

Visibility for Disability Digitization Project

Kyle Boyd

UMass Amherst

Digital Commonwealth Conference

April 7, 2020





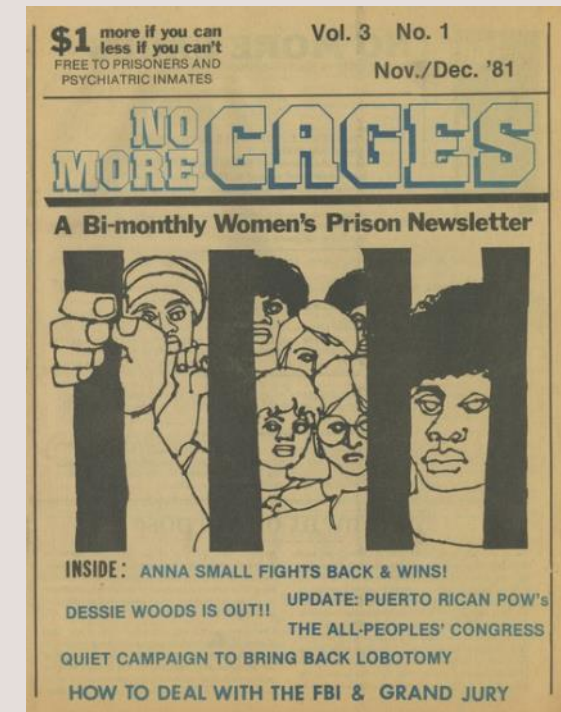
The Project

- Funded by the Council on Library and Information Resources Digitizing Hidden Collections Grant
- 55,000 items from 19 collections
- Available for free: credo.library.umass.edu as well as Digital Commonwealth and Digital Public Library of America
- Explore the experience of disability in the United States and the evolution of the disability rights movement



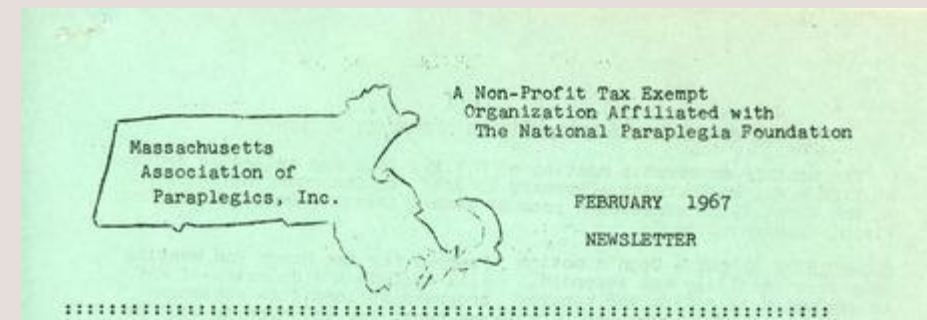
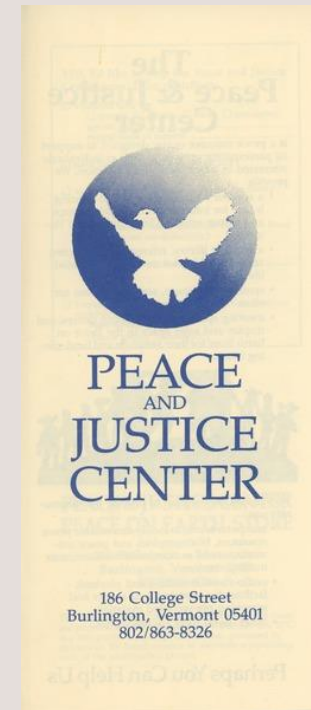
Digitization Program

- Developed our digital repository in 2009
- Digitized entire Du Bois Papers
- We have ~250,000 items in Credo today
- Efficient workflow



Collecting Focus

- Collect material from a variety of interconnected social change movements
- Disability has become a focus of ours in the past decade
- Cover deaf education, psychiatric survivors movement, the fight for physical accessibility, and the AIDS crisis.
- Institutional records and personal papers



Hudson Family Papers

- Erasmus Darwin Hudson was an orthopedic surgeon and abolitionist
- Worked to improve artificial limbs during the Civil War
- Contributed to the development of modern prosthesis



1978 GRADUATES

RETIREMENTS

Two long-time members of the staff at Clarke School will be retiring after a combined total of 55 years of dedicated service. At this year's commencement, Miss Margaret A. Kennedy, known by many as "Miss Geography," will be leaving Middle School where she spent 32 years. Also retiring will be Mr. Elroy Stanton who has been with the School since 1955. For most of these 23 years, Roy, as he is known, was the School's Head Custodian.

Miss Kennedy, originally from Jacksonville, Illinois, entered the Teacher Training Program in 1945. She has been here ever since. From 1961-1964, she was Teacher-in-Charge of Gavith Hall. For many years she taught a lipreading course to the Teachers-in-Training and taught Catholic religious instruction in Middle School. In 1964, she co-authored with Miss Mary E. Numbers, the children's textbook, "Trips and Treats."

Miss Kennedy was always very supportive of the School and her students. "She understands what motivated children and she was able to pinpoint their strong points and weaker ones," said Miss Mary Devan, Supervising Teacher of Middle School. "She has seen many changes at Clarke School . . . and with each new change, she has always been with the 'new' way of doing things."

Mr. Stanton, for over twenty years, has been responsible primarily for the maintenance of Hubbard and Rogers Halls. He was always willing to help others and made them feel free to call on him. Roy will long be remembered for his friendly disposition and his deep concern for the children.

He and Miss Kennedy will be sorely missed by all at Clarke School.



The 1978 graduating class. Front (l-r): Joanne Willis, Beth Smith, Rebecca Novitt, Lisa Kay. 2nd (l-r): Angela Carlson, Diane Karia, Laura Goodman, Susan Barnes. 3rd (l-r): Elroy Hope, Theresa Steele, Barbara Lane. 4th (l-r): Robert Knight, Eric Oplinger, Stephen Tyler, Michael Fena. 5th (l-r): John Monahan, Peter Cook, Brian Costello, Keith Darr. Top (l-r): Steven Beebe and David Lipson.



Middle School students are encouraged to read daily. Pictured (l to r), Alexander Butsley, Evan Brunell and John Ying enjoy sharing books and ideas (W. Moore photo).



