

The Disability History Association ***Newsletter*** *Promoting the study of the History of Disabilities*

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FROM THE CHAIR:

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With this issue I broaden the scope of our newsletter to make it something that people actually might want to read. In addition to announcements about the organization and upcoming events, we offer an annotated list of current blogs dealing with disability history, as well as two pieces about the ways activists have put disability history – quite literally in one case – to concrete uses. Please send any feedback and/or suggestions for future features to me at: cjkudlick@ucdavis.edu. Our next issue is scheduled for February 2007.

ANNOUNCEMENTS:

“Disability” Moves from ‘A Useful Category of Analysis’ to a Viable Category of Membership

Thanks to efforts of the DHA, the American Historical Association now lists “disability” in the areas of interest one can mark when joining. Such legitimacy has far-reaching implications for our field. Most important, it establishes disability as a credible and respected category of research and teaching. Such recognition by the premier organization in our profession alerts publishers, hiring committees, textbook authors, curriculum builders, graduate admissions committees, Hollywood moguls, and countless others that such a field exists. Next time you renew your membership to the AHA or have occasion to visit the website, take a minute to update your information to list “disability” as an interest area.

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The Scintillating Saga of the Incorporation Continues

Since our June 2006 Newsletter, the DHA has continued on the yellow-brick road toward incorporation as a non-profit in the state of California as well as obtaining 501c3 status. We hope to have the papers filed by the time of our next newsletter early in 2007. Filing these papers will make us more viable financially and professionally, notably because it allows contributions to the organization to be tax-deductible. With our tin cup overflowing, we can launch the book and article prizes described below. At the risk of sounding oxymoronic, this is living bureaucratic history, as a group of people trained to study the documents of others contemplates the significance of our own. We will keep members posted.

Are You Feeling Guilty?

As of October 2006 the DHA has nearly sixty members. We have launched a drive to have one hundred members by the time of the AHA in January 2007. If you're reading this and aren't a member, let enough guilt into your life to click on this link for a sign up form: <http://dha.osu.edu/join.htm> If you are a member, thank you! Now let that same guilt transform itself into a spirit of activist benevolence and encourage at least one colleague to join. If you're really feeling righteous or in need of over-compensating for other professional transgressions, encourage two, three, four others.

Money, Fame, Power, Status

Everyone - from theorists to politicians to teenagers has noted the symbiotic relationship between money and legitimacy. Our modest DHA is no exception. Early next year we will announce the annual Disability History Association Prize Competition, beginning with a prize for the best book in the field that will carry a modest financial reward. As soon as we have filed for tax-exempt status we will begin accepting contributions to help fund the prize. (Be the first on your block to have a history prize named after you by donating \$5,000 or more!) A DHA board sub-committee is exploring possible donors and is drafting the call. Next year we'll be accepting nominations for the best article in 2006 & 2007, while in 2008 we'll award a prize to the best book published in 2007 & 2008. We're also exploring recognition (and retribution!) for graduate student achievements in a separate award. Stay tuned, and keep your membership up-to-date because all prizes will be open to members only. (Don't let this dissuade you from recruiting possible competitors though.)

DHA President Gets Disability History Chair

Realizing that it might take a few years to be offered a chair in disability history, your humble president decided to take matters into her own hands by purchasing

one for \$65 at a local thrift store. The accompanying photograph shows the first-ever official chair in disability history, a handsome century-old model from the Rochester Methodist Hospital. While a bit creaky, the chair boasts an excellent turning radius, smooth motion, and definite gravitas. Students and staff offer mixed reactions, with some finding it “creepy” and others exclaiming “cool!” Let this be the founding chair in disability history, and on the happy day when a department somewhere receives a worthy donation to fund an actual position, your president will pass it to the lucky recipient.



Upcoming Board Elections

For those looking for the fast-track to professional recognition in our up-and-coming field, service to the DHA offers a smooth, ramped road! We have lots of exciting work ahead and need worthy volunteers to come forward. A call for nominations and instructions will be announced in early December, with elections to be held in January. Winners will serve a one-year term for 2007. If you're interested but have questions, feel free to contact any current board member listed on the DHA website.

