Hickel, 2000; Orloff, 1993). This chapter uses as a starting point a period during the late 1800s when tens of thousands of soldiers from the north and south were returning to their homes with disabilities never before, and perhaps never since, seen by American society in number and scope.

These individuals and their families navigated a society before notions of disability rights and advocacy existed, and at the beginnings of the medical
classification of disability. Union soldiers and their families confronted a new federal bureaucracy, housed in the massive Pension Bureau (“Bureau”), which itself was besieged by lawyers, lobbyists, and politicians. As never before, northern veterans came from all walks-of-life and included a wave of immigrants and African Americans who sought newly promised rights from their government and benefits for their service. My colleague historian Michael Millender and I elsewhere examine the pension system for former confederate soldiers, who faced different challenges and were not covered by the federal system (Blanck & Millender 2000).

Part II of this chapter overviews the Union Army Pension Scheme from 1862 to 1907. Part III discusses our program of empirical study on the pension laws and veterans with disabilities as they aged. Among other forces, stigma, conceptions of malingering and feigning, and new industry players (i.e., lawyers and lobbyists, bureaucrats, and physicians) together influenced attitudes of disability after the Civil War in regard to veterans in particular, and public services in general. Part IV examines the implications of this historical study for analysis of contemporary attitudes and policy toward persons with disabilities, with emphasis on research and programs affecting the disabled as they age in workplaces, as today’s veterans, and as global citizens.

**Defining Disability and the Civil War Pension Scheme**

The Civil War changed how Americans thought about disability. Attitudes were shaped about and by returning veterans and their families as they engaged the pension system. There were 860,000 disabled survivors from nearly 2.5 million members of the Union Army (Gould, 1869). The pension scheme for disabled Union veterans became, up to that time, this nation’s largest and most medicalized welfare scheme (Klages, 1999; Oliver, 1917; Skocpol, 1992; Skocpol, 1993).

As part of a large investigation, my colleagues and I examine the lives—from “cradle to death”—of a sample of Union Army veterans and conceptions of disability in American society after the Civil War (Logue & Blanck, 2008, in press). The random sample consists of almost 36,000 white males from the Union Army and 6,000 males from the U.S. Colored Troops, with information on their military, pension, medical, and census records (Fogel et al., 2006). The information on returning veterans and their families was examined in the context of laws associated with Civil War pensions (Glasson, 1918; Oliver, 1917). I briefly review these laws next to illustrate how they set the stage for more current laws.

In 1862, the General Law (Curtis & Webster, 1885) set pension benefits for those with war disabilities and established a medical rating system for compensating disabilities (Fogel, 1996; Skocpol, 1993). A pension claimant was required to “show that his disability was incurred as the direct consequence of the performance of his military duty.” (Glasson, p. 125). Under the law, claimants were rated in their “total disability” in the performance of labor (Fogel, p. 135; Skocpol). In addition, certain war-related conditions or diseases were compensated regardless of total inability to work (Blanck, 2001).

For instance, a Northern army private in 1862 received a maximum of $8 per month for being “totally disabled.” A veteran whose disability was rated as less than
“total” received a corresponding proportion of the $8. For purposes of compensation, therefore, the system defined fractional rates of total disability. A lost finger or small toe was compensated by a prescribed rating of 2/8 totally disabled, with a corresponding pension allotment of $2 per month. A lost eye or thumb, or a single hernia, resulted in a 4/8 rating of total disability with a corresponding award of $4 per month.

Today, the “inability to work” model of disability remains the dominant means for assessing compensation in pension, workers’ compensation, and disability support programs (Fogel, 1996, p. 135-36). Professor Dora Costa notes that, since the Civil War pension scheme, “inability to participate in the labor force became the standard means for compensation in subsequent American pension and support programs.” (Costa, 1998, p. 36). Also, as in today’s benefit schemes, the Civil War Pension Bureau hired physicians to rate claimants’ disabilities, who categorized them by disease and severity.

In 1873, the Consolidation Act expanded the General Law to compensate veterans for service-related conditions or diseases that later caused disabilities, such as noise-induced hearing loss occurring later in life as a result of wartime gunfire (Blanck, 2001; Sewell, Song, Smith, Bauman, & Blanck, 2004). The 1873 Act created confusion as to how disability was to be defined and rated for pension compensation (Glasson, 1918). Increasingly, the definition and classification of disability was questioned and contested, as is still evidenced today (Stone, 1984; cf. Glissman, Schwab, & Willborn, this volume). The press sought to expose alleged pension fraud, with the view that the Bureau was a partisan machine and its funding paid for exaggerated and feigned disabilities (“Movement,” 1875). Editorials described “bogus” disabilities contrived by pension claim agents and lawyers who stood to profit from successful claims (“Editorial,” 1881, p. 4). Indeed, by the late 1880s, pensions granted under the General Law were greater for diseases claimed as a result of the war than for actual war injuries (Glasson).

In 1879, the pension law allowed the use of arrears - or back pension payments - to attract “deserving” veterans who had not applied for pensions, which added to pension growth and fueled controversy (Glasson, 1918, p. 150-53). The Arrears Act enabled veterans to receive pensions the Bureau found should have been granted as a result of war service, and to be paid from the time of their discharge from the army (Glasson). The Arrears Act used the same classification scheme for awarding pensions on the basis of war-related disability (McConnell, 1992). Professor Skocpol (1993) and earlier historians argue the Arrears Act was spurred by the pension attorneys, who collected a $10 fee for each application. Popular criticism at the time appeared in papers such as the New York Times in articles such as “The Plundering by Greedy Pensioners and Speculators Should Stop.” (“Arrears,” 1881, p. 4; “Time’s Pension Articles,” 1894, p.4).

