Evolving Towards Equity Q2 Reading

Table of Contents

Disability Services In Historical Context....1

Early Disability History In The U.S.....3

A Brief Overview Of Disability Services History In Minnesota....7

Conceptual Models Of Disability....8

Thank You....13

DISABILITY SERVICES IN HISTORICAL CONTEXT

Disability has been understood in many different ways over time. Even though the U.S. has come far in advancing the dignity and rights of people with disabilities, it can be all too easy to think that how far we have come is "enough," and that no further work needs to be done in our communities. So at the same time as we remember our progress, we also need to keep in the front of our minds our current reality—the reality that discrimination, stigma and prejudice still persist, and that people with disabilities continue to be segregated in U.S. society and around the world today.

Like the nonprofit and human services sector more broadly – which was created in response to societal breakdowns in human rights outcomes – the disability services industry in which we operate today was created in response to the grave mistreatment and rights violations of people with disabilities in the U.S.

As service providers and disability professionals, we have the opportunity (and the responsibility) to learn from the past, to challenge our own biases, and to learn from disability advocates and allies who came before us, in order to more equitably create the future. As we engage with the past, there are some parts of our history that are difficult to learn. But these dark parts of our history are still important to understand.

Disclaimer: Some of the language and terminology used to describe people with disabilities in the past has changed over time, and it's important for us to understand the origins of our field. Although some of these outdated and offensive terms are present here in this historical overview (directly as they showed up throughout history), Lifeworks does not use nor endorse the use of these terms in any context.

Disability is a Part of Life

Throughout both modern and ancient history, disability has been a naturally occurring part of the human experience. However, it has rarely been viewed as such. Even today, many people – including many of us who work in the disability services field – still view disability as abnormal, or as something perceived to be wrong with or different in a person with a disability. But the fact remains that disability is, and always has been, a part of life. The very first sentence of the Developmental Disabilities Assistance and Bill of Rights Act, which was passed in 2000 by the United States Congress, reads:

> FINDINGS.—Congress finds that— (1) disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society.[1]

Disability is a part of life, and it is a very literal reflection of human diversity. But instead of viewing it as such, people throughout history have tried to define, understand, care for, "fix," protect, "cure" or help people with disabilities—or those who are perceived as different or deviating from what dominant groups deem as "normal." The way we in the U.S. and in other Western societies view "normality" can be traced all the way back to scholars and philosophers in ancient Greece and Rome. The Greeks and Romans held a very narrow sense of self-image, believing they exemplified the ideal human type.[2] Today, in U.S. and Western societies, we too still hold a very narrow sense of what is valuable or beautiful in terms of how we view physical, neurological, or intellectual differences today.

---

[1] U.S. Congress, 2000. Developmental Disabilities Assistance and Bill of Rights Act of 2000. Available online at: https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf.

[2] Minnesota Governor's Council on Developmental Disabilities. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.

EARLY DISABILITY HISTORY IN THE U.S.

Poorhouses & Training Schools

The early 1800s in the U.S. saw the rise of poorhouses or almshouses which were social institutions set up to 'protect' or shelter people who lived in poverty. If you were a person with a cognitive, intellectual, or physical disability at this time, it would have been very likely that you would be living in poverty and put into a poorhouse. However, if a wealthy family included a person with a disability, that disabled person might be allowed to be kept at home.[3] (This is an example of something that will be covered in later sections of the Evolving Towards Equity training—the ways in which different systems of oppression, such as ableism, classism and racism, intersect and reinforce one another.) The mid-1800s saw a rise in the number of training schools for people with disabilities. In 1848, one of the first schools for the blind opened, followed by the openings of schools for "feeble-minded youth" in 1852 (Pennsylvania), 1855 (New York), and 1857 (Ohio.)

Note: For an in-depth look at disability throughout ancient and early modern history, turn to the Minnesota Governor's Council on Developmental Disabilities' *Parallels in Time* historical educational project. The project in its entirety can be found online at: http://mn.gov/mnddc/parallels/index.html.

We know that early on, "training schools [had a strong focus on education and 'returning to the community,' and] were considered an educational success, offering hope to many families with children with disabilities."[4] In these early training schools, students would receive "physical training to improve their motor and sensory skills, basic academic training, and instruction in social and self-help skills."[5] It was not until later, especially in the early 1900s, that training schools transformed into large, custodial institutions.