Clarke School for the Deaf

- Established in 1867
- Teaches deaf children how to speak and lip-read
- Pioneer in oral deaf education
- Teaching program
- Alexander Graham Bell Association
- 150 year history



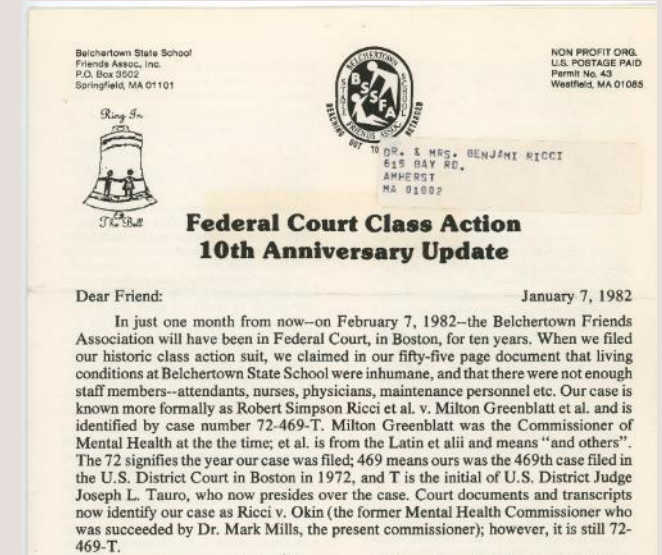
International Center for the Disabled

- Founded in 1917
- Outpatient Rehabilitation center for WWI veterans
- Vocational training, recreational activities



Belchertown State School Friends Association

- Belchertown State School founded in 1922 to provide care for persons with developmental disabilities
- In 1972 Ben Ricci filed a lawsuit against the school
- School closed in 1992
- Friends Association was established in 1954 to promote improved conditions



*Nouvelles recherches sur le mongolisme.
A propos du rôle pathogénique du fluor,*

par M. Ionel Rapaport.

Nous avons présenté, dans une communication précédente [4], une étude statistique sur la distribution géographique du mongolisme dans quelques Etats du centre des Etats-Unis, montrant un parallélisme entre la prévalence de cette affection et la concentration du fluor dans l'eau de boisson.

La rareté paradoxale des caries dentaires, observées chez les mongoliens [2, 3], avait constitué le point de départ de cette étude. L'hypothèse d'une atteinte simultanée de ces deux dérivés de l'ectoderme primitif, le cerveau et l'émail, par un même processus pathologique, a été récemment proposée encore par plusieurs auteurs [4, 5]. La grande fréquence des opacifications du cristallin [3] et des lichénifications hyperkératosiques [6] chez les mongoliens, fait rentrer cette affection dans le cadre des neuro-ectodermoses de Touraine [7], et donne plus de poids à l'hypothèse ci-dessus indiquée.

Il importe de mentionner également, que le passage du fluor à travers le placenta a été démontré par plusieurs travaux récents [8, 9, 10].

Notre communication sur le rôle pathogénique du fluor dans le mongolisme a suscité un certain nombre de recommandations et de travaux, que nous avons pris en considération, en effectuant quelques statistiques nouvelles.

Suivant le conseil du D^r A. L. Russell, Chef du département d'épidémiologie et de biométrie de l'Institut national de la Recherche dentaire, aux Etats-Unis, nous avons limité notre enquête à un seul état, l'Illinois. Le département de la Santé publique de cet Etat nous a communiqué les analyses chimiques de l'eau potable de toutes les villes de 10 000 à 100 000 habitants.

Nous avons, d'autre part, procédé au dépistage de tous les cas de mongolisme dont le diagnostic avait été porté sur les certificats de naissance et de décès, ou dans les registres des institutions médico-pédagogiques spécialisées de l'Etat. Tous les cas de mongolisme, nés du 1^{er} janvier 1950 au 31 décembre 1956, dont la résidence habituelle de la mère avant l'accouchement se trouvait dans les villes de 10 000 à 100 000 habitants, ont été inclus dans notre étude.

Ionel Florian Rapaport

- Rapaport was an endocrinologist and psychopathologist
- Researched the social aspects of mental disorders and juvenile delinquency
- In 1956, he discovered a statistical correlation between the incidences of Down Syndrome and exposure to fluoride
- His research was widely cited by anti-fluoridation advocates





Robert and Martha Perske

- Advocates for people with intellectual disabilities
- Worked at the Kansas Neurological Institute
- Bob wrote and Martha illustrated 16 books and hundreds of articles
- Worked to end institutionalization of persons with disabilities
- Served as the executive director of the Greater Omaha Association for Retarded Citizens
- Advocate for people with intellectual disabilities in prison

Issue #2

The "Big Bang" Theory and Down Syndrome

By Robert Perske

I am convinced that some of the most joyful, life-changing conventions in our field are those that focus on families with children having Down syndrome. Whole families come. Some appear with babes in arms. Clinicians named Puschel, Crocker, Kumin, Falvey, Rosenberg, and many others hold impromptu clinics in halls, lobbies, and special session rooms. It all goes so well because these parents hunger to learn everything they can about their own child with this disability.

There are sharing sessions galore for moms, dads, brothers, sisters, and grandparents. There are even sessions for people with this disability who help one another to speak for themselves. Then come the banquets and the laughter and the awards and the cheering and the dances where all are dressed in their very best clothes. Many leave exhausted from these carnivals of hope, education, and comradeship, but they leave knowing that they are part of a powerful, expansive movement.

For me, speaking in sessions to these folks has always been a fun thing to do. It is a far cry from standing before some groups of well-resumed, highly-certified professionals who often respond to all the points being made like cattle watching a passing train.

One can't help but wonder if some earlier "big bangs" in history gave rise to such an expansive movement. I say yes. I can pinpoint at least two such explosions. These explosions were heart ripping. Even so, the way the folks in this field gathered around these wounds and worked for healing was fantastic.

Washington, DC, The John F. Kennedy Center for the Performing Arts, October 16, 1971

People from all over the world arrived for the *International Symposium on Human Rights, Retardation and Research*. The Eisenhower Theater was packed with people eagerly waiting for the opening plenary to begin. When it did, a film was shown that shook many in the audience right down to their socks.

The film was entitled *Who Should Survive?* It focused on a real newborn baby boy in the maternity ward of Johns-Hopkins hospital. The child was born with Down syndrome and an intestinal block. The latter could be corrected with a fairly simple operation. So the physician asked the parents for permission to operate. The parents refused. They said that it would be unfair to their other two so-called normal children to be brought up with a "mongoloid" sibling. The infant was moved to a corner in the hospital nursery and a sign was hung on the crib that said, "Nothing by Mouth."

From time to time the father telephoned to ask, "How are things going?" The film showed the anguish on the faces of the caring staff. The senior pediatric resident in charge of the infant's care stated, "I tried not to look at the baby and when I did, I didn't want to touch it." Later, he said, "It took 15 days for the baby to become dehydrated enough to die. That was an awfully long time."

