

## *Disability Politics*

Liberals, Conservatives, and the Disability-Rights Movement

Recent years have seen increased interest in courting the “disability vote” by members of both major parties. In the 2008 presidential race, both parties’ candidates released disability policy statements, hired disability outreach coordinators, and conducted serious efforts to appeal to the disability community at large. There was a presidential forum on disability issues in July 2008, at which Senator Tom Harkin (representing the Obama campaign) and Senator John McCain spoke. The Republican vice presidential nomination of Alaska Governor Sarah

Palin, the mother of a child with Down syndrome, brought a special focus to disability issues. Disability politics was discussed in papers, in newsweeklies, on major television networks, and in other media venues. However, in all this chatter, too often absent was the perspective of the disability community itself. If conservatives and liberals want to attract the support of the disability constituency, then they will have to understand the major issues it cares about.

A good place to start is the Americans with Disabilities Act (ADA), the 1990 law that was a major milestone in the

modern disability policy agenda. The ADA is not a benefits or public-health law, and it deals not so much with the physical aspects of disability itself as with the social and economic implications. Modeled on the Civil Rights Act of 1964, the ADA focuses on addressing discrimination in employment and other settings, as well as ensuring access for people with disabilities to buildings, transportation, goods and services, and similar aspects of daily life.

The ADA's four broad policy goals—equality of opportunity, full participation, independent living, and economic self-sufficiency—reflect an understanding of disability as something other than a condition of dependence. In this approach, *disability* represents socially-imposed external limitations, as distinct from *impairment*, the limitations brought on by a medical condition. Called the “social model” of disability, this understanding does not deny the existence of functional limitations as a result of impairment; rather, it promotes a policy agenda aimed at overcoming the social and attitudinal barriers that people with disabilities face. It stands in contrast to the “medical model,” which sees the impairment itself as the key concern, and concentrates attention on removing or preventing impairment rather than addressing issues of access or discrimination. The medical model fosters an environment in which a disability that cannot be corrected by technique represents a failure, rather than a limitation that presents a challenge but can be adapted to. There is a temptation, all too frequently succumbed to in

the age of assisted suicide and selective abortion, to treat a disability that cannot be medically reversed as a reason to write off the person's very existence.

The medical model tends to result in policies that place disabled people in a position of dependence on those who dole out benefits. For instance, Medicaid and traditional disability benefits place financial disincentives in the way of disabled people who desire to work, to marry, or to live in the community rather than be institutionalized; these problems have only recently begun to be reformed. The increasingly dominant social model, meanwhile, has a sunnier outlook on the potential for independence, and suggests analyzing the context that results in dependency and working to change it. For adherents of the medical model, an individual with a mobility impairment requiring the use of a wheelchair who cannot access a building has the problem of being “wheelchair-bound”; for adherents of the social model, the primary problem is the lack of a ramp.

Generally speaking, the disability-rights movement has been associated with the progressive political tradition. It shares some practices and intellectual theory with both the civil rights and women's rights movements, each of which found supporters and patrons on the left. Moreover, modern liberalism is concerned with issues of equality of opportunity and full participation for the marginalized, and it views societal discrimination as something that can be addressed through government initiatives. In that sense, disability rights

and modern liberalism share a common goal: the pursuit of policies that—typically through funding and regulation—improve equality of opportunity and “full participation” (as the ADA puts it) throughout society at large. Given that people with disabilities face an extraordinarily high unemployment rate, a history of discrimination both overt and implicit, marginalization and exclusion from many social institutions and public goods, and an array of inaccessible services and infrastructure, government intervention is a necessary means of effecting needed social change.

The disability-rights movement and modern liberalism define equality of opportunity similarly: that a person have an equal chance to access the full scope of what society has to offer, regardless of his starting position in life or particular characteristics. (This is distinct from equality of *outcome*, which would mandate that every person have equal success in acquiring what life has to offer.) Insurance mandates preventing discrimination on the basis of specific disability categories are a good example of equality of opportunity. Others include the non-discrimination provisions and “reasonable accommodation” component of the ADA, which requires employers to take non-burdensome measures, such as installing ramps, to permit the employment of qualified workers with disabilities. Similarly, the “least restrictive environment” provision of the Individuals with Disabilities Education Act, which mandates the inclusion of students with disabilities in school wherever possible,

is another example of where liberals and the disability-rights movement are on the same page. In terms of policy initiatives involving funding and regulation, the left has been a good friend to disability-rights advocates.

But despite these areas of cooperation, disability rights is not a central concern of the liberal movement; disability is simply not important enough to rank alongside sex, race, class, and the other categories championed by the left. “Diversity initiatives” usually mention disability in passing, if at all. The protestors at “social justice” marches and rallies typically do not show up when grassroots disability-rights groups work to fight against discrimination in housing or in favor of legislation.