Even though training schools might not have been as inhumane (as we have now come to understand) as asylums and institutions, it is important to remember that at this time in history – when people with disabilities were often put into poorhouses or almshouses – "the underlying belief was that through proper education and humanitarian means, we could '*make the deviant undeviant*,' or that we could *change them to fit better into the world*."[6] Furthermore, almshouses have clear connections to the Charity Model of disability, which we will examine in-depth in later sections. In fact, the word "alms" means charity.[7] One of

---

[3] Minnesota Governor's Council on Developmental Disabilities (MNDDC). *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[4] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[5] *Ibid.*
[6] *Ibid.*
[7] Merriam-Webster. "Alms: Definition." Accessed online at: https://www.merriam-

the first societal responses to people with disabilities was not to create access for greater inclusion in their own communities, but to protect and shelter people with disabilities and to treat them not as equals, but as charity cases.

Fear & De-humanization: Training Schools Become Asylums

In the late 1800s and early 1900s in the United States, two social phenomena – the eugenics movement and the theory of social Darwinism – contributed to the de-humanization of people with disabilities, particularly those with intellectual or cognitive disabilities. The following quote is an excerpt from MNDDC's *Parallels in Time* project, detailing the shift from 'caring' for people with disabilities to 'containing' them within walls of institutions:

"In a relatively short time, practices regarding persons with disabilities had moved from compassionate education to segregation. In 1900, there were about 10 private institutions for persons with disabilities; by 1923 that number increased to 80. These facilities were referred to as schools, farms, colonies hospitals, institutes, and academies."[8]

THERE IS A HELL ON EARTH, AND IN AMERICA THERE IS A SPECIAL INFERNO—THE INSTITUTION."

– *CHRISTMAS IN PURGATORY*, 1966

Fergus Falls State Hospital, 1928. Source: Minnesota History Center (https://libguides.mnhs.org/sh/fergusfalls).

The eugenics movement advocated "the science of the improvement of the human race by better breeding." At the time, so-called "feeblemindedness" was thought to be hereditary and was eventually blamed for most of society's burdens. Proponents of eugenics, many of whom were doctors, advocated for the sterilization of persons with disabilities. Many well-respected people at the time believed that if people with disabilities reproduced, they would eventually ruin the human species.[9] The **eugenics movement** eventually lost traction and fell out of social favor. It is important to remember, however, that the long-lasting damage resulting from this movement was already done—as it "resulted in tens of thousands of forced sterilizations due to misguided fears about people

webster.com/dictionary/alms.

[8] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.

[9] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.

with disabilities and as a method of social control."[10,11] Coerced sterilization is a shameful part of America's history, and it was continuously used as a means of controlling "undesirable" populations – including immigrants, people of color, poor people, unmarried mothers, and people with disabilities or mental illness.

Federally funded sterilization programs took place in 32 states throughout the 1900s in the United States.[12] These atrocities were, in part, justified by a widely accepted theory at the time, called **Social Darwinism** (see Evolving Towards Equity Glossary of Terms in SharePoint.)

Carrie Buck, left, and her mother Emma at the Lynchburg Colony for the Epileptic and Feebleminded. Source: (http://exhibits.hsl.virginia.edu/eugenics/3-buckvbell/).

JUSTICE FOR ALL?

BUCK V. BELL (1927 U.S. SUPREME COURT CASE)

In 1927, Carrie Buck, a poor white woman, was the first person to be sterilized in Virginia under a new law. Carrie's mother had been involuntarily institutionalized for being "feebleminded." Carrie was assumed to have inherited this trait, and eugenicists wanted to test the constitutionality of sterilization of the "feebleminded." Carrie was the first person to be forcibly sterilized in Virginia under this newly found 'constitutional' law. This supreme court case led to the sterilization of 65,000 Americans with mental illness or developmental disabilities from the 1920s to the 1970s. (in the 1927 ruling, Chief Justice Oliver Wendell Holmes wrote in reference to Carrie: *"three generations of imbeciles are enough."*)

The court ruling still stands today.

Source: PBS *Independent Lens*.