After the film, six famous experts representing key legal, moral, ethical, social, public policy, and intellectual disability aspects gathered in a circle on the stage.

They faced each other and discussed the film. At first, the circle widened as each expert tried to define the situation in his or her own professional language. Then they drew closer, trying to speak a common human language about a neglected, dying baby. When the closeness became too painful, one of them would "blow it" by making an asinine remark. For example, during one moment of such closeness, a physician blurted out, "What about the war in Vietnam?" The audience clapped in a mindless, impulsive way.

Many left that plenary session struggling to find the right words to describe what they had just witnessed. I struggled, too. I spent the night trying to write a poem about this agonizing situation. It follows this article.

During the next three years, the unrest and agitation among families of children with Down syndrome was so palpable, they approached leaders of The Arc of the United States (then known as the National Association for Retarded Children) and they asked to be given a large meeting room at the 1974 NARC convention in Milwaukee. The request was granted. So, under the wings of The Arc, the National Down Syndrome Congress began to take shape. They gathered strength and they became more alert in case another tragedy like the death in Johns-Hopkins took place. Sure enough, it came.

Bloomington, Indiana, Bloomington Hospital, April 9, 1982

"Infant Doe," a baby boy with Down syndrome was born with an esophageal

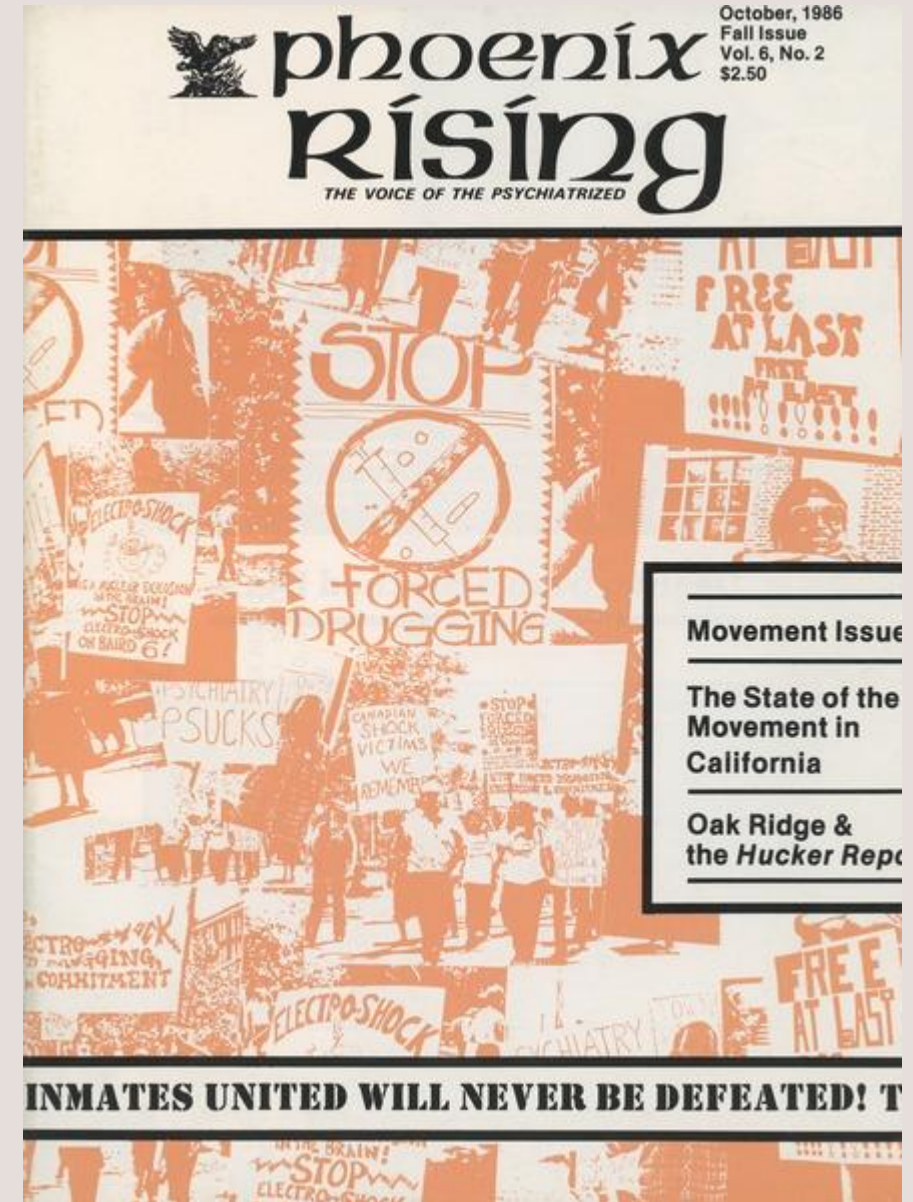
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inSight <http://www.thearc.org>



Cynthia 'Kalisa' Miller

- Psychiatric survivor, feminist, lesbian, and writer
- Member of Project Release
- Protested electroconvulsive therapy



Judi Chamberlin

- Pioneer in the psychiatric survivors' movement
- Fought for human rights
- Key member of the Mental Patients' Liberation Front
- Wrote *On Our Own: Patient-Controlled Alternatives to the Mental Health System*
- Cross-disability activism



90 KING ST. SOCIAL CLUB, HAMPSHIRE ASSOCIATION FOR MENTAL HEALTH
SPONSORS . . .

Judi Chamberlin

author of

On Our Own

PATIENT-CONTROLLED
ALTERNATIVES TO
THE MENTAL HEALTH SYSTEM

Speaking at the
First Church of Christ Congregational
(on Main St.)
NORTHAMPTON

FRIDAY JUNE 18, 1982
7:30PM - 9:30PM

Everyone Welcome \$1.00 Donation Requested

ELECTROSHOCK in BERKELEY

Electroshock (also known as electroconvulsive "treatment" or ECT) is a devastating, brain-damaging, amnesia-producing procedure. Recently the use of ECT has become recognized as a major human rights issue. Since the introduction of ECT in 1938, electroshock specialists have made a mockery of the informed-consent principle. They have misled psychiatric "patients" about ECT's supposed benefits and safety and have used high-pressure tactics and sometimes outright force in subjecting them to it. THIS SHOWS! TRADITION CONTINUES AT HERRICK HOSPITAL, WHERE 70 PATIENTS WERE ELECTROSHOCKED 485 TIMES IN 1981. TWO-THIRDS OF THESE PATIENTS WERE WOMEN, AND 15 THE LAST QUARTER WERE OVER 65 YEARS OF AGE AND OLDER. The time is now for the citizens of Berkeley to call a halt to electroshock.