With a flood of new veterans applying for and receiving disability-based pensions (Dearing, 1952), the “soldier vote,” and its political lobby through the Grand Army of the Republic (G.A.R.), was reinvigorated (Sanders, 1980, p. 139-40). After the war, Union Army veterans had transformed their national G.A.R. organization into a political machine that kept the veterans’ wartime sacrifices in public
consciousness (Blanck & Song, 2002). These developments generated predictable resistance along partisan lines, with the G.A.R. and its Republican allies in favor of pension expansion, and the Democrats, comprised of large numbers of immigrants and southerners, generally opposed. But the G.A.R. was not a disability lobby. Its primary mission was to replace the General Law with pensions based solely on military service, regardless of disability origin (Glasson, 1918, p. 204-05).

The 1890 Disability Pension Act accomplished this goal and expanded pensions to include physical and mental disabilities not related to wartime experience (Fogel, 1996; Glasson, 1918). Although disability for pension eligibility continued to be defined by an individual’s incapacity to perform labor, after 1890 it also covered those honorably discharged veterans “who are now or who may hereafter be suffering from a mental or physical disability of a permanent character, not the result of their own vicious habits.” (Stone, 1984, pp. 90-110; see also Blanck & Song, 2002 noting vicious habits were associated with sexually transmitted conditions, alcoholism, and smoking). In earlier studies, Blanck (2001) finds that Union Army veterans whose examining physicians noted their alcohol and drug use, malingering behavior, or sexually transmitted disease were substantially more likely to receive a lower pension rating or to have their claims rejected outright.

With its expanded mandate, the 1890 Act became, up to that time, the most costly welfare and old age measure “ever passed by any legislative body in the world.” (Glasson, p. 233; Skocpol, 1993, p. 214). Professor Deborah Stone articulated the link between ideas of legitimacy and deservingness of disabled persons in attitudes in the late nineteenth century medical community with the evolution of the concept of the “inability to work” as a means for developing the first comprehensive, scheduled, needs-based system of governmental compensation.

By 1893, pensioners numbered almost one million, consuming nearly half of the federal budget (Fogel, 1996; Skocpol, 1993; Vinovskis, 1990). Claims of excess, fraud, and corruption were widespread. Pensions were said to be windfalls to the “undeserving” disabled. Stigmatized and less understood disabilities, mostly mental and infectious conditions, were harshly criticized (Anderson & Anderson, 1984). Despite evidence to the contrary, disabled veterans and their attorneys were portrayed as scamming the system, bilking the public treasury and trust—stories appeared with titles such as “A Raid upon the Treasury,” “Fraudulent Practices of the Pension Sharks: Uselessness of Pension Attorneys,” “Pensions and Socialism,” “Pensions: Time to Call a Halt,” and “Half a Million Dollars a Day for Pensions.” (Bacon, 1889; Boynton, 1898; “Pension Arrears Bill,” 1878; Sloane, 1891; Slocum, 1892; Warner, 1893). Disabled pensioners were mocked and the legitimacy of their disabilities questioned (Glasson, 1918).

In 1904, progressive Republican President Theodore Roosevelt broadened the 1890 Act with Executive Order No. 78, which provided old-age itself was a “disability,” even if no disabling cause was claimed, and regardless of the claimant’s level of income provided the claimant showed ninety days service and an honorable discharge (Glasson, 1918). Roosevelt transformed the 1890 Act into a service-and-age pension law. In 1907, the 1890 Act was replaced formally by the Service and Age Pension system—referred to as old-age pensions—that granted pensions based on a
veteran’s age and length of military service. The 1907 law provided that veterans over
the age of sixty-two years were to receive pensions, with graduated increases in
payments with age (Glasson). Most veterans pensioned under the 1890 Act
transferred to the rolls under the 1907 Act to receive increased payments (Glasson).
Congress passed subsequent legislation in 1908, 1912, 1917, 1918, and 1920 that
increased the Civil War pension rates based on age and length of military service
(Fogel, 1996; Glasson).

In 1907, it was estimated the 1890 Act had cost over $1 billion (Glasson,
1918). Between 1870 and 1910, the proportion of veterans receiving pensions rose
from 5% to 93% (Orloff, 1993; Rubinow, 1913). By 1907, the General Law had been
transformed from “a provision for compensation of combat injuries into a de facto
system of old age, retirement, and disability protection.” (Orloff, p. 134).

Over time, the identity and definition of disability also became tied in the
public’s mind to the character and moral fiber of veterans (Katz, 1986; Matza &
Miller, 1976). Disabled pensioners with “legitimate” war wounds were a “righteous
core of a generation of men.” (Skocpol, 1992, p. 149). The legitimately disabled and
their families deserved public support and were not in need of charity (Skocpol,
1992). The aging and war-disabled were particularly worthy beneficiaries, as
compared to those with mental or “nervous” disabilities (“Arrears,” 1976; Dean,
1997; Shields, 1891). All this labeling, classifying, and what historian Larry Logue
has called “the moral economy of veterans benefits,” (Logue & Blanck, in press)
was linked to “a morass of fraud, a bottomless pit of extravagance” embodied by the
pension system (“Democrats,” 1898, p. 6; “Spoils,” 1894, p. 1-2). Those blamed were
veterans who feigned or exaggerated disability, with a supporting cast of pension
examiners, certifying surgeons, claim agents, and lawyers (Oliver, 1917).