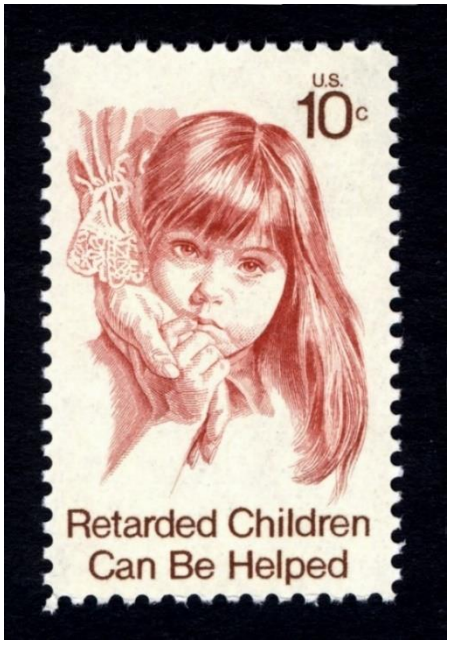
[10] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[11] University of Virginia Historical Collections. "Buck v. Bell: The Test Case for Virginia's Eugenical Sterilization Act." Accessed online at: http://exhibits.hsl.virginia.edu/eugenics/3-buckvbell/
[12] Ko, Lisa. January 29, 2016. "Unwanted Sterilization and Eugenics Programs in the United States." *PBS Independent Lens*. Available online at: http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/.

Along with the rise of the eugenics movements and increasing beliefs in social Darwinism, people with disabilities increasingly were feared and viewed as suspicious by society. From the Minnesota Governor's Council on Developmental Disabilities' *Parallels in Time* project:

> Institutions now served to isolate people with disabilities in order to protect society from the "menace of feeblemindedness." An increasing amount of misinformation about persons with disabilities that they were dangerous, immoral, [and] capable of ruining the gene pool promoted this "menace" theme. Institution superintendents, who had previously argued for the humane care and protection of persons with disabilities, now said that these people were a danger to their communities. Feeblemindedness had to be prevented; individuals had to be controlled.[13]

Improving the Institutions: The Parents Movement in the U.S.

After World War II in the U.S., in the late 1940s and early 1950s, parents of children with disabilities began to organize out of their anger and frustration over horrible living conditions within institutions and the simultaneous lack of community services available to Americans with disabilities. As the parents' movement progressed into the 1960s and 1970s, parents began to focus their attention and advocacy on "improving conditions in state institutions; creating community services, educational and employment opportunities; initiating legislation; and challenging the conventional wisdom that persons with disabilities could not be helped."[14] The efforts of a few groups of parents, scattered across the United States, led to a strong, national movement of parents who declared (on official U.S. postage stamps) that "Retarded Children Can Be Helped."[15]



10c Postage Stamp, 1974. Source: US Postal Museum. (https://www.si.edu/es/object/npm_1980.2493.5999).

[13] Minnesota Governor's Council on Developmental Disabilities. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[14] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[15] Smithsonian Museum, National Postage Museum. "10c Retarded Children Can Be Helped single." Accessed online at: https://www.si.edu/es/object/npm_1980.2493.5999

The consistent advocacy of the many committed individuals and organizations who made up the parents' movement in the U.S. "marked the end of a long, tragic era when persons with disabilities were hidden away from view in shame and fear even by their own families."[16] Even though many of these parents were focused on improving or reforming the existing systems of institutions, it is important to remember that many other parents did not want to place their children in institutions at all.

But for these families, there were little to no services in their communities for people with disabilities. With no services available in local communities, "many parents started their own programs and services in their homes, church basements, vacant buildings, and newly built schools. These services included education, sheltered work, daytime activity centers, recreation, camps, and various residential models."[17] It was at this point in very recent U.S. history that the field of disability services that we know—and work in—today was systematized.

A BRIEF OVERVIEW OF DISABILITY SERVICES HISTORY IN MINNESOTA

As we learned earlier in this section, institutions that segregated people with disabilities were first created in United States in the late 1800s and expanded drastically in the 1900s. It was not until the mid-1900s – post-World War II – that demands and calls to close the institutions began. The Parents' Movement of the 1950s-1970s was effective in calling attention to the treatment of individuals with disabilities.