For more information, call 548-2980 or write to the Coalition to Stop Electroshock, Box 3020, S. Berkeley Sta., Berkeley, CA 94703.

DEMONSTRATION **SAT. 1:30**
HERRICK HOSPITAL **APRIL 17**
Dwight Way near Shattuck



Rae Unzicker

Candidate for S.D.
House of Representatives

**"Never, for the sake of
peace and quiet, deny
your own experience or
conviction."** -Dag Hammarskjöld

-Intelligence
-Integrity
-Committed
-Capable



Rae Unzicker

- Psychiatric Survivor, public servant, and disability civil rights activist
- Wrote memoir *You Never Gave me M & M's*
- Founded the South Dakota Mental Health Advocacy Project
- Appointed to the National Council on Disability

To be a mental patient is to be stigmatized, ostracized, socialized, patronized, psychiatrized.

To be a mental patient is to have everyone controlling your life but you. You're watched by your shrink, your social worker, your friends, your family. And then you're diagnosed as paranoid.

To be a mental patient is to live with the constant threat and possibility of being locked up at any time, for almost any reason.

To be a mental patient is to live on \$82 a month in food stamps, which won't let you buy the Kleenex to dry your tears. And to watch your shrink come back to his office from lunch, driving a Mercedes Benz.

To be a mental patient is to take drugs that dull your mind, deaden your senses, make you jitter and drool, and then you take more drugs to lessen the "side effects."

To be a mental patient is to apply for jobs and lie about how you've spent the last few months or years, because you've been in the hospital, and then you don't get the job anyway because you're a mental patient.

To be a mental patient is to watch TV and see shows about how violent and dangerous and dumb and incompetent and crazy you are.

To be a mental patient is not to matter.

To be a mental patient is never to be taken seriously.

To be a mental patient is to be a resident of a ghetto, surrounded by other mental patients who are as scared and hungry and bored and broke as you are.

To be a mental patient is to be a statistic.

To be a mental patient is to wear a label, and label that never goes away, a label that says little about what you are and even less about who you are.

To be a mental patient is never to say what you mean, but to sound like you mean what you say.

To be a mental patient is to tell your psychiatrist he's helping you, even if he's not.

To be a mental patient is to act glad when you're sad and calm when you're mad, and to always be "appropriate."

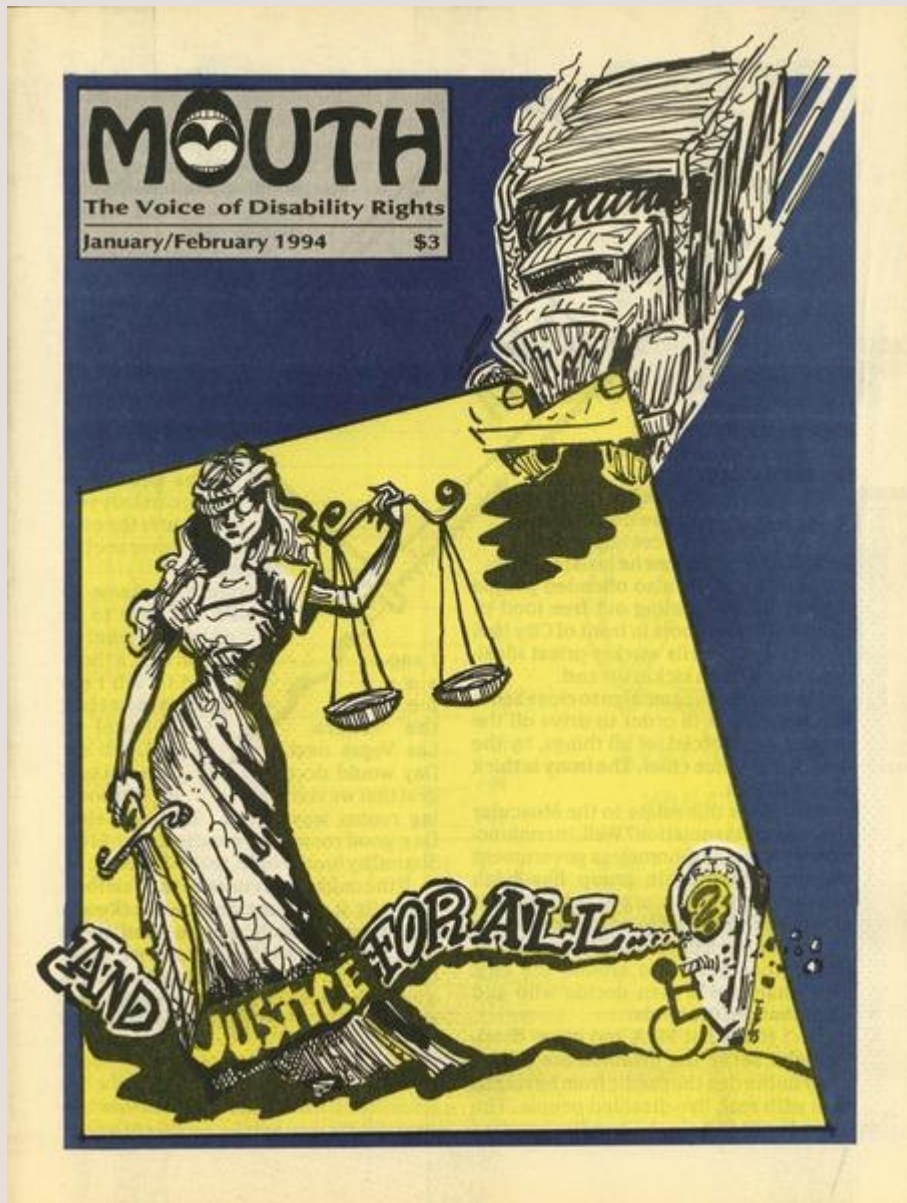
To be a mental patient is to participate in stupid groups that call themselves therapy. Music isn't music, it's therapy; volleyball isn't a sport, it's therapy; sewing is therapy; washing dishes is therapy. Even the air you breathe is therapy, and that's called "the milieu."

To be a mental patient is not to die, even if you want to--and not cry, and not hurt, and not be scared, and not be angry, and not be vulnerable, and not laugh too loud --because, if you do, you only prove that you are a mental patient even if you are not.

And so you become a no-thing, in a no-world, and you are not.