Join DHA at the AHA in ATL

Thanks in large part to the DHA, disability issues will be much more visible in the history profession over the next couple of months. Check out the November issue of *Perspectives* for a President's Forum on Disability introduced by Linda Kerber

and with contributions by DHA members Douglas Baynton, Paul Longmore, and yours truly. In addition, Professor Anthony Grafton of Princeton University and vice-chair of the professional division of the AHA, will lead an open-forum at the meeting to be held Friday, January 5, 4:45-6:00. The DHA will host a get-together right after this event. Watch H-Disability for an announcement about specific time and location.

In addition, at the AHA meeting several panels will be dealing with disability and history:

Historically Black Colleges: Impacting Education from the African American Deaf and Blind Community, 1868-1960 (Friday, Jan. 5: 9:30 am)

Chair: Rhonda Jones, Duke University

Papers: African American Deaf Schools: The Impact of Historically Black Colleges on Residential Students

Carolyn McCaskill, Gallaudet University

Identity Lessons: Education, Race, and Deafness in North Carolina 1861-1940

Susan Burch, Gallaudet University and Hannah Ruth Joyner, independent scholar

Some Were Black, Some Were Deaf, Rarely Were they Both: Teachers at African American Deaf Schools

Sandra Jowers-Barber, University of the District of Columbia

Bodies at War (Friday, Jan. 5: 2:30 pm)

Chair: Bruce W. Hevly, University of Washington

Papers: Re-arming the Industrial Soldier: Prosthetic Design in World War I America

Beth O'Donnell Linker, Yale University

The Soldier's Body in Death: Narratives of Family, Science, and Nation of Alexander Nininger

Heather R. Harris, Virginia Tech

Fighting the "Deadly Fog": Vietnam Veterans and Agent Orange Activism

Amy M. Hay, Michigan State University

Blinding Visions: Eyeglasses, Mirrors, Discipline, and the Transformation of Seeing in Nineteenth-Century America (Saturday, January 6: 9:00 am)

Chair: Jonthan Prude, Emory University

Papers: A Charming but Complicated Convenience: Thomas Jefferson, John McAllister, and the Problem of Producing Reliable Prosthetics

Katherine Stebbins McCaffrey, Boston University

Learning to See the Self: Mirrors in Early American Society

Rebecca K. Shrum, University of South Carolina

A Riot of the Senses: Tracing the Distintegration of Vision in Antebellum America

Peter John Brownlee, George Washington, Univ.

What's Disability Got to Do with the Civil War? Strategies for Integrating Disability Studies into General History Courses (Saturday, Jan. 6: 2:30 pm)

Chair: Rosemarie Garland-Thomson, Emory Univ.

Panel: Douglas Baynton, Univ. of Iowa

Alice Dreger, Northwestern Univ.

Julia Grant, Michigan State Univ.

Laura Lovett, Univ. of Mass, Amherst

Steven Noll, Univ. of Florida

Members of the DHA Board are working with the staff of the AHA to begin the long process of making accommodations part of how historians do business. If you have questions or wish to be part of the conversation, please contact Catherine Kudlick.

FEATURES:

Disability History in the Blogosphere

Penny Richards, UCLA Center for the Study of Women

Is anyone blogging about disability history? Yes! Here are a few places to start reading...

Disability Studies, Temple U.

<http://disstud.blogspot.com>

A general disability studies group-blog, but the two most frequent contributors (Penny Richards and Mike Dorn) both have historical research interests that are reflected in the blog's content. This blog has been featured a few times in the History Blog Carnival, and participated in the Old Bailey Symposium, with an entry about "idiots" mentioned in pre-1834 English court records.

Autism Diva

<http://autismdiva.blogspot.com>

Autism Diva is a blogger on general autism topics, but she has frequent features on what she calls "antique autistics," including recent postings of 1950s video featuring calendar savants "George and Charles," and commentary about a conference paper on J. Langdon Down's interest in dymorphism.

Meanderings of a Politically Incorrect Crip

<http://charlesdawson.blogspot.com>

This UK-based blogger wrote a six-part series on the history of arthritis (starting from the Egyptians) last summer, and has featured other history-minded essays with a UK focus.