Disability and Aging, 150 Years Ago

The Civil War affected society’s views of a swath of disabled and aging men in
American society, which also impacted their widows and children. Much like today,
discouraging and stigmatizing attitudes about disability after the Civil War were
shaped by prejudice and stigma, ethnicity and race, the medical model, as well as by
bureaucratic factors, attorney advocacy and lobbying, and economics (Oliver, 1917).
Our findings suggest a relation between negative stigma toward certain disabilities
such as mental illness and pension outcomes (Cf. Phelan, Link & Dovidio, 2008).
Pensioners with visible or “less obscure” injuries from gunshot wounds (i.e., the
“War Worthy”), by contrast, comprised the greatest proportion of successful claims,
especially early after the war.

Not surprisingly, bodily war wounds were subject to less attitudinal prejudice
and less likely to be rejected by the Bureau. By comparison, veterans with less visible
and less understood conditions were subject to particular prejudice and stigma, and
were more likely to be denied pensions outright. This penalty was found for those
with so-called “nervous” mental conditions, with strong distinctions drawn between
physical and mental impairments (Blanck, 2005a; Waterstone & Stein, 2008).

Our historical studies examine the roots of attitudinal prejudice and stigma
toward veterans with mental disabilities. As discussed later, contemporary
investigations show that today’s young veterans with post-traumatic stress disorder (PTSD) and mental conditions, for instance, are among those with the highest war-related injuries and most stigmatized impairments (Blanck, 2008). We find even with the broadening of pension policy after 1890, which in effect created a welfare program for aging veterans, those with mental disabilities still were more likely to be rejected from the system. Others suggest as the pension system became more open, and as prodded by pension lawyers and the G.A.R., more veterans with stigmatized disabilities took the risk of rejection (see Blanck, 2001). In turn, this may have fed into the prevalent skepticism about disability worthiness and scamming the system, creating a self-fulfilling prophecy.

Cynicism, or at least skepticism, about a system that incentivized the unworthy aging and disabled was famously observed by Civil War General M. M. Trumbull:

If pension laws are potent in the making of diseases, pensions themselves have the opposite effect—they cure them. There is nothing that promotes longevity like a pension. … Veteran diseases’ are those miraculous ailments, which rage unsuspected in the bodies of old soldiers until seductive pension laws bring them to the notice of the sufferers (Trumbull, 1889, p. 724).

No doubt, pension doctors’ classifications of veterans were affected by the developing attitudes and stigma toward disability and aging, normality and worthiness. Moreover, a contentious process existed between the Pension bureaucrats and the examining physicians, who often had differing definitions and conceptions of disability (Logue & Blanck, in press). During this period examining doctors were adapting to a new medical and scientific approach to illness and disability, driven in part by rising workplace injuries from industrialization. Historian Douglas Baynton finds that “the concept of normality” began in America in the mid-1800s and was quickly linked to beliefs of industrialization and social Darwinism (Baynton, 2000, p. 35).

Yet, despite negative attitudes and pressure from the bureaucrats to label those as medically worthy or unworthy, in relatively few cases did examining pension doctors question the legitimacy of veterans’ disabilities. Our initial analyses performed on examining surgeons’ medical notes for roughly 6,600 white pension claimants, searching for reference to the terms “malingering,” “deadbeat,” “fake,” and “fraud,” yields these terms were used by surgeons in only six of the 6,596 cases studied, representing .09% of the sample (Blanck, 2001, p. 165-66).

Larry Logue and I find that, although physicians were more skeptical of African Americans than of white pension applicants, they were more likely to give black veterans the “benefit of the doubt” than were Bureau officials; a notation of service in the U.S. Colored Troops on an application was enough to set Bureau reviewers against the applicant (Logue & Blanck, 2008, p. 394). Thus, the meaning
of disability and pension worthiness often were contested in the context of race (Logue & Blanck, in press). One struggle involved the meaning of disability, working to black veterans’ disadvantage insofar as they declined to pursue pensions. A second tension involved perceptions of the inability “to earn a support.” Here, Bureau reviewers were disproportionately skeptical of black applicants’ claims that they were unable to support themselves.

Not surprisingly, our studies of Civil War pensions show discrimination on the basis of race. Logue and I examine such disparities facing African-American Civil War veterans (Logue & Blanck, 2008). Almost two hundred thousand African-Americans, most liberated from Southern states, joined the Union Army in the later years of the war. Similar to our findings for immigrants mentioned below and for those with stigmatized disabilities, black veterans increasingly applied and subjected themselves to the Bureau’s “moral cost containment” as the pension law became more inclusive (Logue & Blanck, 2008, pp. 397-398). Essentially, race offered a shortcut for Bureau reviewers to cope with increasing applications, resist spiraling payouts, and impose order, albeit a discriminatory ordering, on a massive social program (Logue & Blanck, in press).

