

HISTORY AND PHILOSOPHY OF INDEPENDENT LIVING

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The Independent Living (IL) philosophy is based on the assumption that people with disabilities should have the same civil rights, options, and control over choices in their own lives, as do people without disabilities.

The IL movement and the IL philosophy were created as a result of small changes in society's views concerning people with disabilities, which occurred over many, many years, beginning in the early 1800's. The civil rights struggles of the 1950's and 1960's gave way to numerous other changes in how people think of themselves and others. The IL movement and philosophy is one result of those changes of thought.

The Beginnings of the Movement

Ed Roberts is often considered "the father" of the Independent Living movement. He grew up in Burlingame, California. At age 14, Ed had not been particularly interested in school, but was very interested in athletics. In fact, during the off season, he would help Billy Martin, of the New York Yankees, by catching balls at practices. But in 1953, the 14 year old contracted polio, which was not an uncommon disease about that time in our country's history, often paralyzing a few or many of a person's muscles. He went on to spend 20 months in hospitals, returning home to an 800-pound iron lung, in which he was helped to breath.

Ed's mother, Zona Roberts, was a labor union organizer, and believed that anybody can do anything. She believed that a "no" answer meant you had to ask a better question, or ask another person until someone says, "Yes." Thus, **self-advocacy** became a central piece of the IL philosophy.

Ed attended classes from his iron lung, via telephone. His attitude about school began to change as he realized that, to make a difference in the world, he had to do it from the neck up and not through his physical abilities. As affordable ventilation machines and other devices came along, Ed was able to physically go back to school by his senior year of high school. He remembered arriving at school, and seeing a lot of people watching, gawking, and staring. Looking back, he thought he should have been embarrassed, but it was the same kind of reaction Elvis Presley often received, so he just thought, "Elvis and I have a lot of in common."

He completed his senior year in high school, but the school didn't want to give him a diploma since he hadn't completed the driver's education or physical education requirements. His mom went to the school board and on up the ladder until his driver's education requirement was waived, since, at that that point in history, he wasn't expected

to be able to drive with his disability. His mother also convinced the school to give Ed physical education credit for his physical therapy sessions.

Following high school, Ed began to pursue a college education. Some of the colleges at that time had been made accessible, as a result of the returning World War II veterans with disabilities. The colleges wanted veterans to be able to finish their education, but there weren't many colleges working on accessibility. Ed applied for financial assistance from the California Department of Rehabilitation, and was initially rejected because it was decided he was "too disabled" to work. One week after Ed's rejection was made public, he was approved for financial aid.

After earning a two-year degree from another college, Ed applied to UC Berkley, where he hoped to earn his four-year degree. Though he was initially accepted, his acceptance was withdrawn when college staff met with Ed in person. The Dean said they had tried "cripple people" there before, but it just didn't work. Perhaps it was because the school wasn't accessible.

That response didn't stop Ed, however. He went around for the next year meeting people on the campus, finding routes to get from one place to another, and making connections with people who were willing to have Ed attend the college. The next year, in 1962, Ed applied again, and was accepted as a student, since he had a history of attendance, and knew how to get from one place to the other. Ed was given space in the college infirmary as his dormitory room, since that was the only place that could hold Ed's 800-pound iron lung. He received attendant services by individuals who were hired, trained and fired by Ed. **Consumer control** became another piece of the growing IL philosophy.

The day that Ed started attending Berkeley, the headline in the paper said, "Helpless Cripple Goes to School." UC Berkley staff soon began seeing the possibilities of **accessibility**, they began accepting other students with disabilities, particularly with physical disabilities. However, they were all living in the infirmary. Though they did not all require iron lungs, but the college thought it was best to keep all of the students with disabilities together. This institutionalization of people with disabilities was a common attitude of the time. By 1967 there were twelve people who used wheelchairs living in the infirmary, and known as the Rolling Quads.

In 1970, Ed, John Hessler, Hale Zukas, and other students with disabilities founded the Physically Disabled Students Program (PDSP). When we think of Berkeley in the 1960's, we think of the protests for the Vietnam War, campaigning for the rights of minorities, women's rights and so forth. Ed said that he spent a lot of time in what used to be called "rap sessions" - sitting around talking about things that were important to people. Ed would hear someone who was black say, "I can't get this job because of who I am; because of what I am." Ed would say, "I can't get that job because of what I am either." And a woman would say, "I can't get this job just because of my body." Then Ed would say, "Well, I can't get a job because of my body, either." He began to feel he had much

in common with other groups of people who felt excluded, and that was when the ideas began to come to him that eventually created the political force known as the Independent Living movement.