However, in many states, instead of closing institutions, "money was poured into building new and larger state institutions to meet the increasing demand for services. No longer seen as a menace, the person with developmental disabilities was now viewed as an 'eternal child,' and a patient in need of medical treatment."[18] Furthermore, at the beginning of the Parents Movement, "parents were aware of the abuse that had occurred in institutions, but were also aware of the need for better education for their children, so the *prevailing attitude was to reform the existing system*. Institutions were appropriate, many believed, if only they could be updated and properly staffed."[19] In other words, segregation and community exclusion was appropriate, if only institutions could hire more staff.

Minnesota, like other states in the U.S., had many institutions in which people with disabilities were segregated and excluded from their communities. As institutions closed or

---

[16] Minnesota Governor's Council on Developmental Disabilities. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[17] MNDDC. *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/index.html.
[18] Minnesota Governor's Council on Developmental Disabilities. "The Parents Movement 1947-1980: Improve the Institutions." *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/five/5a/11.html.
[19] *Parallels in Time*. Available online at: http://mn.gov/mnddc/parallels/five/5a/11.html.

became “treatment centers,” other social services and charities their opened doors for Minnesotans with disabilities. Over time, different types of services and community supports became available to people with disabilities—which primarily have coincided with the gradual acknowledgement of the rights of persons with disabilities in U.S. society. Institutions for people with disabilities in the U.S. represented the worst forms of segregation, oppression, and “othering.” In most organizations and lead agencies, this history is rarely revisited or fully acknowledged. But unfortunately, burying this history eliminates the opportunity to learn from the past.

U.S. society and law has come a long way in a short amount of time. But it is not enough to simply acknowledge past abuses and injustices. In the disability services field, we owe it to the people we serve to continually be thinking of better and more equitable ways to create access to the kind of life people want for themselves and their families.

CONCEPTUAL MODELS OF DISABILITY

Disability has always existed as a natural part of the variation and vast diversity of humankind. However, at almost no time in history have we viewed disability as “normal.” Rather, we view it as completely the opposite—as abnormal, or as something to be feared or pitied. Because people with disabilities have historically been viewed as deviating from the typical, or the “norm,” there follows that *something* needs to be done to alleviate “suffering” or correct “abnormalities.”

In a short amount of time, parts – but not all – of our society have moved from thinking that people with disabilities are only recipients of charity and pity, and should be feared or “cured” through medical professions, to instead thinking about social and human rights models of disability, which analyze the ways in which societies place barriers in the way of people with disabilities as they seek full equality and full community inclusion. In this section, we begin defining and seeking to understand conceptual models of disability. By conceptual models, we mean frames of reference that have emerged from academic research written by disabled and non-disabled scholars, as well as from disabled people communicating about their own lived experiences of disability. Models of disability – whether we recognize we’re using them as references or not – have helped society frame and understand disability in both positive and negative ways.

Historically, the Medical and Charity Models have been the most common ways non-disabled people have conceptually understood disability. It is important to recognize though, that there has not been a perfectly linear progression or evolution of these models. Oppressive models such as the Charity, Medical, Rehabilitation, and Professional-Expert Models still persist and are still with us today, and they still inform the design and delivery of many of the programs and services we offer. One big question we need to ask ourselves

is: even though societal ways of thinking about disability have evolved and progressed over time, *have disability programs and services progressed in the same way*?

Charity Model of Disability

The Charity Model is perhaps one of the most common frames of reference that non-disabled people have chosen to adopt when deciding how to act towards people with disabilities. (Remember the above-mentioned histories of poorhouses and almshouses, and people with disabilities as needing 'protection.') The Charity and Medical Model of disabilities fall under the first of the two categories defined below:

> Models [of disability] are influenced by two fundamental philosophies. The first [perceives] people with disabilities as dependent upon society. This can result in paternalism, segregation and discrimination. The second perceives people with disabilities as customers of what society has to offer. This leads to choice, empowerment, equality of human rights, and integration.[20]

The Charity or Tragedy Model perceives and depicts people with disabilities as a burden, as dependent on society, as "afflicted," as needing to be taken care of, as victims of circumstance, or as deserving of pity. The Charity Model gained traction from the emergence of charitable human service organizations that aimed to provide assistance to people with disabilities. It is important to note that many charities did, and still do offer critical support for people with disabilities in accessing their basic rights. Even so, the charitable model does "compromise the rights of people with disabilities," and it does so in the following ways:

- Portraying people with disabilities as being reliant on others and unable to do things for themselves.
- Failing to recognize the views of people with disabilities as being valuable or essential.
- Failing to recognize the role society plays in restricting access for people with disabilities.
- Relying on the good will of others to fund services for people with disabilities, rather than recognizing personal support as a right that government has an obligation to support.[21]

The pervasive influence of the Charity Model reaches far beyond even the nonprofit and

---

[20] National Black Disability Coalition. "Disability Models." Available online at: http://www.blackdisability.org/content/disability-models.