Thus, all else equal, black veterans were less than one-third as likely as white veterans to be approved for pensions during the General Law, and less than half as likely as they aged under the expanded 1890 law. Historian Donald Shaffer finds, among other barriers, the pension process disadvantaged poorer and less literate black veterans who had difficulty proving their claims (Shaffer, 2004). Black veterans often were subject to “special examinations” or supplementary investigations to prove their pension worthiness. At the same time, the Bureau complained of widespread fraud by pension lawyers against their African-American clients: “[d]ue to fear . . . the negro hands over his whole money, and these agents help themselves to whatever they see fit.” (Oliver, 1917, p. 34).

Whatever the cause, the end result of this discrimination was, compared to whites, lower pension payments were linked to a shorter life expectancy for African-American veterans. Veterans fortunate enough to receive pensions had their lives extended—after the immediate post-war years, generous pensions were related to improved chances of survival; and the more contact with physicians, the longer the veterans were likely to live (Baynton, 2000; Logue & Blanck, 2004).

Martin Salm finds this same outcome for increases in Civil War veteran life expectancy across socioeconomic status and for those living in urban and rural areas, but particularly for poorer individuals and those in rural areas with acute and chronic conditions (Salm, 2007). Salm concludes “government transfers such as veteran pensions can not only improve the quality of life for beneficiaries, but can also substantially extend their length of life.” (Salm, p. 25).

Likewise, economist Dora Costa finds, especially for black as compared to white Union army veterans, pension incomes increased the chances of retirement and independent living for the elderly prior to the advent of the Social Security scheme (Costa, 2008). After Social Security was enacted, from 1930 to 1950, these
differences in black-white retirement rates and living arrangements declined, with concordant rises over time (Costa).

Veterans’ social status also affected disability pensions. Ethnicity was tied to views of deservingness and moral worth, which were linked to nativistic views after the Civil War (Baynton, 2000; Gerber, 2001). Although we uncover no apparent disparity associated with nativity when veterans were accepted to the pension system, foreign recruits with disabilities were significantly less likely to apply for a pension in the first place (Blanck & Song, 2001). Compared to the native born, non-native veterans and particularly Irish immigrants had a substantially lower likelihood of applying for pensions.

Besides attitudes, race, and ethnicity, other post-war social dynamics shaped (and were shaped by) conceptions of disability and aging, and undoubtedly affected longevity. One high profile element was the new attorney bar that represented veterans in their quest for pensions. Never before had attorney advocates been involved in a program of such social and political scale, ostensibly to help aging disabled veterans pursue monetary gain, public acceptance, and recognition (Blanck & Song, 2002).

Claim agents and their attorney partners lobbied Congress for expansion of the pension system (Glasson, 1918). They reached veterans through newspapers and pamphlets (DeWitt, 2003). However, a backlash came against pension lawyers’ activities during the later part of the nineteenth century when partisan tides changed and critics denounced attorneys as parasites responsible for defrauding the government and their clients of hundreds of millions of dollars. Whether pension attorneys were dedicated advocates or shrewd businessmen, they helped America’s first major disability retirement and welfare system to flourish.

With this complexity and dynamics in play, it is hardly surprising that Bureau officials saw themselves as the last line of defense for the public trust and treasury. Perhaps this is why, as Logue suggests, bureaucrats fell back on comfortable biases about disability worthiness, ethnicity, race, lawyers’ and lobbyists’ motivations, and other like views in reaching their ultimate decisions (Logue & Blanck, in press—for instance, discussing case of veteran Clay Ballard who insisted “I did not receive a fair and impartial examination,” because no “colored ex-soldier can get justice from that board”; see also Oliver, 1917).

In our book, “Race, Ethnicity, and Disability: Veterans and Benefits in the Post Civil War America,” Larry Logue and I pay attention to how veterans’ experiences with the government extended beyond the pension system as they aged (Logue & Blanck, in press). After the Civil War, partially motivated by the political potential of the “soldier vote,” Congress set up a network of communal homes for older Union veterans, many of whom had war-related disabilities or were living in poverty. Thus, in 1865 Congress established the “National Asylum,” which in 1873 became the “National Home for Disabled Volunteer Soldiers,” also known as the “Old Soldiers Home” (Kelly, 1998, p. 91-93). These homes were integrated into the community and distinguishable from stigmatized “asylums” and poorhouses of the day (Rockoff, 2001).
By 1900, the “Old Soldier” network assisted tens of thousands of veterans in finding communal homes. Historian Patrick Kelley notes “cultural attitudes molded during this period permanently shaped the evolution of veterans’ care in the United States.” … The Old Soldier Homes were the ‘direct bureaucratic forbear of the vast medical system ... operated today as the Department of Veterans Affairs.’” (Kelly, 1998, p. 2). The National Homes thus contributed to ideas about community integration and support for those deserving and aging veterans who made sacrifices for the country.

Nevertheless, in our studies we find relatively few aging black Union veterans lived in the soldier homes; black soldiers made up about eight percent of the Union army but less than three percent of soldiers’ home residents (Logue & Blanck, in press). When they lived in the homes, blacks were sent to segregated quarters. By contrast, a high proportion of foreign-born veterans resided in Old Soldier Homes. Irish-born veterans outpaced other groups living in Soldiers Homes, while veterans least likely to live in the homes were the native-born African Americans and whites, though these patterns changed over time. By the 1900s, rather than providing for severely disabled veterans, elderly veterans predictably were the majority of residents.