The Berkley students with disabilities began doing things on and off campus. There was a need to become "**deinstitutionalized**" and gain access to more of the community. When it was learned that a shopping mall was going to be built in the town of Berkeley, the Rolling Quads went to the zoning board meeting to ask whether curb cuts were being planned so they would be able to go to the mall and spend their money there. Over the course of those discussions, the city pledged \$50,000 a year to ramp the city streets with curb cuts. These events were some of the early **systems advocacy** activities – another piece of the IL philosophy.

When Ed passed away in 1995, Senator Tom Harkin, from Iowa said, "When other leaders of oppressed minority groups pass away, there are statues and memorials and plaques to remember them, but Ed passed away, and there aren't statues - there aren't plaques and there aren't memorials, but every curb cut in the country is its own memorial to Ed Roberts."

Eventually, UC Berkley began accepting more students with disabilities – not only those using wheelchairs, but students who were deaf. As the number of students hanging out in the infirmary grew, Ed and some of the others in the group were nearing graduation. The head of the infirmary said, "You've got to get out of here, you know. You're disrupting our flow, and you need to be having these meetings someplace else." The college soon provided other space on campus so that students with disabilities could meet. It became such a popular place for people to learn from one another that people from the city of Berkeley, who were not students, began coming there to talk about issues concerning their disabilities, and how they might change society's views concerning people with disabilities. Another piece of the IL philosophy was coming into being – **peer mentoring**.

In the early 1970's, the University complained about traffic flow problems being created by the disabilities group, and the PDSP was told to find a location to meet off campus. Ed contacted Judy Heumann, another disability activist, from New York, and encouraged her to join him and other advocates in their efforts. By 1972, sufficient grants and other funding were obtained to open a storefront in Berkeley, moving their peer-counseling and advocacy group into the community. The title they gave to their new location was ***The Center for Independent Living***.

In 1975, the Governor of California, Jerry Brown, visited Berkley's Center for Independent Living. He decided to offer Ed Roberts the job of heading California's Division of Vocational Rehabilitation – where he would, ironically, direct the agency that previously told him he would never be able to work! Governor Brown was so impressed with what was happening at the CIL, and particularly in their concept of peer mentoring, that he put

funds for Independent Living services in his budget. That led to the growth of new CILs up and down the State.

What was happening through the collective efforts of a group of students with disabilities at UC Berkley was not an isolated event. Over the years, and across the nation, other people with disabilities were beginning to think through the same types of issues about the segregation, exclusion, marginalization and forced institutionalization of people with disabilities. Independently, groups in Houston and in Boston were undergoing transformations, and addressing many of the same kinds of problems as the students from Berkley. The Houston Cooperative Living Residential Project was established the same year as the Berkley Center for Independent Living, and in 1974, the Boston Center for Independent Living was founded. That same year, the first convention of People First was held in Salem, Oregon, becoming the largest U.S. organization composed of and led by people with cognitive disabilities. The activities of people in these various groups would eventually emerge as the Independent Living movement.

The Philosophy of Independent Living Takes Shape

As the Independent Living movement became a reality, ideas began to be formed about the rights of and attitudes toward people with disabilities. Accessibility, self and systems advocacy, peer mentoring and consumer control already formed the foundation of the IL philosophy, many other ideas began to be added. Many of these ideas grew from the civil rights movements of African Americans, as well as other groups.

“Normalization” was just one of the ideas added to the IL philosophy - the idea from which we get the concept of **deinstitutionalization**. The idea of normalization was developed by a Canadian sociologist, Wolf Wolfensberger, as he considered people with developmental disabilities. He believed that people with disabilities should live in the most “normal” setting possible if they are expected to behave normally. Wade Blank, founder of the disability advocacy group, ADAPT, was just one of the individuals involved in developing models for community-based, consumer controlled, independent living, which gave formerly institutionalized individuals an option to live “normally”. The Atlantis Community was one of these early models.