Rae Unzicker ©1984





Lucy Gwin


- Escaped from New Medico Brain Rehabilitation Center
- All-disability advocate
- Founder of *Mouth Magazine: The Voice of Disability Rights*



Denise Karuth and Fred Pelka

- Activists and historians of the disability rights movement
- Karuth worked to secure accessible and affordable mass transit
- Pelka has written multiple books on disability issues


**BEING TAKEN
FOR A
RIDE ?**



Express your concerns
and share your ideas
at

**The Boston Center for
Independent Living
Transportation Committee**

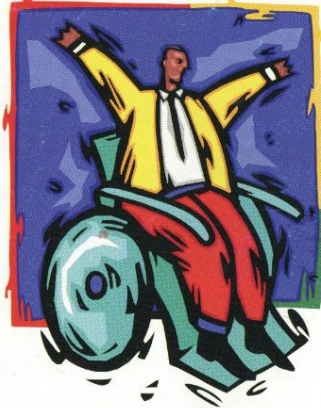
Monday November 11, 1985
4 - 6:30 pm
20 Washington St. Brighton
Community Room



Personal care attendant will be present

Transportation Advocacy: Get Involved

**Rider Guide for
Paratransit Service**



and other rider
related information

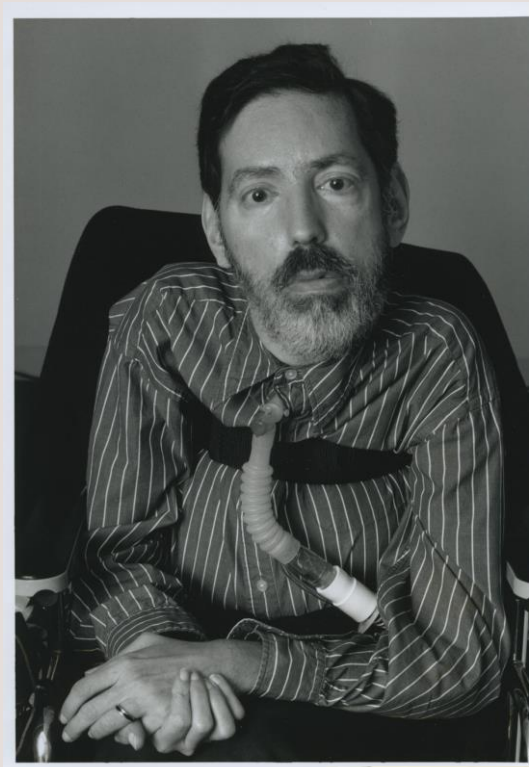
PVITA

Paratransit Services provided by
MV Transportation Inc.
413-739-7436 or toll free at
1-866-277-7741
1-866-707-1652 (tty/relay)



Paul Kahn

- Artist, writer, and activist
- Editor of *Disability Issues*
- Activist in the independent living movement
- Worked as a member of the Massachusetts Governor's Advisory Commission on the Disability Policy





International Symbol of Access
for the Handicapped

THESE ARCHITECTURAL
FEATURES WOULD
ELIMINATE BARRIERS TO
THE HANDICAPPED:

At least one building
entrance at
ground level

32" wide doors
that open easily

Level thresholds
to buildings and rooms

Sloping ramps instead
of stairs
(ratio 1' to 12')

Safe parking
for the handicapped
close to buildings

Level walks
with no curbs at crossways

Access by the handicapped
to elevators

GPO 898-356



Bartel Wishes - Francis W. Wargen



Elmer C. Bartels

- Commissioner of the Massachusetts Rehabilitation Commission
- Focused on vocation rehabilitation and independent living
- Founded Massachusetts Association of Paraplegics



Silvio O. Conte

- United States House of Representatives
- In office during the HIV/AIDS crisis and Americans with Disabilities Act of 1990
- Weekly radio show



Congressman **SILVIO O. CONTE'S** **Congressional Report**

1st DISTRICT - MASSACHUSETTS

WASHINGTON OFFICE
2300 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-6330

THIS *Congressional Report* is prepared
and taped weekly for broadcast
and release to the media.

A REPORT TO THE PEOPLE OF WESTERN MASSACHUSETTS



13 August 1982

In June, you may remember that I told you of a letter I had written to Secretary Richard Schweiker of the Department of Health and Human Services concerning the stepped-up review of Social Security cases. I told you then that it was a nationwide problem -- that several people were being terminated from the rolls when they were still clearly disabled only because of the administrative problems encountered when these reviews were stepped up. The problem was driven home very clearly to me when one of constituents became seriously disturbed after learning his benefits had been terminated.

Over the past two months, I have continued to work to make more of my colleagues aware of this problem. In July, the House Committee on Ways and Means reported out a comprehensive Social Security disability bill, but it did not address this problem. I did my best to have the bill amended to slow down the review process, but unfortunately, the Chairman did not want any amendments offered.

Together with a number of my colleagues, I prepared to go to the Rules Committee asking them to allow my amendment to be offered to the bill on the floor. At the last minute, however, the bill was withdrawn from consideration. For the past few weeks, I have been monitoring the disability situation and trying to determine if this Congress or the Administration were planning any other action on Social Security disability, but nothing materialized.

So, this week, on Wednesday, I introduced legislation that would do three things: First, it would require the Social Security Administration to prove medical improvement before terminating a beneficiary from the rolls; second, it would continue disability payments through the time necessary to follow an appeal to a law judge, rather than the first level of appeal, which is now the case; and finally, and most importantly, the bill would slow down the disability review process, and require that future reviews be both cost-effective and of the highest possible quality.

I want to turn now to an issue that I know concerns a great number of you -- the tax bill now pending before a House-Senate conference, and, more specifically, a provision in that bill which would require a 10% withholding tax on interest and dividends received from savings and investments. My office has received countless numbers of letters on this subject.

The way this proposal would operate is that your bank would pay to the IRS 10% of the interest earned on your bank account. The supposed aim of this provision is to prevent people from not declaring interest income on their income tax. In my opinion, the real effect would be to discourage people from saving money. And, who would be hurt the most? the small investor and saver -- those who can least afford it. Even worse, not all elderly people are exempt from this proposal as it stands -- only those people over 65 who have less than \$1,000 in savings (\$2,250 for a married couple) would be exempt.

Because of my opposition to this proposal, I signed a letter expressing my concerns over this proposal to Chairman Dan Rostenkowski of the House Ways and Means Committee. The letter was also signed by 44 of my colleagues. The letter asked him to oppose this provision during the tax conference.

It is not clear at this time if and when we will see any final form of this revenue raising measure. You can be assured, however, that I will do all I can to prevent this particular proposal from going into effect. If this provision is included in the final measure, I am sure there will be an attempt to provide the opportunity to vote on this provision separate from the rest of the tax bill when it comes to the floor of the House for consideration. I will continue my efforts to block the provision from taking effect.