Historian David Gerber suggests today’s attitudes about disability and aging may be found in an examination of the social construction of veterans’ pension programs historically: “The story of disabled veterans is not complete without analyzing the ways representation and discourse transform functional impairments into fixed handicaps or disabilities in various historical environments.” (Gerber, 2001, p. 80). Study of evolving implicit and explicit attitudes about contemporary disability laws and policies may be enhanced by an appreciation of the experiences of disabled Americans historically.

The pension scheme with all its partisan faults provided a chance for disabled and elderly veterans “to make their political influence felt and [was] a unifying focus for the disability rights movement.” (Dinerstein, 2008, p. 21-22). Civil War veterans formed a unique and newly affiliated group, in which they accepted, to use sociologist Erving Goffman’s approach, “special opportunities for in-group participation.” (Goffman, 1963, p. 38). Disabled pensioners developed, as Professor McMurray suggests, a new and “distinct class consciousness.” (McMurry, 1922, p. 21).

**Disability and Aging Today and Tomorrow**

The Civil War pension scheme evolved within a unique mix of attitudes about disability combined with partisan, economic, and social forces that in many ways parallel challenges and tensions in the world today (Finocchiaro, 2008). Stigma and discrimination against disability affected pensions even when the system was drafted as neutral. This attitudinal penalty was particularly strong against blacks and non-native veterans as they aged.

Political advantage made the disabled a target in calls for progressive reform. This occurred at a time when norms about disability had not developed and advocacy for disability and elders was non-existent (Burgdorf, 2008). Yet, this also was a time
of new group affiliation and identity for the disabled, particularly for veterans, that transcended ethnicity, race, and socioeconomic status.

With this unprecedented array of factors, it is not surprising a political and social backlash to the Civil War pension system occurred that affected notions of disability worthiness and advocacy for decades to come, indeed perhaps until the beginnings of the rights-based approach embodied in the ADA. Professor Theda Skocpol’s seminal analysis articulates the underlying partisan attacks and pushback to the credibility of disabled veterans, saying “[b]ecause the very successes of Civil War pensions were so closely tied to the workings of patronage democracy, these successes set the stage for negative feedbacks that profoundly affected the future direction of U.S. social provision.” (Skocpol, 1992, p. 59).

Still, it must not be overlooked that tens of thousands of disabled Civil War veterans—white and black, immigrants and natives, young and old, across the spectrum of physical and mental disability—and their families fought for their right to participate and to live in the world, albeit through striving for economic advantages from pensions. Professor Hubbard comments, “Advocacy by and on behalf of disabled veterans of the Union Army following the Civil War is, in large part, the genesis of the contemporary struggle of people with disabilities for social and economic recognition.” (Hubbard, 2006, p. 979; see also Burgdorf, 2008; Hickel, 2001).

Through their advocacy, they contributed to the social and political understanding of what it means to be “disabled” as we age—a question that continues to spark controversy today (Burgdorf, 2008). As said, pensions increased the chances ex-soldiers would live independently in their homes as opposed to in Old Soldier Homes or institutions. There is, therefore, much to learn about disability and aging policy from history (Baack & Ray, 1988; Rockoff, 2001).

The Civil War pension scheme similarly influenced views of subsequent welfare and elder reform, in particular, the advent of the Social Security system. Indeed, early Social Security programs focused on retirement payments and insurance for “Old Age” (Costa, 1998, p. 17-18). Professors Baack and Ray conclude “the prior legislative history and administrative experience with the veterans’ pension program increased the likelihood that in the context of the Great Depression a coalition could be formed to enact a Social Security Act.” (Baack & Ray, 1988, p. 701). In this and other ways, collective action and the social identity of disabled veterans and their families contributed to the evolution of the modern welfare, health insurance, and old age retirement system.

In this final part, I review areas for future examination related to disability and aging. The topics are linked to attitudes and ideas about employment, today’s American disabled veterans, and global opportunities in human and economic rights. Professor Michael Perlin has written that to make progress in disability rights “[w]e must go beyond the law and focus also on the issues of attitudes.” (Perlin, 2008, p. 416). I draw next on our projects at the Burton Blatt Institute (BBI), through which we are pursuing a global strategy to advance the economic, social, and civic
empowerment of people with disabilities, in large part, by changing attitudes (Blanck, 2005; Burton Blatt Institute, 2008).

**Employment and Attitudinal Discrimination**

Our historical and contemporary research illustrates the dynamics, or what Professor Ruth Colker (2005) calls the “pendulum,” of disability identity and affiliation in society. Similar swings are found in early judicial interpretations of the ADA, as judges narrowed the law regarding the inclusion and equal rights of people with disabilities. Thereafter, in 2008, the ADA was amended to address these concerns by broadening the definition of disability for purposes of the law (Blanck et al., 2009). We also have seen judicial attitudes about disability law often combine with a “blame the victim” mindset, which condemns and patronizes disabled people on the basis of their status. Indeed, reports suggest that negative stigma toward people with disabilities in general, and with mental disabilities, in particular, is rising (Markin, 2005, p. 155).