The idea of normalization also led to a new definition of the nature of disability itself. Rather than viewing people with disabilities as abnormal, people began to realize that there are great varieties of abilities and disabilities among people in society. Expecting that a “standardized” environment will fit everyone is unrealistic. The barriers that hinder people with disabilities from participation in society began to be viewed, not as problems caused by an individuals disability, but by society’s structures and attitudes. This change in thinking was highlighted by Gerben DeJong, in 1979, as a shift away from a Medical Model, where the person with the disability needs to be fixed, to an IL Model, where the environment, systems and attitudes of society need to be changed.

In particular, the IL Movement addressed the need for reforms in the rehabilitation and social service systems. Viewing people with disabilities as “normal” led to different kinds of solutions than had been traditionally pursued by medical and vocational rehabilitation professionals. It led to different objectives and different outcomes. For example, the rehabilitation system had focused on physical self-sufficiency, and the individual’s capacity to provide for their own accommodations for employment and social participation. When accommodations such as personal services assistance or assistive technology were provided by an employer, they were viewed as a “charitable” benefit. The IL movement encouraged organizations, social groups, etc. to change. Society needed to begin accepting responsibility for creating environments without physical or attitudinal barriers that excluded people with disabilities.

IL movement activist also questioned the meaning of independence. Who is more independent – a person who can get dressed over a period of two hours without any assistance, or a person who uses an assistant to get dressed in only 15 minutes? The IL Movement would not say that independence means doing things alone, without any assistance from others – instead it means being able to make **independent decisions** about how something will be done. It is a process that does not depend on someone else’s choices for the individual. The term **self-determination** became central to the IL philosophy.

Self-determination also entitles a person to “the dignity of risk” or **the possibility of failure**. True independence does not exist when all options that risk failure are removed.

A third aspect of self-determination is that choice should be based on available and understandable options – thus **informed choice** was added to the IL philosophy. This need for information was promoted outside the disability arena by Ralph Nader’s consumer movement, which empowered consumers, and encouraged accountability.

It shouldn’t be surprising that espousing these principles and pursuing these goals meant the IL Movement often found itself in conflict with medical and rehabilitation professionals. The Movement saw a power differential between those with disabilities and medical or rehabilitation professions. Power was often tilted to the professional’s side, rather than toward the individual. Additionally, it was believed that providers of professional services often protected their own personal and financial interests, rather than those of consumers. It was because of these conflicting interests and disparities of power that Centers for Independent Living established systems advocacy departments, and trained individuals with disabilities in **self-advocacy**.

Issues, such as the right of an individual to refuse treatment, began to take shape as the demedicalization, consumer, and self-help movements got under way. The demedicalization and self-help movements demystified historically “professional” domains, and provided alternatives to professional human service agencies as peer counseling and support began to be offered.

The IL movement paralleled many other movements throughout the 1960's and 70's. Out of these various movements, and out of the experience of people with disabilities, the IL movement promoted distinct perspectives on disability rights.

Collectively, the new philosophy rising from the Independent Living movement included self-determination, personal responsibility, informed choice with the opportunity to succeed or fail, peer mentoring, inclusion, accessibility, and the need for systems change.

The Beginnings of National Systems Change through Legislation

The first real piece of civil rights legislation for people with disabilities is something that people actually didn't fight for until it was almost taken away.

In 1972, Congress passed a rehabilitation bill that independent living activists cheered. Universities, municipalities, public airports and other entities receiving federal monies raised complaints about the cost they would incur if they were expected to adhere to 41 words in Section 504., which said, "*No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*" Considerable pressure was put on President Nixon, and he vetoed the Rehabilitation Act.

People with disabilities may not have gone out and fought for Section 504 to be included in the Rehabilitation Act, but once they found out what they were about to lose, huge protests sprang up across the country. On what had been the snowiest day in Washington, D.C., people stormed to the Capitol to meet with their legislators. The view expresses was that, if tax dollars were going to be provided, Americans with disabilities deserved equal inclusion in the provided programs and services.

Judy Heumann, who was later very influential in the Clinton administration's Department of Education, Office of Special Education and Rehabilitation Services, organized one of the protests. They had planned to take over the Federal Building in Manhattan, but when they got to the building, they found that it was located well away from busy areas where public attention could be gained. Instead, they went into town and lay down in the streets to stop Manhattan traffic. Eighty activists blocked two streets around Madison Avenue. Reporters thought they were protesting the war in Vietnam, rather than the Rehabilitation Act. The Rehabilitation Act wasn't on most people's radar at that point, but Congress took notice and overturned the presidential veto. President Nixon was forced to sign the Rehabilitation Act into law on September the 23rd, 1973.