The Gimp Parade

<http://thegimpparade.blogspot.com>

Blue, the Gimp Parade blogger, is mostly writing about feminism and disability, but that can certainly bring historical subjects into her purview. Recent such posts include "Famous crips and disability rights" (about FDR, Christopher Reeve) and "Nothing about us without us" (about the appearance of Ed Roberts at the 1980 World Congress of Rehabilitation International in Winnepeg).

Disability History and Activism

This issue of the DHA Newsletter focuses on ways that disability history is being used as a form of activism. In addition to the important work being published in scholarly journals - itself a form of activism in a world not yet attuned to the inherent value of the field - both trained and untrained historians are turning their attention to the past in an effort to recover forgotten histories of people with disabilities. More than exercises of uncritical celebration, such acts of recovery reveal ways in which political, social, economic, and cultural structures have fostered prejudice and discrimination against people largely erased from the historical record. As the following pieces reveal, stories about the past have significance for those living today by providing the stuff for people with disabilities quite literally to take history into their own hands.

A Disease, a Writer, a Memoir/Social History

Catherine Kudlick interviews writer Anne Finger about her new book, *Elegy for a Disease: A Personal and Cultural History of Polio* (St. Martin's, October 2006)

CK: Describe your new book.

AF: I had polio in the fall of 1954, shortly before my third birthday and a few months before the success of the field trials of the Salk vaccine, which brought an end to epidemic polio in the U.S. In this book, I intertwine my personal story of living on "after the ending" with the life story of the disease. I am particularly interested in describing how the social narrative of a disease gets written.

What really triggered the writing of the book for me was having a teenager ask the question I've been asked, in various ways, throughout my life: What happened to your leg? When I gave my stock, simple answer: "I had polio," he came back with, "What's that?" It was such a strange moment for me the notion that a disease could disappear so completely that its name once so freighted could be unknown. And also, in a strange way, it was a momentary blow to my ego: Polio was once as famous as AIDS. Hemophilia might be the disease of kings, but

this was the disease of presidents, or at least a president. As I say in the book, "I felt like an aging movie star who has been asked her name by a restaurant maitre d'." In many ways, the book is an attempt to answer that kid's question, not so much in a medical sense as a cultural and social sense.

CK: What do you see as the relationship between the "personal" and "cultural" histories of the subtitle?

AF: I really didn't want to do a disability memoir where the narrative arc replicates the notion of a disabled person as solitary and alone on her journey: I wanted to put myself in context. I wanted to talk not just about how medical understandings of polio affected me, but also how social understandings did, too. So I interweave my personal struggles with broader struggles. For instance, when I talk about job discrimination, I don't just talk about the discrimination that I experienced, but also what others experienced notably, the League of the Physically Handicapped in the 1930's.

CK: Perhaps a different way of asking the same question: Non-historians see all memoir as history, while trained historians are wary of calling any memoir history in a widely-understood sense. Where do you place yourself?

AF: I would say that memoir is a personal history. Certainly, it can't be read the way we would read oh, I don't know *The Decline and Fall of the Roman Empire*. By its very nature, it's subjective, filtered through a single consciousness. In fact, I think a memoir where the author isn't subjective enough often fails what we want, as readers, is the author's experience, her wrestling with her lived experience. Having said that, of course, I think every memoirist has an ethical obligation to be as accurate as possible about what s/he describes. I feel a particular anger towards James Frey, whose book *A Million Little Pieces* caused such a stir because it was originally written as a novel and then, when Frey couldn't sell it as a novel, was sold as a memoir even though there were many things in the book that were factually inaccurate. I think Frey sinned against not only his readers, but also other memoirists, who struggle mightily to be accurate.

CK: How did you go about doing historical research? What kinds of documents did you use?