Today’s disabled leaders, again at the forefront of advocacy, often are cast as frivolous and serial litigators, supported by fee-driven attorneys (Blanck & Song, 2002). Whether at the height of the Civil War pension system or, for instance, in today’s workplace, disability advocacy is not easily accepted and old tensions emerge: Are they active social participants or passive recipients of welfare and charity, rights-based advocates or prey to “parasite” lawyers? (Rothstein, 2008). Professor Sam Bagenstos examines so-called “abusive and extortionate litigation” under the ADA and contrary to popular belief concludes “judges have shown little concern for whether the defendants were violating the law.” (Bagenstos, 2006, p. 3; Bagenstos, 2000, p. 397).

One area in which attitude change is accelerating is in the private employment sector, particularly reflected in corporate attitudes, though overall employment rates for persons with disabilities remain low (Burkhauser & Stapleton, 2003; Schwochau & Blanck, 2003). Professors Lisa Schur, Doug Kruse, Joe Blasi, and I are conducting a series of studies examining corporate practices and collective attitudes in the employment of persons with disabilities (Schur, Kruse, Blasi & Blanck, 2009). We conducted the first large-scale exploration of the experiences and attitudes of thirty thousand employees with disabilities. We find people with disabilities face important disparities at work, including lower pay and benefits, and less job security. These “disability gaps” contribute to negative evaluations of treatment by workers with disabilities, and their higher turnover and lower levels of job satisfaction (Schur et al.). A self-fulfilling prophecy is thereby established.

But also our studies suggest disability gaps vary substantially across companies and worksites, showing that attitudes play an important role in employment outcomes. In workplaces where employees report high levels of company fairness and responsiveness, there are no significant differences between employees with and without disabilities on measures of job satisfaction, company loyalty, willingness to work hard, and turnover intention. By contrast, in worksites where employees perceive lower levels of attitudinal fairness and responsiveness, employees with disabilities have especially low levels of job satisfaction, loyalty, and willingness to work hard, and express greater turnover intentions. The findings point
to attitudes and culture having a large influence on the employment of persons with disabilities.

There is a need for future investigation given the limitations of any single sample, however large. Samples of companies should be further broadened and the surveys tailored to study disability issues and information on type (e.g., mental or physical) and severity of disability. Schur et al. (2009) note there may be interactions between disability and demographic characteristics—such as with race, ethnicity, and gender, which would parallel our historical findings described earlier—that explain a more complex and nuanced picture. Also, it will be valuable to assess whether a disability’s onset occurred before or after the employee joined the company (or from other causes such as incurred in the Armed Services). This is because employers treat employees who acquire a disability differently from job applicants with other disabilities, for instance in the provision of workplace accommodations (Gunderson & Hyatt 1996; Schartz, Hendricks, & Blanck, 2006; Schartz, Schartz, Hendricks, & Blanck, P, 2006).

A next step in the corporate culture program of research is underway at BBI. Supported by the U.S. Department of Labor’s Office of Disability Employment Policy (ODEP), our research consortium is developing standardized case studies of disability, corporate culture, and best practices. The ODEP study is the first to help companies systematically benchmark culture, and promotion and hiring programs that benefit people with disabilities and the companies themselves.

A further challenge today is to ensure the federal government acts as a model employer for persons with disabilities, promoting values for community and economic participation, and the dignity of independence and recognition. Since the revolutionary war and through the Civil War, disabled veterans were given preferences in federal employment (Logue & Blanck, in press). In the late 1800s, many disabled Union veterans (and their widows) worked at the Bureau or for the customs service (Dearing, 1952; Glasson, 1918). Yet, federal jobs after the Civil War were hard to come by as veterans with and without disabilities were able to apply (Kelly, 1998).

Unfortunately, the federal government still faces challenges in employment of persons with disabilities and must address aspects of its culture that leaves employees with severe disabilities vulnerable to bias and discrimination in career advancement and promotion opportunities. Whether in the private or public sector, organizations need to address discrimination toward persons with disabilities. As we have seen historically, out-group individuals, such as those with severe and mental disabilities face greater stereotyping, stronger negative attitudes, and fewer career opportunities. These attitudinal barriers will continue—as they have for many years—until there is meaningful accountability for change.

Foremost, is the need to address the low employment of persons with disabilities, particularly as they age, as means to counter longstanding bias and stereotypes. Systemic change is needed to transcend paper or “minimal” compliance with the law (Edelman, 1992; Wooten & Jamesy, 2005, p. 135). Enhanced understanding of attitudes and the experiences of employees with disabilities may
help to improve employment rates, working conditions, and, importantly, the acceptance of people with disabilities as capable contributors in the workplace.

One promising approach toward a broader understanding of attitudinal disability discrimination is proposed by Professor John Dovidio and his colleagues. These researchers isolate the underpinnings and overlap of stigma and prejudice in contemporary research models of race and disability (i.e., disease and deviant behavior) discrimination (Dovidio, Pagotto, & Hebl, this volume; Phelan, Link & Dovidio, 2008). They identify dimensions of overlap between prejudice and stigma, which shed light on the evolution of disability as a social and legal construct: “exploitation and domination (keeping people down), norm enforcement (keeping people in) and disease avoidance (keeping people away).” (Phelan et al., p. 365). “Down, in, and away” aptly is shorthand for how historically and today, people with disabilities have been dominated, left out, and segregated.