No piece of legislation is worth anything until it is regulated or appropriated, however. Regulation describes how something will be done, and appropriation tells where the funding will come from.

In 1977, two days after President Jimmy Carter put his administration into place, fifteen people with disabilities met with Joseph Califano, the Secretary of Health, Education and Welfare. They offered to help develop the regulation for the Rehabilitation Act, so that the law would actually protect the civil rights of people with disabilities. There were many delays, with the new administration taking time to review the law. People with disabilities kept going to what seemed like endless meetings, feeling a bit more frustrated as time went by. Eventually, people with disabilities participating in the process gave a deadline of April 4th of 1977 to have the regulations in place.

When the April 4th deadline rolled around with no regulations or word from Califano, the network of supporters that developed during the 1973 Section 504 protests kicked into gear once again. Sit-ins were coordinated at federal office buildings in nine cities across the country. Some of those protests lasted a few hours, but the people in California came through once again.

In San Francisco, around 150 people with various types of disabilities were involved in the protest. Telephones were cut off to disrupt communication between protestors on various floors of the Federal Building, but because of the cross-disability nature of the protest, communication continued. Protesters who were deaf were able to get interpreters that would stand on the street and relay information to people who were deaf, who were posted in the windows. Ideas would spring up on one floor, and the interpreter could relay it to someone on another floor. The sit-in lasted 28 days – which was the longest takeover of a federal building in U.S. history. They stayed until the regulations were written, reviewed, and they approved of them.

The appropriations process still took some time, and didn't kick in until Title VII of the Rehabilitation Act Amendments of 1978 established the first federal funding for Independent Living. People across the country started banding together to create non-profit organizations, and Centers for Independent Living began to spring up all over the country.

There were two problems with the Act at that time. First, the terminology was rather vague. What is advocacy? What is grass roots? What is peer counseling? Various entities, well meaning or not, would take the funding and call themselves a Center for Independent Living (CIL). Some set up segregated housing or single service centers, such as those serving only people who used wheelchairs, or only those who were blind, etc. The other problem was that there was no direct funding to the CILs – the funds went through the Vocational Rehabilitation system. That was really the only mechanism that our government had for getting money down to this grass root movement, which was not really a government controlled program.

By the 1980's, it was not uncommon for states to receive the federal funds approved for CILs, and yet individual states might not want to release the funds. Some of the struggle

between the IL movement and some states may have been justifiable, since states did not know how much accountability they were going to have for the funds, and may have been uneasy about passing the funds along to a bunch of grass root advocates.

In 1982, a group of what could be called the dinosaurs of the movement - people with disabilities, advocates, CIL directors, CIL staff, CIL board members – came together to plan for the reauthorization of the Rehabilitation Act. They needed Congress to understand and respect the IL service delivery system. For that to happen, there needed to be more guidelines and regulations in the system. Terminology in the law needed to be specific, cross-disability inclusion needed to be a requirement, and funding needed to go directly to CILs. The result of the gathering of IL advocates was the founding of the National Council on Independent Living (NCIL) to spearhead for the advocacy needed to accomplish these regulation changes. The advocacy that took place through NCIL resulted in some improvements in the Act during its reauthorization.

It was not until 1992 that major improvements in the Rehabilitation Act came into being, however. Terminology and regulations were included to specify what a CIL needed to do. CIL Standards and Assurances were developed. This created more consistency between CILs, enhancing the ability of people to refer consumers to other CILs across the country. Prior to that, networking was limited, since it was hard to tell if a CIL in another state was single service oriented, had the same philosophy of service, or was actually a high-rise assisted living, as opposed to a true Center for Independent Living.

When the CIL Standards and Assurances were developed, the federal government did an audit of existing CILs to determine whether they would be able to comply with the new rules, and many "CILs" that did not meet the regulations closed at that time, because they did not fit the definition of a true CIL. They were going to have to start from scratch because they had veered so far away from the philosophy and the history of IL services.

Originally, the funds going to CILs were intended to be a 3-year allocation, only. The thought was that the funding was only to be a jump-start for the CILs, and within three years CILs would develop their own funding. An amendment was passed, allowing CILs receiving federal allocations to maintain them, as long as they remained compliant with the Standards and Assurances. CILs who did meet the criteria had a bigger and more stable pool of funding available to them as a result. The first allocation of federal funding directly to CILs was for 2 million dollars. Each of ten CILs received \$200,000. In 1992, there still weren't significant numbers of people trained in the IL philosophy or prepared to undertake grass root advocacy.