[21] DARU. "Why are the medical and charitable models of disability inconsistent with human rights?" Available online at: http://www.daru.org.au/how-we-talk-about-disability-matters/why-are-the-medical-and-charitable-models-of-disability-inconsistent-with-human-rights.

charitable giving sectors—it also influences the ways that businesses and potential employers view people with disabilities. For example, because the perception that people with disabilities are dependent upon society or that they are 'tragic victims' is such a dominant narrative in our cultures, it follows then that we think "they need care, are not capable of looking after themselves or managing their own affairs, and need charity in order to survive."[22] Following this line of thinking – either intentionally or not – an employer might view disability inclusion efforts as simply doing charitable work, or might subconsciously view employees with disabilities as charitable cases.

In other words, if the Charity Model is not addressed in disability inclusion efforts for businesses and employers, employers may conclude that hiring or contracting people with disabilities "meets social obligations," rather than "address the real issues of creating a workplace conducive to the [equitable] employment of people with disabilities."[23]

Medical Model of Disability

Like the Charity Model, the Medical Model of disability is one of the most common ways that non-disabled people throughout history, and still today, have understood disability. The Medical Model reflects standard medical approaches, but also reflects the fact that many people were taught to view "disability as a problem that exists in a person's body."[24] In other words, the Medical Model focuses on the person's impairment or physical/mental condition and "regards the person as the 'problem' and unable to do certain things."[25] This line of thinking has been instrumental in designing approaches such as sending children to 'special' schools or employing people with disabilities only in sheltered workshops.[26]

> One of the most common and influential perceptions of people with disabilities has been that of people who are sick. "[Perceiving] disability as an illness or disease resulted in the construction of institutions that in many ways resembled hospitals."
>
> – Minnesota Governor's Council on Developmental Disabilities, *Parallels In Time* Project.

When thinking under the influence of the Medical Model, disability is perceived as "a deviation from the normal health status."[27] If disability is perceived as something that is 'wrong' with a person's

[22] National Black Disability Coalition. "Disability Models." Available online at: http://www.blackdisability.org/content/disability-models.
[23] *Ibid.*
[24] Goering, Sara. 2015. "Rethinking disability: The social model of disability and chronic disease." Available online in NCBI at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4596173/.
[25] DARU. "Shifting models of thinking." Available online at: https://www.daru.org.au/what-is-advocacy/shifting-models-of-thinking.
[26] *Ibid.*
[27] Degener, Theresia. 2014. "A human rights model of disability."

body, then a consequence of that line of thinking is that individuals with disabilities are thought to "require treatment or care to 'fix' the disability or to approximate 'normal' functioning."[28] We use the word consequence here, in referring to the common view that a disability is something 'wrong,' because the Medical Model of disability asserts that "a person's functional limitations (impairments) are the root *cause* of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure."[29] This brings us to a discussion about interesting distinctions that the Social Model of disability makes about impairment and disability. We will learn more about this important distinction made in the Social Model in future Evolving Towards Equity training sessions.

The Medical Model of disability is in no way consistent with human rights. This is because the Medical Model places all the focus and burden on an individual's impairment and views the disabled person as the problem in need of fixing. In doing so, "it does not acknowledge the role society plays in limiting access and inclusion."[30]

[28] Goering, Sara. 2015.
[29] Disability scholar and activist Liz Crow, cited in Goering, Sara. 2015.
[30] DARU. "Why are the medical and charitable models of disability inconsistent with human rights?" Available online at: http://www.daru.org.au/how-we-talk-about-disability-matters/why-are-the-medical-and-charitable-models-of-disability-inconsistent-with-human-rights.