**Today’s Veterans of the Middle East Wars**
Wars create a cohort of disabled veterans who on their return seek a measure of gratitude and inclusion in society. America now is engaged in another war, with casualties mounting. Since 2001, more than 1.6 million men and women have served in Iraq or Afghanistan (Veterans for Common Sense v. Peake, 2008). Within one year of their return, one third of these veterans were treated for Post-Traumatic Stress Disorder (PTSD) as a mental health diagnosis (Veterans for Common Sense).

More than fifty thousand soldiers have non-mortal war wounds (Bilmes, 2007). The social and economic issues associated with war stressors, and particularly subsequent physical and mental disability, are substantial (Markin, 2005). In addition, many veterans today survive traumatic brain injuries, which require substantial rehabilitation and mental health resources. In his study of Union Civil War veterans, Professor Chulhee Lee finds the economic costs of that War were much greater when adding the adverse effects over time of wartime on aging veterans’ subsequent physical and mental health (Lee, 2003), and the same likely is true today.

In a review from the Civil War to the Vietnam War, Eric Dean finds veterans’ claims for PTSD are disfavored by the Bureau and the Veterans Administration (VA) (Dean, 1987). As found in our Civil War studies, less visible and understood impairments, such as mental conditions, were subject to criticism in the press and by the public (Blanck, 2001). Mental illnesses and infectious diseases, for instance, are impairments especially subject to severe prejudice, while orthopedic injuries and visible conditions are subject to less prejudice in pension determinations. Dean similarly finds that although a Civil War veteran’s physical war injuries may produce mental health conditions, “a veteran who suffered no physical wounds or diseases and was anything short of stark, raving mad and yet complained of mental problems originating in the war would have been regarded as a malingerer in this era” (Dean, p.159). Civil War veterans with “nervous disorders” or mental illness, what today we call PTSD, often were excluded from the Old Soldiers Homes.

Today’s generation of disabled veterans, men and women, are navigating the challenges of return to society, work, housing, family life, and attitudinal stigma. Unfortunately, the Government Accountability Office (GAO) finds many government
agencies such as the VA lack a modern concept of disability: “[F]ederal disability programs remained grounded in outmoded concepts that have not been updated to reflect the current state of science, medicine, technology, and labor market conditions.” (GAO, 2008, p. 8).

Unlike prior wars where most disabilities and deaths resulted from disease, dysentery, and infection, advances in medicine and technology enable soldiers to survive battlefield injuries that in the past may have been fatal (Burton Blatt Institute, 2007a). The cohort of returning soldiers with disabilities from Iraq and Afghanistan has an average age of twenty-five years, a current life expectancy of 65 years, and limited education and employment experiences (Bilmes, 2007). With history as guide, disability will affect their long-term employment, health and social status, and life expectancy (Anderson & Anderson, 1984; Gerber, 2001). War-stressors are particularly hurtful to younger and less educated veterans (Anderson & Anderson). These studies suggest the link among war injuries, resultant PTSD, and shorter lives. In a study of Civil War veterans, Professors Costa and Kahn (2008) likewise show greater wartime stress associated with higher mortality rates at older ages.

New programs for veterans with disabilities must focus on return-to-work, social competences, independent living, and economic self-sufficiency. In 2007, in partnership with BBI the Syracuse University Whitman School of Management established the “Entrepreneurship Bootcamp for Veterans with Disabilities” to offer free programs to disabled veterans of Iraq and Afghanistan (Burton Blatt Institute, 2007a). The program involves online and onsite courses on entrepreneurship and asset accumulation. The venture was so successful that by 2009, its third year of operation, five other universities adopted the program at no cost to the veterans.

As mentioned, despite advances and demonstration projects like the disabled veterans entrepreneurship boot camp, SSA and VA “eligibility criteria fall short of fully incorporating a modern understanding of technology and labor market changes,” as well as the rights-based approach to disability benefits and inclusion in society (GAO, 2008, p. 0). In light of the ADA and its Amendments Act of 2008, there is an opportunity to use disability rights principles to ensure full reintegration into society for today’s veterans (Hubbard, 2006; Mor, 2006). Professor Hubbard suggests, “[T]hroughout our nation’s history, veterans and civilian disability rights advocates alike have contributed to advances in medicine and disability policy and informed our collective understanding of disability.” (Hubbard, p. 986). Even the Civil War Old Soldiers Homes symbolized for veterans and others, as Patrick Kelly found, “the role of family and community at the very center of American national life.” (Kelly, 1998, p. 25).

Perhaps, as after World War II, a GI Bill of Rights is needed to aid veterans with disabilities, and their families, readjust and reintegrate into society. Syracuse University Chancellor Nancy Cantor observed that after World War II, the university enrolled 10,000 veterans, tripling enrollment (Cantor, 2008). Educational and employment opportunities are paramount for veterans and their families to accumulate assets and remain out of poverty.
There are more than two million American veterans now receiving disability benefits (Bilmes, 2007). As the case since the Civil War, while disability pensions tend to extend the lives of veterans, these benefits provide for “a reduction in quality of life due to service-connected disability” and “provide compensation for average impairment in earnings capacity” on the basis of disability severity (Bilmes, p. 7).

Our challenge is to ensure for our veterans that the concepts of civil rights—economic empowerment and community integration, rather than “incapacity” or “impairment” to work or stigma toward mental disability—will be embraced.