The 1992 reauthorization of the Rehabilitation Act not only applied some IL funding directly to CILs, but also established State Independent Living Councils (SILCs) across the nation. SILCs, which are consumer controlled entities, focus the broader statewide issues of advocacy and planning, rather than the local direct service focus of CILs.

In the grand scheme of things, the program of Independent Living falls within the Department of Education - the Secretary of Education. Within that department is the Office of Special Education and Rehabilitation Services (OSERS, which oversees the Rehabilitation Services Administration (RSA). A special project of RSA is the Independent Living Program. Further, the nation is organized into ten federal regions, which RSA has the responsibility to monitor.

CILs that are directly funding by the federal government answer directly to a regional RSA representative, who answers to an OSERS representative, who answers to the Secretary of Education.

The Ongoing Struggles of the Independent Living Movement

As the years progressed, Centers for Independent Living and those involved in the Independent Living movement have had to wrestle with a variety of issues that sometimes threaten the purity of the IL philosophy, and the original design for CILs.

The voice and role of people with disabilities in CILs and in the IL movement has been an ongoing struggle, often taking place at a political level. In a 1985 interview in *The Disability Rag*, Ed Roberts addressed this matter. He said that the role of the Independent Living centers was to be heavily political as well as service oriented. In the beginning, the philosophy had been that all management level jobs in a CIL would be run by people with disabilities - people would get the skills they needed at CILs, then move out and work at other places, whether it be transit departments, housing agencies, or whatever. The vision was that CILs would be places where people could learn skills needed to move on, taking the IL philosophy with them, as advocates. The notion was that individuals espousing the IL philosophy could change the attitudes of "charity" organizations by becoming involved in them. There was also a desire to change the message of pathos presented in most disability telethons, which enhanced the idea that people with disabilities are broken, and need to be fixed. Not only would individuals learn life and advocacy skills from CIL staff, but CIL staff would learn valuable lessons to take with them into other endeavors. CILs would develop leaders, which is a key to the ongoing work of the IL movement today. Some IL advocates, however, feel that certain historical events led to a decline in IL advocacy activities - advocacy being the traditional IL training ground for leadership.

In his 1985 interview, Ed Roberts commented on two related issues he saw as significant. First, he discussed the fact that a lot of programs around the country at that time were saying they could find qualified people with disabilities to work in CILs. "That's a kind of cop out," he said. "A really thorough outreach can find people with disabilities who are experienced." Secondly, Ed noted that, in the last year of the Carter administration, because of the attacks from political opponents of the disability rights movement, threats to funding led people to begin to back pedal. Some IL activists recall that, in the 1980's, a letter was sent out to the IL community with intimidating verbiage about using federal

dollars to lobby against any federal program. That frightened many of the CILs, mainly because of naivety about the specifics of lobbying vs. advocacy, and a lack of understanding about the importance of the role of consumers, as independent citizens, in carrying the message of the IL movement to legislators. Many CILs backed off on advocacy at that time, switching their focus more heavily to direct services. Those historical events have caused systems advocacy to wane, unnecessarily. While advocacy has returned as a priority in some CILs, there are many still hesitant to engage heavily in advocacy, thus fewer IL advocacy leaders have been trained.

With heavier focuses on direct services, the desire to enhance funding for CILs grew. The focus on funding, as well as some of the understandable social realities of CILs are additional issues that can, and have, derailed some CILs from their primary mission. Many early CIL leaders believed that the goal of a Center for Independent Living was to make itself unnecessary. They viewed CILs as transitional. If the whole world became accessible through the efforts of the IL movement, and everyone with a disability knew how to be their own advocate, CILs would no longer be needed. Individuals receiving services from a CIL would learn how to be independent, and would no longer need the CIL's services. CIL administrators who forget that theory can easily begin accepting sources of funding and delivering types of services that ultimately keep people dependent on the government or on a CIL for the rest of their lives. In addition, the nature of CILs is to bring people with disabilities together, yet for some, the commonality and understanding they feel when they encounter a CIL environment can lead to a dependence on the CIL for personal security. At a CIL, a person may feel like part of a community, perhaps for the first time in their life, as they become acquainted with other individuals with disabilities, build friendships, and share information. However, CILs that have not discovered ways to encourage individuals to learn and then integrate into the greater society and their local communities have often struggled to help their consumers achieve the larger goals of independence. This is another reason why an emphasis on people with disabilities getting training to exercise leadership, or at least to begin participating in the variety of organizations that make up their communities is so important to individual independence.