10



Boston AIDS Consortium

- Established in 1988
- Addressed the needs of people at risk of or living with HIV/AIDS
- Coordinated the allocation and distribution of the Ryan White CARE Act funds

Pages: 1-121

Boston Ryan White CARE Act Title I Planning Council

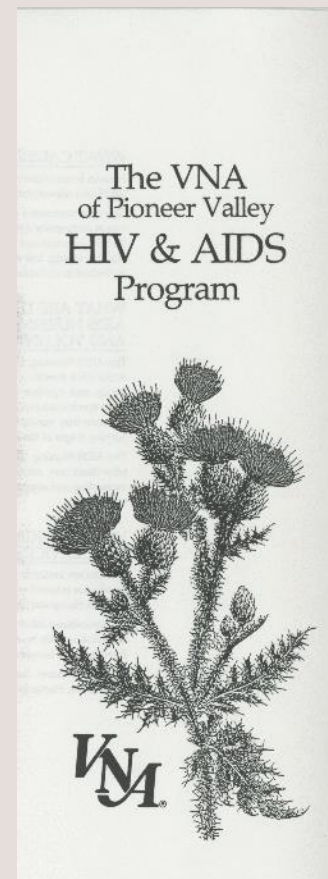
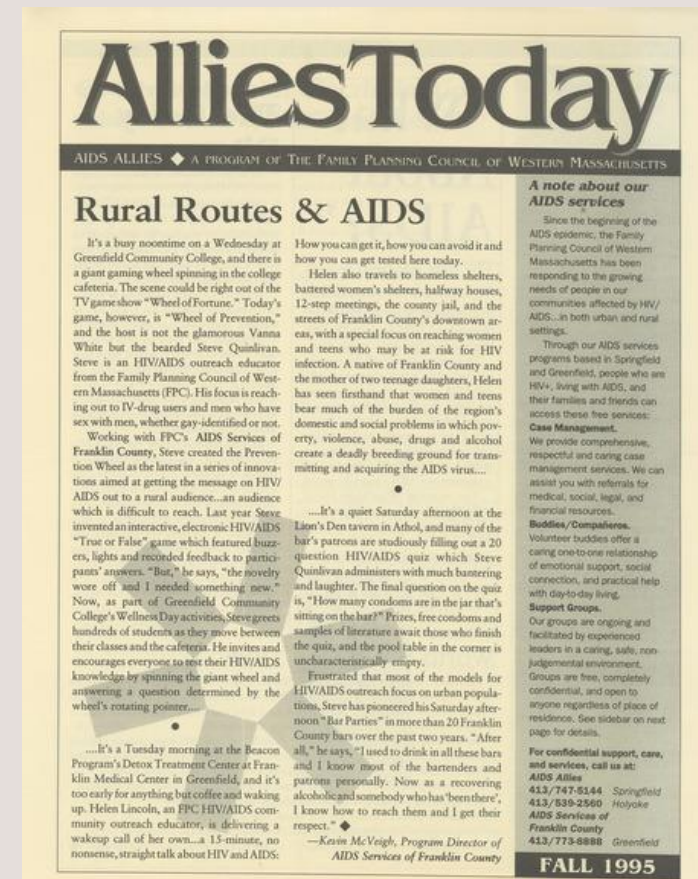
Meeting - Thursday, August 13, 1992

MINUTES of the Meeting of the Boston Ryan White CARE Act Title I Planning Council, before Lindsey A. Cyr, a Notary Public and Court Reporter in and for the Commonwealth of Massachusetts, held at the Harvard School of Public Health, 677 Huntington Avenue, Boston, Massachusetts on Thursday, August 13, 1992, commencing at 9:15 a.m.

CYR ASSOCIATES
Court & Conference Reporting Service
Postal Box 22
North Weymouth, MA 02191
[617] 337-4638

Kevin McVeigh

- Kevin McVeigh anti-nuclear activist and HIV/AIDS advocate
- Founded the AIDS Community Group of Franklin County
- Ryan White CARE Act
- Health care in rural Massachusetts



Selection

- We cannot scan everything
- Robust vs sampling of materials
- Substantial amount of material from all 19 collections
- Research value
- Visually interesting
- Unique



Smash the therapeutic state, May 30, 1978

A Smith, Kline and French demonstration. Demonstrators hold a banner that reads "smash the therapeutic state" at the sixth Conference on Human Rights and Psychiatric Oppression in Philadelphia.

PLACE

Philadelphia (Pa.)

EXTENT

2 p.; 1 photograph; 9 x 11 cm.

LANGUAGE

English

SUBJECT(S)

Chamberlin, Judi, 1944-2010
Congresses and conventions
Mentally ill--Civil rights
Patient advocacy

GENRE

Color photographs
Photographs

FUNDING

Digitization sponsored by the Council on Library and Information Resources.

RIGHTS

All rights for this image are held by the University of Massachusetts Amherst. Requests to publish, redistribute, or replicate this material should be addressed to Special Collections and University Archives, University of Massachusetts Amherst Libraries.

[View full rights policy](#)

Description

- MODS
- SCUA Best guidelines
- Unique challenges when working with disability collections



Privacy

- Creator
- Published
- Content
- Age of material
- Living people
- Full names
- Public disability

Sally Ginn
P.O. Box 301
Ldaxahchee
Florida 33470

Dear Judi;

Enclosed is how I used your testimony to the Carter Commission of Mental Health. I thought you would be interested as I used something you wrote (which is not the first time I've done so).

The committee I presented the package to is called the (citizen's - though half of them are professionals in the system) Area Planning Committee for the District (which includes counties) which controls the mental health system in which I live.

They were talking about models of Non-institutionalized care-alternatives to in-patient care. So I took the opportunity to present the kind of alternative I was interested in. They had to listen as his-models of all types- was the subject, i.e., how to keep people out of the hospital. They, of course, said they did not believe "mental patients" could supervise themselves; I said I felt we could, that this was our point of difference, then (the people on the committee) and me. Everyone was very (too) friendly, smiling and sweet.

I felt they had at least been exposed to a different kind of thinking, that their minds had been-ever so slightly- enlarged, at least their awareness level opened a little. Also I hope it at least made them aware that the search for answers did not have to stay within the limited confines of the system's answers. They seem to think within and choose from only the system's limited structures, as if their minds have today as circumscribed as the system or are as circumscribed as the system. It never dawned on them that they could reach outside the system's-traditional- answers-or that there is even an outside of the system, the traditional, at all.

Well, I thought you would be interested as I used so much of your testimony-it as the best short description of the models I know of.

I find that most people are so lazy on these committees, that if you do your work and prepare something, you of necessity (no one else has anything so completely prepared) will take up a certain amount of the group's time and attention.

