NOTHING ABOUT US WITHOUT US

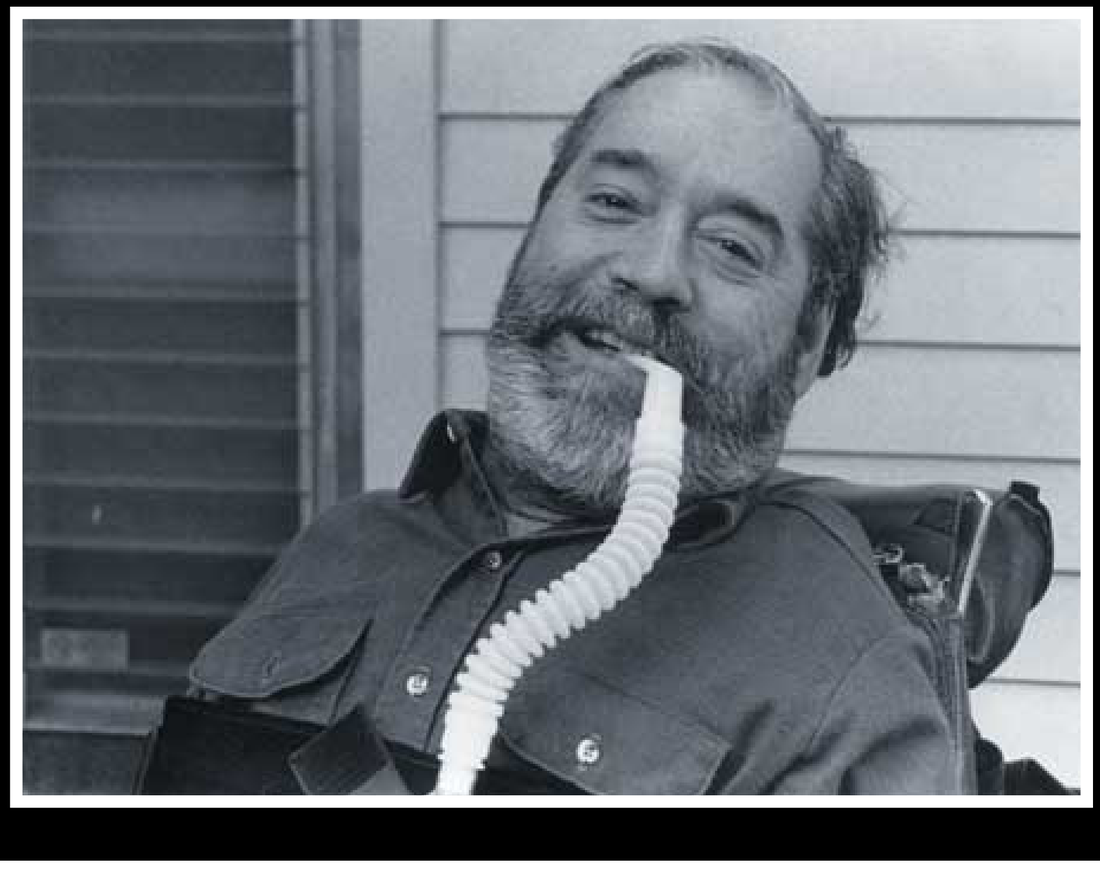
The Disability Rights Movement gave birth to a philosophy called "independent living." This philosophy argues that, instead of changing people with disabilities to fit into society, we should change society to work better for all people. In practical terms, this means eliminating physical and attitudinal barriers so that people can live in their own homes and participate in their communities.

Ed Roberts

Ed Roberts is known as the "father of independent living." In 1962, Roberts became the first student with a significant disability ever to enroll at UC Berkeley. As a result of childhood polio, Roberts used a power wheelchair and spent much of his day in an iron lung to assist his breathing. He had to live in UC Berkeley's medical center because none of the dorm rooms could accommodate his equipment.

Roberts thrived at Berkeley, eventually becoming an instructor there. In the meantime, he was leading a revolution in the way that people with disabilities lived in America. With other UC Berkeley students, Roberts developed programs and services that would allow people with significant disabilities to live outside of nursing homes or hospital wards. In 1972 they founded Berkeley's Center for Independent Living (CIL).

Berkeley CIL became the prototype for similar independent living centers throughout California and the United States. Roberts was appointed director of California's Department of Rehabilitation in 1975. In that role, he was instrumental in recruiting leadership and securing funding for Nevada County's own center for independent living, known today as FREED.



The "Independent Living Paradigm"

The Disability Rights Movement changed the way that people with disabilities thought about themselves and about society. People with disabilities began to see themselves as a minority group subjected to systemic discrimination, not as individuals who needed to be "fixed." This table contrasts this new way of thinking ("minority model") with the old ("medical model").

	MEDICAL MODEL	MINORITY MODEL
THE PROBLEM	Physical or mental impairment	Dependence; hostile attitudes; lack of legal protection; stereotypes
LOCUS OF THE PROBLEM	In the individual	In the socio-economic, political, and cultural environment; in the physical environment
SOLUTION	Treatment; "case management"	Advocacy; barrier removal; consumer control; peer support; self-help
SOCIAL ROLE OF PERSON	Individual with a disability is a "patient," "client," or recipient of charity	Individual with a disability is a family member and community member; a "consumer" of services
WHO CONTROLS	The professional	The person with the disability, or his choice of another individual or group
DESIRED OUTCOMES	Maximum self-care; gainful employment; no "social misfits" or "manipulative clients"	Independence through control over acceptable options for community living

Maggie Shreve, "The Movement for Independent Living," 1982

"I was involved with CAPH, California Association for the Physically Handicapped. In my late teens—probably eighteen, nineteen—I would go to monthly meetings. That was when I really became introduced to people who were starting to address barriers and point them out, and figuring ways to take action on them.

It was not a fun meeting. You didn't go for fun and games, but I had run into enough barriers, and no curb cuts, and things that were not even thought of then, that I thought that I should at least be part of it.

Like I say, I was probably more interested in girls. And playing pool was one of my favorite things to do.

But, you know, that was my first introduction to where I saw it was an organized thing, and that people really did need to come together. Otherwise, the medical profession, or the school system, or whatever else, was going to make the decision for you."

–Gary Peterson, Benefits Specialist, FREED Center for Independent Living