One of the things that historically has helped CILs overcome the issue of becoming a comfort zone for individuals with disabilities is the encouragement of consumers to initiate other kinds of organizations as off-shoots of CIL activities. Development of recreational and artistic organizations, that include all people, but are run by people with disabilities, is an example of how community activities can grow up around CILs. Disability social networks that have grown up around CILs, such as travel groups for people with disabilities, have created a degree of controversy in the Movement. Some view these types of groups as a means of building a community of people with disabilities, and supporting a structure from which greater advocacy may develop. However, others believe that, though there may be a need for various kinds of supports that are only available through a disability agency, the IL philosophy is best served when people with disabilities actively participate in the greater community, viewing themselves as equal to their non-disabled peers, rather than establishing a separate disability community.

Going back to one of the features of the sit-in around Section 504 of the Rehabilitation Act, we can see another important facet of IL philosophy that CILs have had to struggle with. That struggle involves the cross-disability nature of the IL movement. The San Francisco Section 504 sit-in was successful, in part, due to participation of individual with varied disabilities – the use of interpreters by people who were deaf, for example. Yet, it is sometimes true that even individuals with disabilities can develop prejudices, and fail to understand people with differing disabilities. At times, those with hidden disabilities, such as dyslexia, have complained that their disabilities are not seen as legitimate in the same way as more noticeable disabilities, such as mobility disabilities, blindness, or deafness. CILs have an important role in providing awareness of the variety of disabilities, and the varied barriers experienced by those with different disabilities. It is often easy for disability-specific organizations to become self-conscious, especially when it comes to competition for money or competition over the importance of their own legislative issues. Some feel this sense of competition may cause groups to portray themselves as the most needy, or the most entitled, undermining the perspective of people with disabilities as peer citizens. The cross-disability, rather than disability specific, identity that emerged from the IL movement enhanced a spirit of commonality among people, and drove efforts that build integration and inclusion for all people with disabilities.

Today, there is a huge challenge to keeping the Independent Living movement alive. Losing the soul of the Independent Living movement would cause CILs to become just another of the social service organizations. Second and third generation individuals, who have benefited from the work of previous generations of IL advocates, but have not experienced as much discrimination as their ancestors who had to fight to go to school, to work, etc., may not understand what all the IL fuss is about. Though they may become associated with CILs, if they fail to understand the history, it would be easy to fall into the pitfalls that have traditionally caused IL organizations to lose their focus. It is important to get back to the roots of IL in order to continue to advocate for the public policy changes that enhance the independence, inclusion, and equality of people with disabilities.

Many of the individuals with disabilities who are experiencing the result of the inclusion efforts of Independent Living's pioneers have never even heard of the Independent Living movement, of the IL philosophy, of Centers for Independent Living, or of the individuals who gave so much to break down existing barriers that prevented people with disabilities from exercising their full rights and responsibilities of citizenship.

A key function of the IL movement today is education and the development of new "experts" in IL philosophy and services. There are a number of educational materials that are useful in understanding and sharing IL philosophy and history. The Web site of the University of California at Berkeley, the Bancroft library, the regional oral history office, has been doing a project of oral history interviews for a number of years on the disability rights movement in Berkeley, which they are now expanding to the whole United States. They have posted some oral history interviews they did, including Ed Roberts and Zona

Roberts, and other people who were a part of the early movement in Berkeley on their Web site - <http://bancroft.berkeley.edu/collections/drilm/collection/alphabetical.html>. There is also a book called, "Why I Burned My Book and Other Essays on Disability," written by Paul Longmore, and published by Temple University Press, which includes information on the 504 sit-ins of 1977 and on the Independent Living Movement.

It has been said that, "A significant social movement becomes possible when there is a revision of the manner in which a substantial group of people looking at some misfortune see it no longer as a misfortune warranting charitable consideration, but as an injustice which is intolerable in society." That's the nature of the mental transformation that began to grow in the middle of the 20th Century - the transformation in perspective that underlies the Independent Living movement.