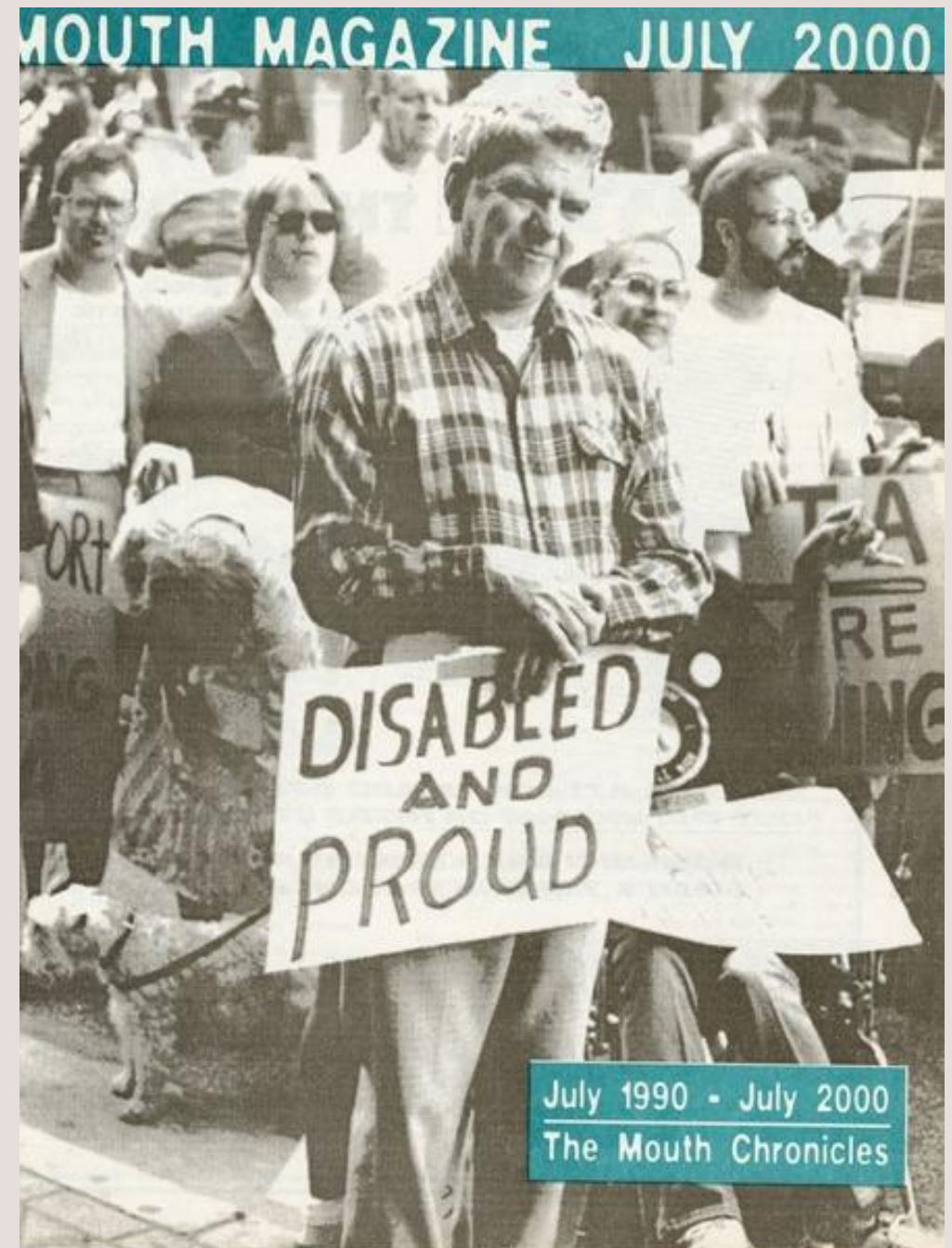
Hope the planning conference for next year's conference went well. And that you are fine and well- --and active as usual.

Love,
Sally



Inclusive Language

- People first language
- Use terms and phrases that people have chosen for themselves
- Deaf vs. deaf