What’s more, there is a great gulf separating modern liberalism and the disability-rights movement on euthanasia, assisted suicide, selective abortion, and other issues connected to bioethics and the new eugenics. Disability-rights advocates feel betrayed by the efforts of the ACLU to support such cases as Elizabeth Bouvia’s, a 1983 lawsuit brought by a twenty-six-year-old woman with cerebral palsy who wanted a hospital to cooperate in her starvation. A similar feeling existed among many disability-rights advocates during the Terri Schiavo case, particularly when *cost* was raised as an argument against maintaining the feeding tube that continued her life. When talking about the equality of other minority communities, when had *cost* ever been a primary concern for the liberal movement? When looking at the growing

“progressive” support for assisted suicide, many proponents of disability rights see a liberal movement that, while willing to support funding and regulatory initiatives aimed at inclusion, still envisions a world where people with disabilities do not exist.

Another troubling disconnect is in the discussion over prenatal testing and selective abortion, a dismayingly common practice: More than 90 percent of fetuses testing positive for Down syndrome, for example, are aborted. To disability-rights advocates, this indicates a fundamental prejudice against the disabled and calls for a policy response. Although the disability community does not have a clear consensus position on the broader issue of abortion, there is a desire to see policies aimed at discouraging disability-selective abortion, similar to those policies proposed to curtail sex-selective abortion. At the very least, accurate information should be provided to parents, many of whom are given patently false information about the characteristics of the people they are being encouraged to prevent.

The Prenatally and Postnatally Diagnosed Conditions Awareness Act, which passed into law in October 2008, undertakes some initial steps to provide accurate information about disabilities to parents considering abortion. However, many liberals are reluctant to undertake any anti-abortion activity for fear of sullyng their pristine pro-choice credentials. What level of “choice” can exist, argue disability rights advocates, in a society where stigma, fear, and lack of support pervade almost every aspect

of public discussion of disability? Such an environment is bound to result in implicit—and eventually perhaps even explicit—coercion on this issue, as parents are condemned for “burdening society” by bringing disabled children into the world.

These points of dispute between the left and the disability-rights movement are regrettable. Liberalism has historically been at its best when fighting for the rights of oppressed minorities. The cause of disability rights has a unique moral narrative that can return liberalism to its best instincts: championing the disenfranchised.

In contrast, conservative activism against the new eugenics has opened the door for a new alliance with disability advocates—an alliance grounded in philosophy, rhetoric, and policy. Combining disability rights and conservative objections to the devaluing of human life and human equality in modern society could form the core of a strategic partnership.

Both the disability-rights movement and the conservative tradition point toward a common policy goal: shifting the research agenda from one that seeks to remake society to one that aims to improve the opportunity for all citizens, regardless of disability, to make the most of the lives they have. Conservatives have been strong on the first part; a skepticism of utopian central planning, whether economic or scientific, is a central conservative value. However, the right has a mixed record on the latter. A common criticism of conservatism among proponents of disability rights is

that it is hypocritical to view advocacy for the sanctity of human life as including only issues like assisted suicide and abortion; issues such as human dignity over the full course of the lifespan must enter the equation as well. To disability-rights advocates, the ADA and similar pieces of legislation are civil rights laws intended to remove people from government dependence and encourage employment for a population previously denied the access needed to pursue it. Recent support by the business community for a strengthening of the ADA is ample proof of this. It is no accident that the ADA was crafted by Reagan appointees and signed by the first President Bush—there is something very friendly to conservatism in the legislation that serves as the bedrock of the modern disability-rights policy agenda.

Be that as it may, many conservatives—including the 2008 Republican standard-bearer, Senator McCain—have opposed the Community Choice Act, legislation that seeks to create alternatives to institutions and nursing homes for people with disabilities. Many disability-rights advocates see this as the next great policy hurdle.

While conservative criticism has mostly focused on the legislation's expense, the cost estimates they rely on do not account for the savings associated with no longer having to maintain the expensive structure of institutions that deliver a poor quality of life. These cost estimates also ignore the positive impact of increased employment and consumer spending on the part of the former residents of institutions. It is because of such arguments that a few conservatives—like former Speaker of the House Newt Gingrich, who is no fan of excess government spending and was a critic of the ADA—have come to support such community choice legislation. These conservatives can understand disability rights in conservative terms—not as another form of public welfare, but as fights for empowerment, independence, and self-sufficiency. Liberals have long understood the disability-rights movement on liberal terms; the time has come for conservatives, too, to see how the case for disability rights appeals to core conservative values.

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