**Global Opportunities in Human and Economic Rights**

The aspiration for all to live equally in the world is now global. The 2007 United Nations Convention on the Rights of Persons with Disabilities (CRPD) views a world of collective action and participatory justice for persons with disabilities. Particularly in developing countries, persons with disabilities are stigmatized, segregated, less educated, and poor (Braithwaite & Mont, 2008; Filmer, 2008). In developing countries, people with disabilities lack basic life sustaining supports, which contributes to declines in overall health and life expectancy.

Deon Filmer finds “basic facts about disability, poverty, and schooling in developing countries are unknown or have not been systematically addressed.” (Filmer, p. 142). Filmer finds disability associated with poverty, in large part, because children with disabilities are less likely to receive education that allows them to participate in the economy, earn incomes, and pursue economic self-sufficiency. World Bank researchers, Jeanine Braithwaite and Daniel Mont, find in India “poor prospects for education and employment among disabled people, and the intense stigma that they often face, are expected to drive them into poverty.” (Braithwaite & Mont, 2008, p. 12).

One organization addressing these issues is the Global Partnership on Disability and Development (GPDD), which promotes inclusion of persons with disabilities and their families in their local communities and assists in poverty reduction strategies (Burton Blatt Institute, 2007b; GPDD, 2008). The GPDD was established by a task force with assistance from the World Bank. BBI hosts the GPDD’s Secretariat and supports its development and promotion. The effort brings together global stakeholders to promote positive attitudes and action for the integration and economic empowerment of individuals with disabilities. It is developing programs for access to education, employment, transportation, technology, and communications. GPDD is seeking to change attitudes and stereotypes about people with disabilities around the world, in ways consistent with the CRPD (Reina, Adya & Blanck, 2007).

As the CRPD and its human rights model of disability are adopted, other inclusive approaches to development strategies may result (Mont, 2007). A prominent leader, Professor Gerard Quinn, views economic development strategies and disability rights as part of a country’s political process, and that one major goal of the CRPD is to spur this connection (Quinn, in press). Quinn believes the Convention’s values of freedom from stigma and discrimination, independence in living, and economic self-sufficiency “frame disability issues as issues of justice” (Quinn, 2008). Quinn further sees a “deeper reason” for the Convention that addresses:
a chronic failure of politics in the past. . . . a failure in the political process to frame disability as an issue of justice and rights. Its legacy has been a large volume of unjust and discriminatory laws and practices around the world which have yet to be undone. . . . [T]he convention [i]s a means—among others—of correcting for that failure—as something that not only helps roll back that legacy but that also points to a new practice of disability politics. (Quinn, 2008).

It is apparent how far conceptions of disability have come when we reflect on the Civil War pension scheme, which did not frame disability as an issue of “justice and rights,” to use Quinn’s notions, but rather as one of charity, deservingness, and later, welfare, elder support, and rehabilitation (Quinn, 2008). Yet, as earlier advances have faced backlash and recoil, the CRPD is facing pushback and challenges in implementation (Quinn).

To further the goals of the Convention, along with the GPDD model for economic empowerment and social justice, BBI is working for the National Institute on Disability and Rehabilitation Research (NIDRR) on “Asset Accumulation and Economic Self-Sufficiency” (Burton Blatt Institute, 2007c). There perhaps is no other single global policy issue that captures the potential of civil and human rights as does the emerging field of asset-development policy, with its potential to enable social, civic, and economic participation for persons with disabilities as they age.

Economic empowerment policy transcends traditional “income maintenance” and charitable, medical, and welfare “inability to work measures” that have anchored disability policy since the Civil War era (Mendelsohn, 2006). The ability to own and accumulate assets through employment, entrepreneurship and other means is a right of citizenship, which promotes community inclusion and social participation, education, self-esteem, and increases in health and later life functioning (Barr & Sherraden, 2005; Sherraden, 1991).

Yet, our studies and those of others reveal people with disabilities continue to be excluded from these opportunities (Ball, Morris, Hartnett & Blanck, 2006). There is no simple solution to the global challenges facing individuals with disabilities to escape poverty and advance economic self-sufficiency and community participation. Our team is focusing on strategies for attitude change, educational support, economic policy reform, and government aided savings and micro loan programs. But as long as disability is viewed as a problem to cure, or an incapacity to participate in the labor force, and not tied to rights and justice issues, the potential for individuals with disabilities to accumulate assets and their right to live equally in the world will be stymied. The longer term solution is to build links across education, economic development, community participation, and positive attitudes about disability in the United States and globally.

Closing
Yesterday and today, the world confronts prejudice, stigma, and ambivalence toward persons with disabilities. Conceptions of “worthiness” and “capacity” are tied to the
social and policy definitions of disability and aging (Bagenstos, 2004; Stone, 1984). This is the state of affairs as the global population of persons with disabilities grows, ages and lives longer. It is the case as we face global economic emergencies not seen since the Great Depression. But these challenges open opportunities for reform in economic, health care, disability, and aging policy. Importantly, such reform must be driven and accompanied by attitudinal change.

Today’s children and young adults, many who are veterans, are the first generation who will not know a world without landmark laws like the ADA or the UN Convention on Disability Rights. What will be their self-image? What perceptions will others hold of them? Will the stubborn attitudinal legacies of exclusion, unworthiness, and incapacity continue to hold back millions? Or, will this generation move toward values of equal rights and inclusion? This is the challenge ahead.

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