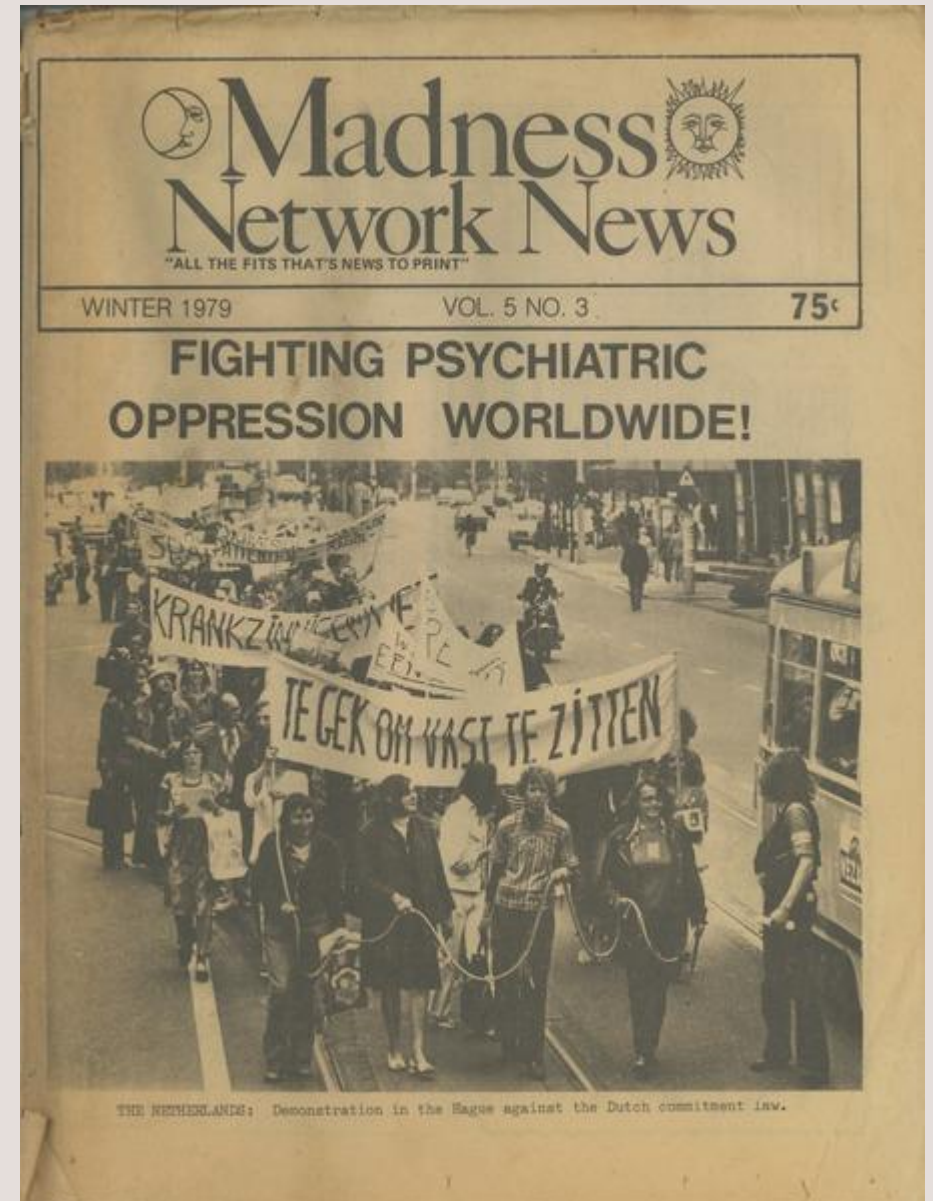
Historic Terminology

- Historical terms may be considered outdated or offensive.
- Historical organizations used historical terms in their names
- Use modern terminology when describing



Subject headings

- Group related material together with a single subject term
- Create local headings when LCSH not sufficient
- Different members of a group may prefer different terms
- Psychiatric survivors use a variety of terms



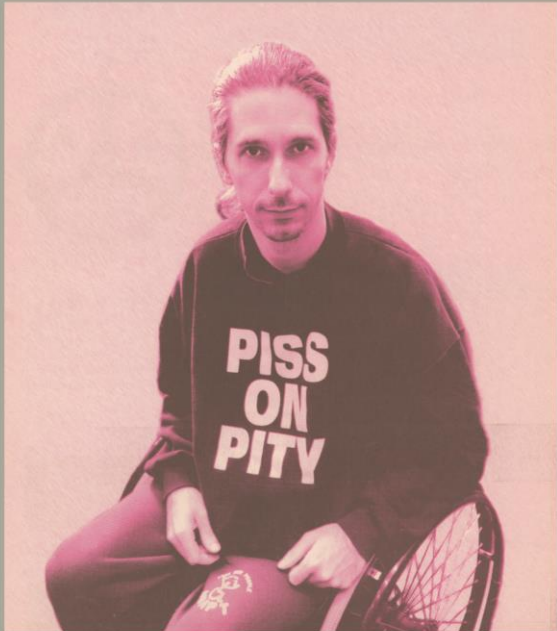
Accessibility

- Audit from Umass' Assistive Technologies Center
- Metadata available under Creative Commons license
- Items do not have full-text
- A/V material will have captions



Exhibit

- On display now
- Creating corresponding online exhibit



A man in a wheelchair wears a sweatshirt that says "piss on pity".
From the cover of *Mouth* magazine, November-December 2003.
International Center for the Disabled Records (MS 792).

VISIBILITY for Disability

An exhibit from Special Collections and University Archives exploring the experiences of disability in the United States and the evolution of the disability rights movement.

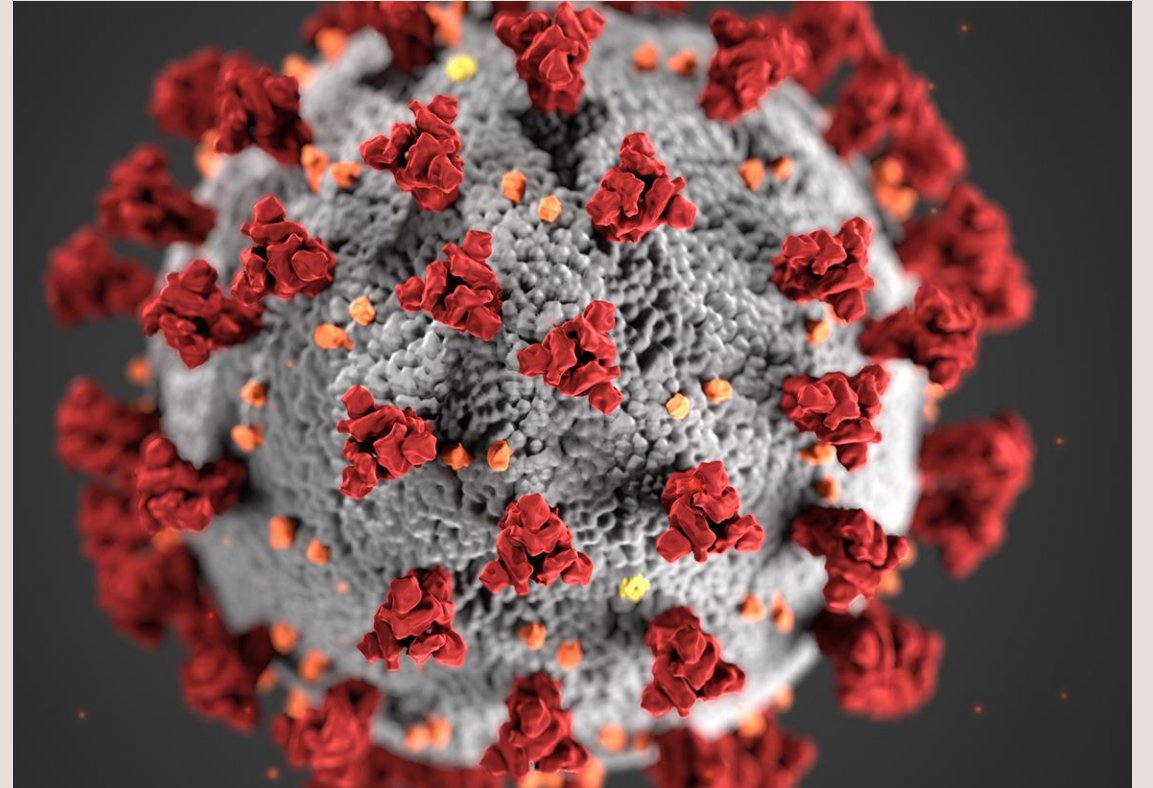
We recognize the challenges of displaying materials in broadly accessible ways in this exhibit. We want to do what we can to meet your needs. Please visit or contact Special Collections and University Archives on floor 25 for assistance.

Exhibit continues upstairs
in Special Collections and
University Archives on floor 25.



COVID-19

- Unexpected
- Working remotely
- Interrupted workflow
- Unclear how this will affect timeline of the project



Conclusion



Goals:

- Freely available and accessible
- Digital foundation to explore the experience of disability and the evolution of the disability rights movement

Challenges:

- Privacy
- Language
- Subject Headings



Questions?

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