AF: I used the internet a lot. For instance, through sending out notices on various post-polio websites, I was able to find people who'd had direct experiences with Sister Kenny, an Australian nurse who lived in the U.S. and claimed to have discovered a novel method of polio treatment. (To give you an idea of the kind of hold polio had on the public imagination: throughout the 1940's and early 1950's she and Eleanor Roosevelt vied with one another for the title of "Most Admired Woman in the U.S.") One of the big ways that funds were raised for polio research was through annual balls, held across the country, on Roosevelt's birthday. The big fancy ones got covered in the New York Times, but there were thousands of them, and you can come across details about them on

websites of small town historical associations balls where the entrance fee was a nickel remember, this was during the Depression. One ball offered door prizes the first prize was a ton of coal, and one of the other prizes was a bottle of shampoo. In writing about the 1916 polio epidemic in New York, I used the *New York Times*, but also other New York papers, perhaps not so factually accurate, but which gave you more of a feel of how the epidemic was being experienced. I also watched movies and read a lot of polio memoirs.

CK: What surprised you about doing this work?

AF: I think the thing I found most surprising was the fact that what's now called post-polio syndrome (late onset weakness after an apparent recovery from polio) was written about in medical journals in the late 19th century; it was then forgotten I think because it didn't fit into the narrative that had been shaped for the disease, which was a narrative of overcoming and conquering. It wasn't until the late 1970's that it was "rediscovered." I read a fascinating article in the *Journal of Medical Biography*, which made a very compelling case that Roosevelt was not paralyzed by polio, but by another neurological disease. Of course, I think whatever disease he had medically, socially he had polio.

CK: What is the most valuable lesson you learned from historians writing about polio? What do you think historians could learn from your work?

AF: I think historians who are familiar with and part of disability studies like Paul Longmore and Daniel J. Wilson have done wonderful work on polio. I was grateful for Longmore's work about the League of the Physically Handicapped and for Wilson's work about polio and masculinity. In many histories I read about polio, though, the people who had polio hardly seem to figure in the picture, other than as tragic figures it was all about the race for the cure, the "conquering" of the disease.

Toronto Asylum Walls of Remembrance

Geoffrey Reaume

In the following piece, Geoffrey Reaume, Assistant Professor in the Critical Disability Studies program at York University and a co-founder of the Psychiatric Survivor Archives in Toronto, discusses efforts to create a monument to the lives of patients of what was once known as the Toronto Insane Asylum by rallying former patients and others to help rebuild its crumbling walls.

Not far from downtown Toronto there is a wall previously used to confine and isolate people in an insane asylum. Those portions of the wall that still exist are now being used to liberate previously forgotten history and to inform people today about the abilities of psychiatric patients, past and present. What is most important about this wall is that it was built by insane asylum inmate laborers in

the 19th century, a fact conveniently ignored until a decade ago. As recently as 1996, references to this wall in written historical reports focused solely on the architects rather than the actual insane asylum inmates who built it. Thanks to the activism of psychiatric survivors, this has all changed.

The walls referred to here are on the property of the present-day Centre for Addiction and Mental Health (CAMH), successor to the Toronto Insane Asylum, one of several name changes since it first opened on this site in 1850, in what is now a very busy part of the city's downtown west end. Ten years after the asylum opened at 999 Queen Street West in 1850, asylum inmates constructed a brick wall averaging sixteen feet around the entire perimeter of the property, the very wall that would confine them. As asylum property was reduced in size due to neighborhood encroachment, perimeter walls on the east and west side were torn down and rebuilt in 1888-89. Today, these walls, as well as portions of the original 1860 south wall, remain as a testament to the skills of the patient laborers who built them and to the discrimination and oppression so many of them experienced in their own lifetimes.

Walls of prejudice have surrounded the topic of people who have any kind of psychiatric disability, past or present. One of the biggest myths about psychiatric patients is that they are not reliable, trustworthy or good workers. History puts the lie to this myth. One effort to help chip away at these discriminatory attitudes is to preserve these 19th century brick boundary walls that insane asylum inmates built, in order to educate the public about a little-known but very important part of our history. This is an attempt to connect a historical symbol of oppression and discrimination – asylum inmates being used as free labor to build the very walls which confined them – with efforts to promote social justice and equality for psychiatric survivors who, unlike in the past, will be paid by CAMH for their labour.

Efforts to preserve the asylum boundary walls arose out of controversial plans to redevelop the entire CAMH Queen Street site. Meetings to discuss ideas about how to preserve and interpret the wall and its history have been held in recent years involving people in the Psychiatric Survivor Archives, Toronto (PSAT), the Empowerment Council which represents CAMH clients, the CAMH administration and archives, as well as architects hired for this project. This has included a public competition and two “Town Hall on the Wall” meetings.