The Medical Model misses this crucial point, because for many people with disabilities, the "main disadvantage they experience does not stem directly from their bodies, but rather from their unwelcome reception in the world, in terms of how physical structures, institutional norms, and social attitudes exclude and/or denigrate them."[31] To take that further and apply it to the work we do at Lifeworks, for example, the primary barrier to integrated, competitive employment, that is typically listed by people with disabilities, is bias and stigma—not actual capability to perform specific job functions.

The Medical Model of disability "is based on two assumptions that have a dangerous impact on human rights."[32] These two assumptions, as outlined below, come from the Disability Advocacy Resources Unit (DARU) in Australia (cited in footnotes below).[33]

1. The Medical Model views people with disabilities as being incapable of performing what are perceived as "normal" tasks.

   This assumption justified historical policies aimed at:

   - Housing people with disabilities in institutions
   - Sending children with disabilities to special schools
   - Employing people with disabilities only in sheltered workshops.[34]

2. The Medical Model has influenced the historic choice to use disability as "an excuse to restrict or deny someone's rights," because people with disabilities were (and often still are) thought to be "incapable of making important decisions about their lives."[35]

   This assumption justified historical policies relating to:

   - The forced sterilization of women and girls with disabilities
   - The establishment of mental health and guardianship laws that take an incapacity approach to disability.[36,37]

It is important to note here, that taking a critical view of the Medical Model of disability

---

[31] Goering, Sara. 2015.
[32] DARU. "Why are the medical and charitable models of disability inconsistent with human rights?" Available online at: http://www.daru.org.au/how-we-talk-about-disability-matters/why-are-the-medical-and-charitable-models-of-disability-inconsistent-with-human-rights.
[33] *Ibid.*
[34] DARU. "Why are the medical and charitable models of disability inconsistent with human rights?" Available online at: http://www.daru.org.au/how-we-talk-about-disability-matters/why-are-the-medical-and-charitable-models-of-disability-inconsistent-with-human-rights.
[35] *Ibid.*
[36] *Ibid.*
[37] Degener, Theresia. 2014. "A human rights model of disability."

does not mean by default also being critical of *all* medical professionals serving people with disabilities. There are many people – with and without disabilities – who need medical support. Healthcare professionals, therapists, and many other professionals who play an important role in the lives of both people with disabilities and non-disabled people.

That being said, it is still important to critically examine medical professionals' biases regarding disability and people with disabilities. In fact, according to Dr. Lisa Iezzoni – a physician and researcher at Harvard Medical School – who herself has multiple sclerosis and has used a wheelchair since 1988,[38] most medical schools do not teach future doctors about disability. Dr. Iezzoni also recently conducted a national survey of doctors' attitudes toward people with disabilities, and she found that "the vast majority of doctors view quality of life for people with disabilities as less than that for people without disability. That's an implicit bias, or maybe it's an explicit bias, that is inevitably going to affect how they approach a person with a disability."[39]

For medical professionals, therapists, personal care assistants, and so many other professionals – a critical view of the medical model of disability does not mean that our jobs are necessarily harmful or obsolete. Rather, we are asking: What would it mean or look like if health and/or human service professionals were to operate within the Social Model or Human Rights Model (to be discussed in detail in future Evolving Towards Equity training sessions), as the way that they framed disability and the people with disabilities to whom they provided medical care?

THANK YOU

Thank you for reading Quarter 2 of Lifeworks' *Evolving Towards Equity* training series. In Quarter 3, we will dive into the Rehabilitation, Expert-Professional Models, as well as topics such as identity, ableism, and intersectionality.

Make sure to connect with your supervisor and teams about what you learned from this Quarter, and in the *Evolving Towards Equity* training videos.

We appreciate your dedication and commitment to the work we do and the people we serve at Lifeworks.

---

[38] Shapiro, Joseph. April 15, 2020. "People With Disabilities Fear Pandemic Will Worsen Medical Biases." NPR. Available online at: https://www.npr.org/2020/04/15/828906002/people-with-disabilities-fear-pandemic-will-worsen-medical-biases.

[39] Abrams, Abigail. April 24, 2020. "'This Is Really Life or Death.' For People With Disabilities, Coronavirus Is Making It Harder Than Ever to Receive Care." TIME. Accessed online at: https://time.com/5826098/coronavirus-people-with-disabilities/.