Support to create this monument grew in part out of public history efforts to raise awareness about who built this structure, including historical tours of the patient-built wall I have led since 2000 based on my historical research on patient life at the Toronto Asylum. Lasting two hours, the wheelchair-accessible tour proceeds along the entire perimeter of the wall from the west to the south, ending on the east side of the property. The purpose of this tour is to remember the contributions of the men and women who lived, worked, and died in the Toronto Insane Asylum through public history and interaction with wall tour participants. The wall tour has been a regular feature of the Mad Pride week

events in Toronto, and it was in fact for this annual occasion organized by psychiatric survivors that the original wall tour was held in 2000 to celebrate our community's accomplishments.*

Text has been proposed for eight different plaques which would be located at strategic sites near the wall so that people could do their own self-directed tours. The plaques follow the same route of the wall tour using some of the same information. Each plaque has a unique theme about psychiatric patient labor and social history at or near a site where the history took place. Members of PSAT and CAMH Archives who worked on this wording will continue to advocate for the creations of these permanent plaques in the future as they have yet to be officially accepted

In the meantime, the wall tours continue in all four seasons, consisting of groups ranging anywhere from ten to forty people. They are all held outdoors where the perimeter walls are located as well as to avoid intruding on the privacy of current patients at CAMH. People who are psychiatric survivors and consumers, and who are now or who have been in the past, psychiatric patients at this facility and elsewhere have attended. During the tours some current and former psychiatric patients have provided their own commentary about what they themselves have lived around these old walls, thus making this history their own, as it truly is.

Indeed, on one recent tour, an in-patient named “Mel” (not his real name) who is also a trained stone mason, provided insights into the brick work that needs to be done to preserve the old patient-built walls. “Mel’s” comments are particularly appropriate as parts of the wall need urgent preservation work if it is to last well into the future.

Following consultations with psychiatric survivors who work inside and outside this facility, CAMH has agreed to preserve these historically protected walls in perpetuity and to hiring people who are clients of the Centre to do the preservation work for a fair and equitable wage beginning in 2008. Hiring present-day in-patients or out-patients of CAMH to rebuild this wall is a way of using history in a literally “concrete” way to address the social injustices of the past and present. Historically, psychiatric patients have been exploited in Ontario, as elsewhere, for their labor under the guise of “moral therapy” and received no pay. The demeaning attitudes which helped to perpetuate this unjust treatment continues in various ways and has influenced the maintenance of chronic unemployment among people with a psychiatric disability due to age old prejudices

Efforts to preserve the wall have not been without controversy in the psychiatric survivor community. Some people want to tear down the old structure as representing the exclusion they remember so well. Early in our discussions, one person told me it would be better to tear down the wall and have a celebration on its ruins. Now that the idea of preserving it has been coupled with having

psychiatric survivors work on it for a fair wage, no one is advocating tearing it down.

Through the wall we have a positive symbol of a history whose memory would be easy to erase from public consciousness on one of Toronto's busiest streets. Thanks to the education of the psychiatric survivor community, more people have come forward in recent years to support preserving it. Survivors point to the wall with pride when thinking of what it represents about the abilities of patient labourers. Wiping out the wall would mean wiping out the most tangible symbol of historical awareness about those patients who have gone before us at this facility, what they did and how they lived. Thus the wall serves as both a public memorial to patients from the past and a guidepost to fighting prejudice in the present and future through the labor of people whose abilities are evident for all to see. Psychiatric survivors rebuilding the wall at the Toronto Asylum offers a form of poetic justice for people with a psychiatric history at this 156 year old institution from which contemporary clients will hopefully benefit.

* To schedule a Wall Tour, contact Professor Geoffrey Reaume: greaume@yorku.ca. These tours are of course free and open to anyone who wishes to attend, but they should be arranged at least a week or two in advance.

References:

Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press, 2000).
----- "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900" in James Moran and David Wright, eds., *Mental Health and Canadian Society: Historical Perspectives*. (Montreal and Kingston: McGill-Queen's University Press, 2006): 69-96.